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# **Food and You 2: Wave 10 Key Findings**

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**September 2025**

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**DOI: <https://doi.org/10.46756/sci.fsa.rzz911>**

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## Executive Summary

Food and You 2 is a biannual 'official statistic' survey commissioned by the Food Standards Agency (FSA)<sup>1</sup>. The survey measures consumers' self-reported knowledge, attitudes and behaviours related to food safety and other food issues amongst adults in England, Wales, and Northern Ireland.

Fieldwork for Food and You 2: Wave 10 was conducted between 9<sup>th</sup> October 2024 and 7<sup>th</sup> February 2025. A total of 5,690 adults (aged 16 years or over) from 3,965 households across England, Wales, and Northern Ireland completed the 'push-to-web' survey.

The modules presented in this report include 'Food you can trust', 'Food security', 'Eating at home (core)', 'Food hypersensitivities', 'Eating out and takeaways'.

## Food you can trust

### Confidence in food safety and authenticity

- 94% of respondents reported that they were confident that the food they buy is safe to eat and 86% were confident that the information on food labels is accurate.

### Confidence in the food supply chain

- 77% of respondents reported that they had confidence in the food supply chain.

### Awareness, trust and confidence in the FSA

- 78% of respondents who had at least some knowledge of the FSA reported that they trusted the FSA to do its job, to make sure 'food is safe and what it says it is'.
- 83% of respondents reported that they were confident that the FSA (or the government agency responsible for food safety) can be relied upon to protect

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<sup>1</sup> Wave 10 marks the last in the biannual series of Food and You 2. From Wave 11 onwards, the survey will be annual.

the public from food-related risks (such as food poisoning or allergic reactions from food), 81% were confident that the FSA takes appropriate action if a food-related risk is identified, and 77% were confident that the FSA is committed to communicating openly with the public about food-related risks.

### **Concerns about food outside the UK**

- Respondents were more likely to have concerns about food produced outside the UK being safe and hygienic (65%) and what it says it is (64%) compared to food produced inside the UK (both 38%).

### **Food security**

- Across England, Wales, and Northern Ireland, 80% of respondents were classified as food secure (68% high, 12% marginal) and 20% of respondents were classified as food insecure (10% low, 10% very low).
- Most respondents (94%) reported that they had not used a food bank or other emergency food provider in the last 12 months, with 3% of respondents reporting that they had.

### **Eating out and takeaways**

- 89% of respondents reported that they had heard of the Food Hygiene Rating Scheme (FHRS).
- Respondents in Wales (73%) and Northern Ireland (66%)\*\* were more likely to report that they had heard of the FHRS and had at least a bit of knowledge of the FHRS compared to those in England (61%).
- 44% of respondents reported checking the food hygiene rating of a business in the previous 12 months.

### **Food allergies, intolerances and other hypersensitivities**

- 12% of respondents reported that they have a food intolerance, 4% reported having a food allergy, and 1% reported having coeliac disease.



- When eating out, respondents were more likely to feel confident that information provided in writing (87%) would allow them to identify and avoid food that might cause a bad or unpleasant physical reaction than information provided verbally by a member of staff from a food business (63%).

## **Eating at home**

### **Cleaning**

- 70% of respondents reported that they always wash their hands before preparing or cooking food, and 92% reported that they always wash their hands immediately after handling raw meat, poultry, or fish.

### **Chilling**

- 60% of respondents correctly reported that their fridge temperature should be between 0-5 degrees Celsius.
- 60% of respondents who have a fridge reported that they monitored the temperature; either manually (49%) or via an internal temperature alarm (11%).

### **Cooking**

- 80% of respondents reported that they always cook food until it is steaming hot and cooked all the way through, however 19% reported that they do not always do this.
- 89% of respondents reported that they never eat chicken or turkey when it is pink or has pink juices. However, 9% of respondents reported eating chicken or turkey at least occasionally when it is pink or has pink juices.
- 81% of respondents reported that they would only reheat food once, 10% would reheat food twice, and 3% would reheat food more than twice.

### **Avoiding cross-contamination**

- 58% of respondents reported that they never wash raw chicken, however, 39% of respondents reported that they do this at least occasionally.

- 62% of respondents reported storing raw meat and poultry at the bottom of the fridge.

### **Use-by dates**

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

### **Changes to eating habits**

- The most common changes reported by respondents were that they had eaten less processed food (47%), started eating more fruit and/or vegetables (35%) and started minimising food waste (35%).

## **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 Stephen Finlay, Hannah Harding, Dr Patten Smith, Kelly Ward, Claire Bhaumik, Dr Ammeline Wang and Aamina Oughradar.

We would like to thank the FSA working group, Welsh Language Unit, and our FSA colleagues – Joanna Disson and Clifton Gay.

Finally, thank you to our external reviewer Professor George Gaskell for his valuable direction and guidance.

Authors: Rachael Shillitoe, Lucy Murray, Robin Clifford and Matt Jenkins.

## 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<sup>2</sup>. The FSA's overarching mission is 'food you can trust'. The FSA's vision as set out in the [2022-2027 strategy](#) is a food system in which:

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

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

### Food and You 2: Wave 10

Food and You 2: Wave 10 data were collected between 9<sup>th</sup> October 2024 and 7<sup>th</sup> February 2025. A total of 5,690 adults (aged 16 years and over) from 3,965 households across England, Wales, and Northern Ireland completed the survey (an overall response rate of 25.6%).

Food and You 2 is a modular survey, with 'core' modules included in every wave, 'rotated' modules repeated annually or biennially, and one-off modules addressing current issues of interest. The modules presented in this report include: 'Food you can

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<sup>2</sup> 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.

trust' (core), 'Food security' (core), 'Eating at home (core)', 'Food hypersensitivities' (rotated), 'Eating out and takeaways (core)'.

Scotland was included in the questionnaire for Wave 10, funded by Food Standards Scotland (FSS). Questions asked to Scottish participants mirrored those asked in England and Wales with alternative wording as appropriate for questions referring to country specific government bodies and food hygiene schemes. All content in this report is applicable to England, Wales and Northern Ireland. Findings for Scotland are reported separately by FSS<sup>3</sup>.

This report presents key findings from the Food and You 2: Wave 10 survey. Not all questions asked in the Wave 10 survey are included in the report. The full results are available in the [accompanying data set and tables](#).

## Context

Wave 10 of Food and You 2 took place between October 2024 and February 2025 during the first six months of a new government following the UK general election held in July 2024. During this time there has been a continued period of political and economic change, including a [new budget](#) which was announced in October 2024 at the start of Wave 10 fieldwork. In relation to broader issues such as the cost-of-living crisis, [food price inflation](#) remained high during this period. It should also be noted that external sources have reported lower levels of trust in government in recent years<sup>4</sup>. Responses gathered during fieldwork for Wave 10 may have been impacted by some, or all, of these events and circumstances.

## Interpreting the findings

To highlight the key differences between socio-demographic and other sub-groups, variations in responses are typically reported only where the absolute difference is 10

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<sup>3</sup> Please see here for [research and publications produced by Food Standards Scotland](#)

<sup>4</sup> See [Edelman Trust Institute \(2024\)](#), [Ipsos' Veracity Index \(2023 and 2024\)](#) and The National Centre for Social research's [British Social Attitudes survey \(2024\)](#)

percentage points or larger and is statistically significant at the 5% level ( $p < 0.05$ ). However, some differences between socio-demographic and other sub-groups are included where the difference is less than 10 percentage points, when the finding is notable or judged to be of interest. These differences are indicated with a double asterisk (\*\*). A single asterisk indicates that the value is not reported as the base size is below 100 and therefore may not be representative (\*).

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

- Question wording (question) and response options (response).
- Number of respondents presented with each question and description of the respondents who answered the question (Base= N).

## Chapter 1: Food you can trust

### Introduction

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

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

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

### Confidence in food safety and authenticity

Most respondents reported confidence (i.e., were very confident or fairly confident) in food safety and authenticity; 94% of respondents reported that they were confident that the food they buy is safe to eat, and 86% of respondents were confident that the information on food labels is accurate<sup>5</sup>.

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

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<sup>5</sup> Question: How confident are you that... a) the food you buy is safe to eat. b) the information on food labels is accurate (for example, ingredients, nutritional information, country of origin). Responses: very confident, fairly confident, not very confident, not at all confident, it varies, don't know. Base= 5690, all respondents.

- NS-SEC<sup>6</sup>: respondents who are long-term unemployed or never worked (82%) were less likely to be confident that the food they buy is safe to eat compared to all other employment types (for example, 96% of those in managerial, administrative and professional occupations and 93% of those in intermediate occupations).
- Responsibility for cooking: respondents who are responsible for cooking were more likely to be confident that the food they buy is safe to eat (95%) compared with those who do not cook (84%).

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

- Children in household: respondents with no children under 6 in their household (88%) were more likely to be confident in the accuracy of food labels than those with children under 6 (79%).
- Annual household income: respondents with a higher income were more likely to be confident in the accuracy of food labels than those with respondents with a lower income (for example, 91% of those with an income of more than £96,000 compared to 81% of those with an income of less than £19,000).
- NS-SEC: respondents who are long-term unemployed or never worked (77%) were less likely to be confident in the accuracy of food labels compared to all other employment types (for example, 88% of those in managerial, administrative and professional occupations and 88% of those in intermediate occupations).
- Food security: respondents who were more food secure were more likely to report confidence in the accuracy of food labels than those who were less food

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<sup>6</sup> [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.

secure (for example, 89% of those with high food security compared to 77% of those with very low food security).

- Responsibility or cooking: respondents who are responsible for cooking (87%) were more likely to report confidence in the accuracy of food labels compared with those who do not cook (77%).

## Confidence in the food supply chain

Around three quarters of respondents (77%) reported that they had confidence (i.e., were very confident or fairly confident) in the food supply chain<sup>7</sup>.

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

- Age: respondents aged between 55-64 (81%) and 65-74 (82%) were more likely to report confidence in the food supply chain compared to those aged 25-34 (70%).
- Children in household: respondents with no children under 6 in their household (78%) were more likely to report confidence in the food supply chain than respondents with children under 6 in their household (68%).
- Region (England): respondents in the East Midlands (79%), Yorkshire and the Humber (79%), South-East of England (80%), South-West of England (80%) and North-East of England (80%) were more likely to report confidence in the food supply chain than those in London (69%).

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<sup>7</sup> 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= 5690, all respondents.



- Ethnic group: white respondents (79%) were more likely to report confidence in the food supply chain than Asian or Asian British respondents (69%)<sup>8</sup>.

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<sup>8</sup> Please note: the figures of other ethnic groups are not reported due to low base / sample size.

## Awareness, trust and confidence in the FSA

### Awareness of the FSA

Most respondents (92%) had heard of the FSA<sup>9</sup>.

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

- Age group: older respondents were more likely to have heard of the FSA than younger respondents (for example, 98% of those aged 65-74 years had heard of the FSA, compared to 80% of those aged 16-24 years and 87% of those aged 25-34 years).
- Annual household income: respondents with an income of between £32,000-£63,999 (95%), £64,000-£95,999 (96%) and more than £96,000 (96%) were more likely to have heard of the FSA than those with an income of less than £19,000 (86%).

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<sup>9</sup> Question: Which of the following, if any, have you heard of? Please select all that apply. Response: Food Standards Agency (FSA), (England) Department for Environment, Food and Rural Affairs (DEFRA), (England) The Office for Health Improvement and Disparities, (England) Environment Agency, (England) UK Health Security Agency (UKHSA), (England and Wales) Health and Safety Executive (HSE), (Wales) Public Health Wales (PHW), (Wales) Natural Resources Wales, (NI) Public Health Agency (PHA), (NI) Department of Agriculture, Environment and Rural Affairs (DAERA), (NI) Health and Safety Executive Northern Ireland (HSENI), (NI) SafeFood, None of these. Base= 3926, all online respondents. Please note: All consumers taking part in the survey had received an invitation to take part in the survey which mentioned the FSA. An absence of response indicates the organisation had not been heard of by the respondent or a non-response.

- NS-SEC: respondents in most occupational groups (for example, 92% of those in intermediate occupations) were more likely to have heard of the FSA than those who are long-term unemployed or never worked (69%).
- Ethnic group: white respondents (95%) were more likely to have heard of the FSA compared to Asian or Asian British respondents (75%)<sup>10</sup>.
- Responsibility for cooking: respondents who are responsible for cooking (93%) were more likely to have heard of the FSA than those who do not cook (74%).
- Responsibility for food shopping: respondents who are responsible for food shopping (93%) were more likely to have heard of the FSA than those who never shop for food (77%).

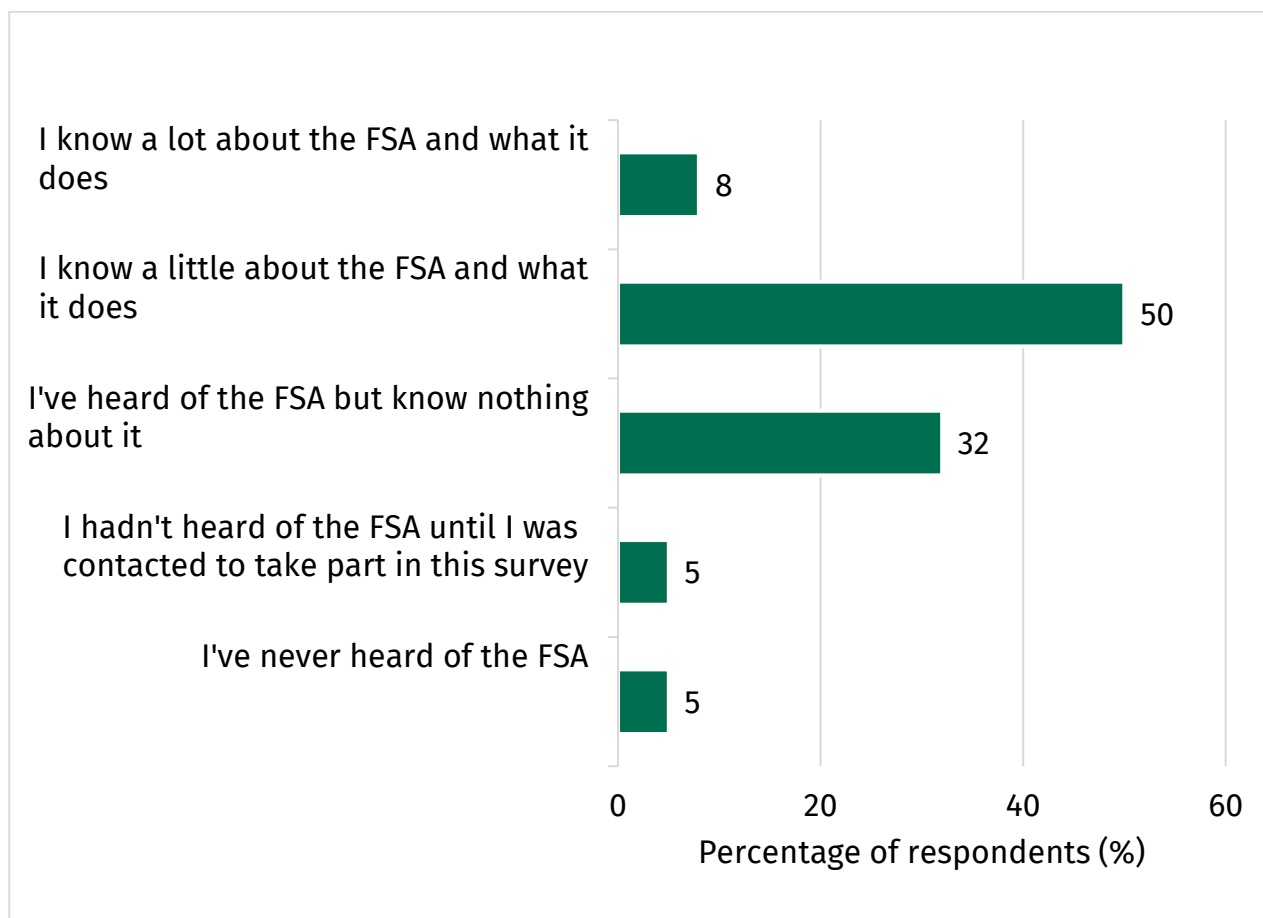
### **Knowledge of FSA**

Most respondents reported at least some knowledge of the FSA; 8% reported that they knew a lot about the FSA and what it does, and 50% reported that they knew a little about the FSA and what it does. Around a third (32%) of respondents reported that they had heard of the FSA but knew nothing about it, 5% had not heard of the FSA until being contacted to take part in Food and You 2, and 5% had never heard of the FSA (Figure 1)<sup>11</sup>.

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<sup>10</sup> Please note: the figures of other ethnic groups are not reported due to low base / sample size.

<sup>11</sup> Question: How much, if anything, do you know about the Food Standards Agency, also known as the FSA? Response: I know a lot about the FSA and what it does, I know a little about the FSA and what it does, I've heard of the FSA but know nothing about it, I hadn't heard of the FSA until I was contacted to take part in this survey, I've never heard of the FSA. Base= 5690, all respondents. Please note: All consumers taking part in the survey had received an invitation to take part in the survey which mentioned the FSA.

**Figure 1. Knowledge about the Food Standards Agency (FSA).**

Source: Food and You 2: Wave 10

### **Trust and confidence 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.

Most (78%) respondents reported that they trusted the FSA to do its job, 19% of

respondents neither trust or distrust the FSA to do this, and 1% of respondents reported that they distrust the FSA to do this<sup>12</sup>.

Most respondents (83%) reported that they were confident that the FSA (or the government agency responsible for food safety) can be relied upon to protect the public from food-related risks (such as food poisoning or allergic reactions from food). Around eight in ten (81%) of respondents were confident that the FSA takes appropriate action if a food-related risk is identified and over three quarters (77%) were confident that the FSA is committed to communicating openly with the public about food-related risks<sup>13</sup>.

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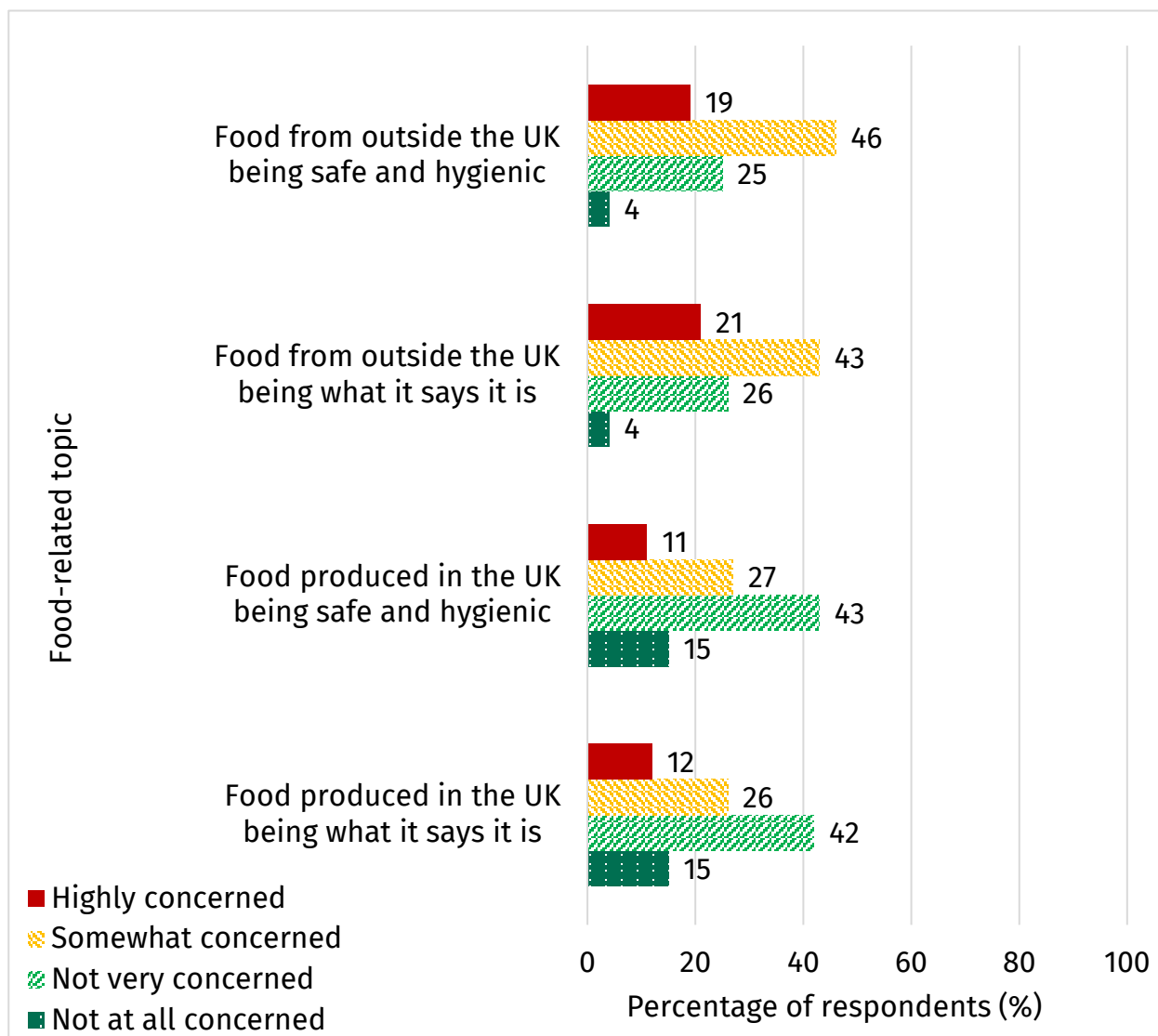
<sup>12</sup> Question: How much do you trust or distrust the Food Standards Agency to do its job? That is to make sure that food is safe and what it says it is. Responses: I trust it a lot, I trust it, I neither trust nor distrust it, I distrust it, I distrust it a lot, don't know. Base= 3477, all respondents who know a lot or a little about the FSA and what it does. Please note: 'I trust it a lot' and 'I trust it' referred to as trust.

<sup>13</sup> 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= 5690, all respondents. Please note: 'very confident' and 'fairly confident' referred to as confident. Respondents with little or no knowledge of the FSA were asked about 'the government agency responsible for food safety', those with at least some knowledge of the FSA were asked about the FSA.

## Concerns about food inside and outside the UK

Respondents were more likely to report concern<sup>14</sup> about food from outside the UK<sup>15</sup> being safe and hygienic (65%) compared to food produced inside the UK (38%). Similarly, respondents were more likely to report concern about food from outside the UK being what it says it is (64%) compared to food produced inside the UK (38%) (Figure 2).

**Figure 2. Level of concern about food produced inside and outside the UK.**



Source: Food and You 2: Wave 10

<sup>14</sup> Either highly or somewhat concerned.

<sup>15</sup> Respondents in Northern Ireland were asked about the UK and Ireland

The reported level of concern about food produced outside the UK being safe and hygienic varied between different categories of people in the following ways:

- Age group: respondents aged 45 years or older were more likely to be concerned about food produced outside the UK being safe and hygienic compared to younger respondents. For example, 53% respondents aged between 16-24 years reported concern compared to 70% of those aged between 55-64 years and 75% aged between 65-74 years.
- Household size: those living in smaller households were more likely to report concern about food produced outside the UK being safe and hygienic compared to those in larger households. For example, 75% of respondents in one-person households reported concern compared to 57% in households of five or more.
- Children in the household: respondents in households with no children under the age of 16 (68%) were more likely to report concern about food produced outside the UK being safe and hygienic compared to households with children aged under 16 (58%).
- NS-SEC: respondents in managerial, administrative and professional occupations (68%), intermediate occupations (69%) and semi-routine and routine occupations (67%) were more likely to report concern about food produced outside the UK being safe and hygienic compared to those who are long-term unemployed or never worked (48%) and full-time students (51%).
- Urban vs rural: respondents living in a rural area (74%) were more likely to report concern about food produced outside the UK being safe and hygienic compared to those living in urban areas (63%).
- Responsibility for cooking: respondents who are responsible for cooking (66%) were more likely to report concern about food produced outside the UK being safe and hygienic compared to those who don't cook (49%).
- Responsibility for food shopping: those with responsibilities for food shopping (67%) were more likely to report concern about food produced outside the UK being safe and hygienic compared to those who don't shop for food (46%).

The reported level of concern about food produced outside the UK being what it says it is varied between different categories of people in the following ways:

- Age group: older respondents were more likely to be concerned about food produced outside the UK being what it says it is, compared to younger respondents. For example, 76% of those aged 65-74 years and 77% of those over 75 were concerned about food produced outside the UK being what it says it is, compared to 54% of respondents aged between 16-24 and 59% aged between 35-44 years.
- Household size: smaller household sizes were more likely to report concern about food produced outside the UK being what it says it is, compared to larger households. For example, 73% of one-person households reported concern compared to 63% of respondents in households of 4 and 50% in households of 5 or more.
- Children: households with no children under the age of 6 (66%) and no children under the age of 16 (67%) were more likely to report concern about food produced outside the UK being what it says it is, compared to households with children aged under the age of 6 (53%) and under the age of 16 (57%).
- NS-SEC: respondents in managerial, administrative and professional occupations (66%), those in intermediate occupations (66%), small employers and own account workers (66%) and those in semi-routine and routine occupations (65%) were more likely to report concern about food produced outside the UK being what it says it is, compared to those who are long-term unemployed or never worked (49%).
- Region (England)<sup>16</sup>: levels of concern about food produced outside the UK being what it says it is varied by region in England. For example, respondents who live in the South-West (71%) were more likely to report concern about food produced outside the UK being what it says it is, compared to those who live in

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<sup>16</sup> Regional differences are only reported for England due to the low sample / base size in Wales and Northern Ireland.



other regions in England, including the North-East (56%), North-West (60%) and the East Midlands (57%).

- Urban vs rural: Respondents living in rural areas (74%) were more likely to report concern about food produced outside the UK being what it says it is, compared to those living in urban areas (62%).
- Responsibility for cooking: respondents who are responsible for cooking (66%) were more likely to report concern about food produced outside the UK being what it says it is, compared to those who don't cook (45%).
- Responsibility for shopping for food: those with responsibilities for shopping (66%) were more likely to report concern about food produced outside the UK being what it says it is, compared to those who don't shop for food (44%).

## Chapter 2: Food security

### Introduction

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

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

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

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

- High: no reported indications of food-access problems or limitations.
- Marginal food security: one or two reported indications—typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake.
- Low: reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.
- Very low: reports of multiple indications of disrupted eating patterns and reduced food intake.

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

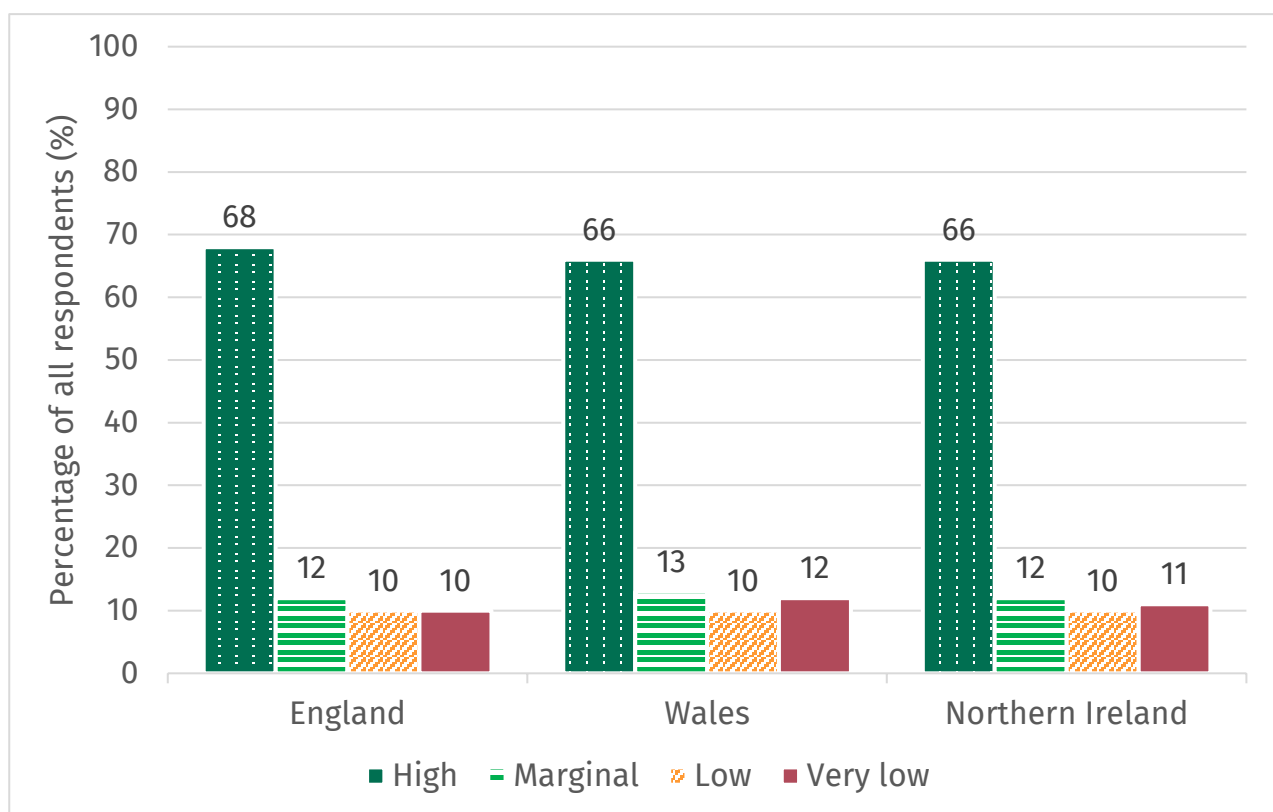
More information on how food security is measured and how classifications are assigned and defined can be found in Annex A and on the [USDA Food Security website](#).

## Food security

Across England, Wales, and Northern Ireland, 80% of respondents were classified as food secure (68% high, 12% marginal) and 20% of respondents were classified as food insecure (10% low, 10% very low)<sup>17</sup>.

Around 8 in 10 of respondents were food secure (i.e. had high or marginal food security) in England (80%), Wales (79%) and Northern Ireland (78%). Approximately a fifth of respondents were food insecure (i.e. had low or very low food security) in England (20%), Wales (21%) and Northern Ireland (22%) (Figure 3).

**Figure 3. Food security in England, Wales, and Northern Ireland.**



Source: Food and You 2: Wave 10

<sup>17</sup> Question/Responses: Derived variable, see [USDA Food Security guidance](#) and Technical Report. Base= 5690, all respondents. Please note: See Annex A for information about the classifications and definitions of food security levels.

## Experiences of food insecurity

Respondents were asked up to ten questions from the US Adult Food Security Survey Module<sup>18</sup>, to determine their food security classification.

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

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

In the previous 12 months, respondents who had very low (99%), or low (92%) food security were more likely<sup>19</sup> to have worried whether their food would run out before they had money to buy more, compared to those with marginal food security (53%)<sup>20</sup>. Respondents who had very low (92%), or low (80%) food security were more likely to report that the food that they bought just didn't last, and they didn't have money to get more, compared to those with marginal (25%) food security<sup>21</sup>.

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<sup>18</sup> See the [USDA Food Security guidance for further information about the survey and classifications](#).

<sup>19</sup> Respondents who answered 'often true' or 'sometimes true'

<sup>20</sup> Question: Please say whether the statement below was often true, sometimes true or never true for you/people in your household in the last 12 months. I/we worried whether our food would run out before we got money to buy more. Responses: often true, sometimes true, never true, don't know or prefer not to say, not stated. Base= 5690, all respondents.

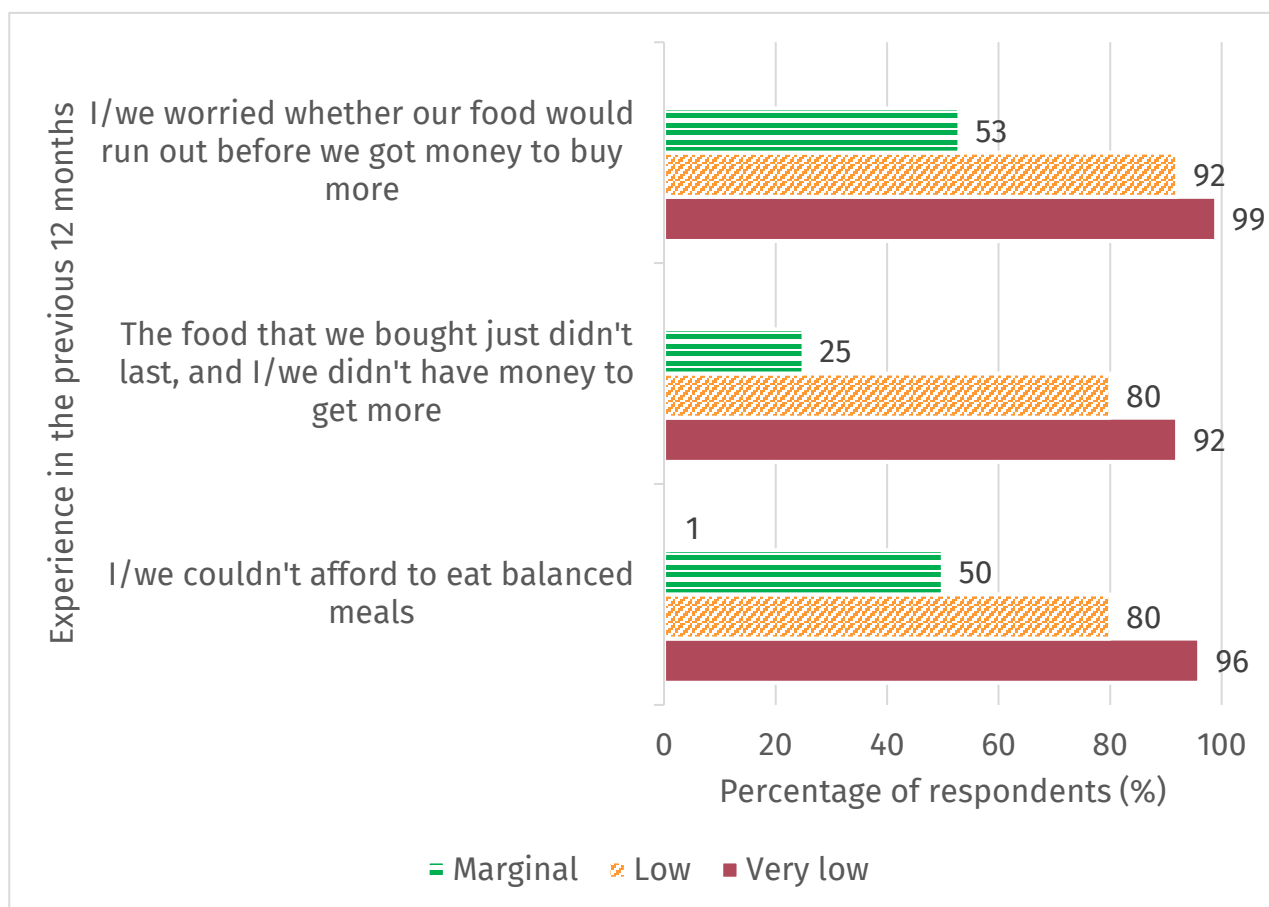
<sup>21</sup> Question: Please say whether the statement below was often true, sometimes true or never true for you/people in your household in the last 12 months. The food that we bought just didn't last, and I/we didn't have money to get more. Responses: often true,

Respondents who had very low (96%), or low (80%) food security were more likely to report that they couldn't afford balanced meals, compared to those with marginal (50%) food security<sup>22</sup>. None of the respondents (0%) with high food security reported these experiences, because according to the USDA classification system those with high food security report 'no indications of food access problems or limitations'.

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sometimes true, never true, don't know or prefer not to say, not stated. Base= 5690, all respondents

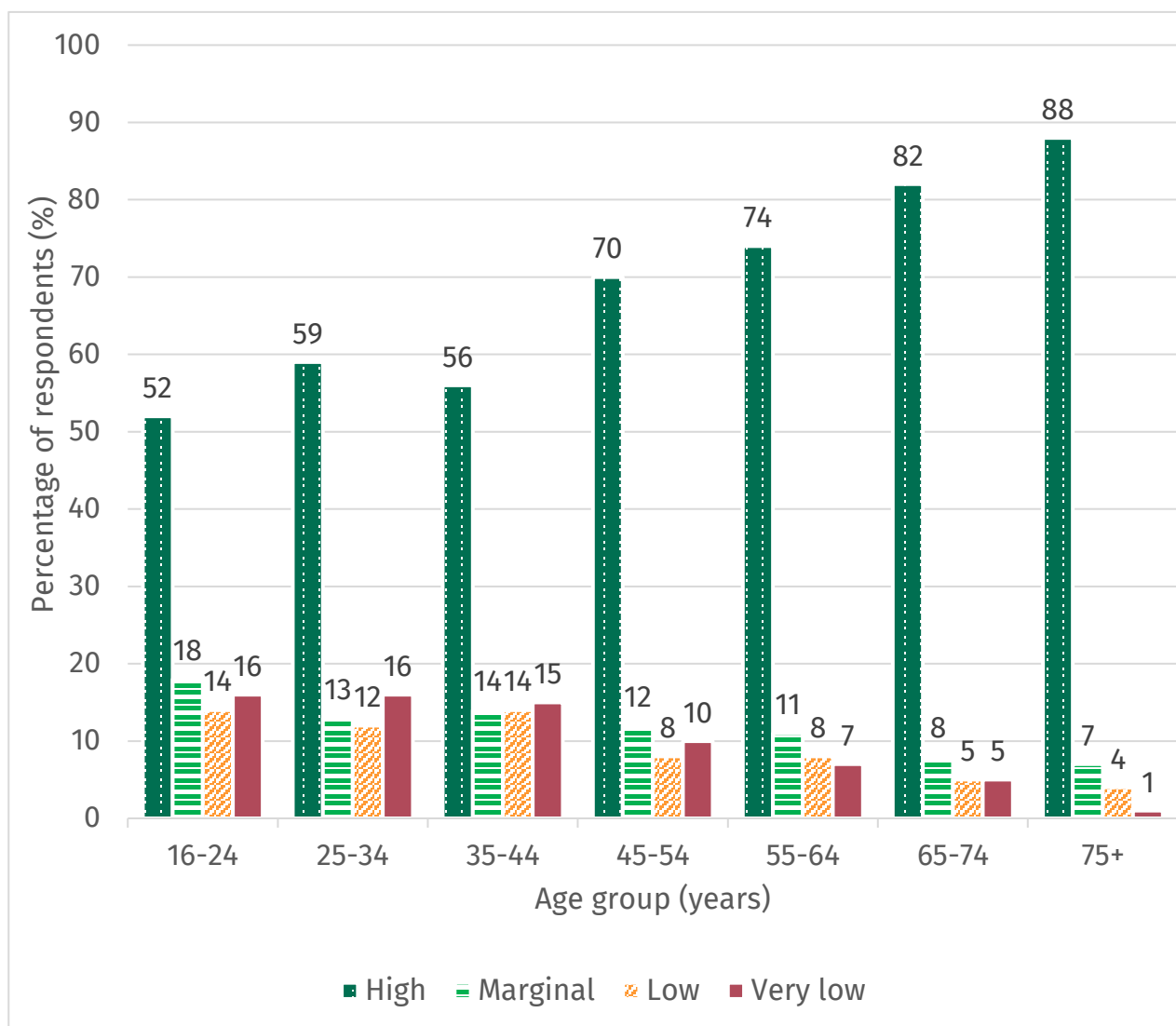
<sup>22</sup> Question: Please say whether the statement below was true for you/your household in the last 12 months. I/we couldn't afford to eat balanced meals. Responses: often true, sometimes true, never true, don't know or prefer not to say, not stated. Base= 5690, all respondents.

**Figure 4. Experiences of food security by food security classification.**

Source: Food and You 2: Wave 10

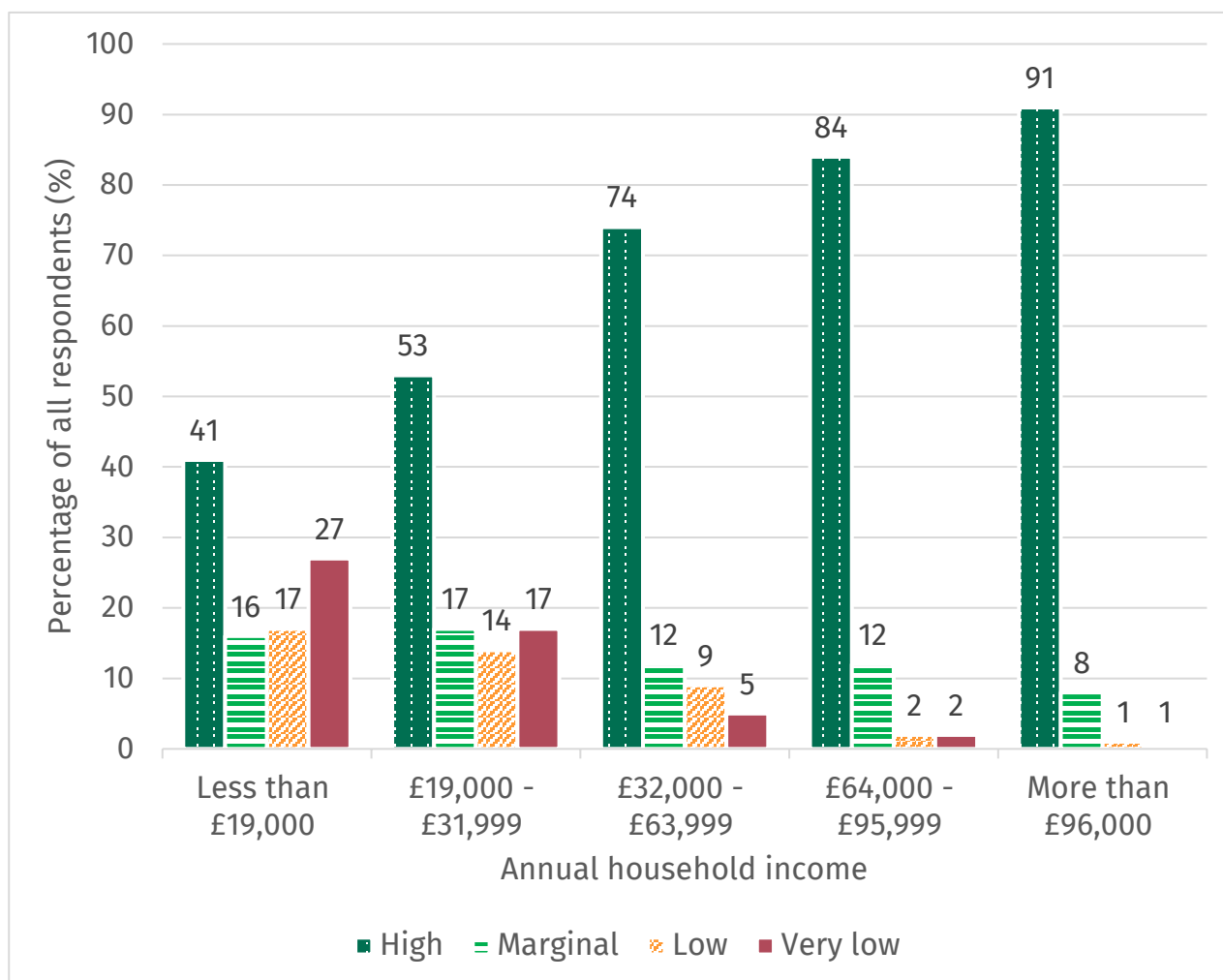
## How food security differs between socio-economic and demographic groups

Food security varied by age group with older adults being more likely to report that they were food secure and less likely to report that they were food insecure than younger adults. For example, 30% of respondents aged 16-24 years were food insecure (14% low, 16% very low security) compared to 5% of those aged 75 years and over (4% low, 1% very low security) (Figure 5).

**Figure 5. Food security by age group.**

Source: Food and You 2: Wave 10

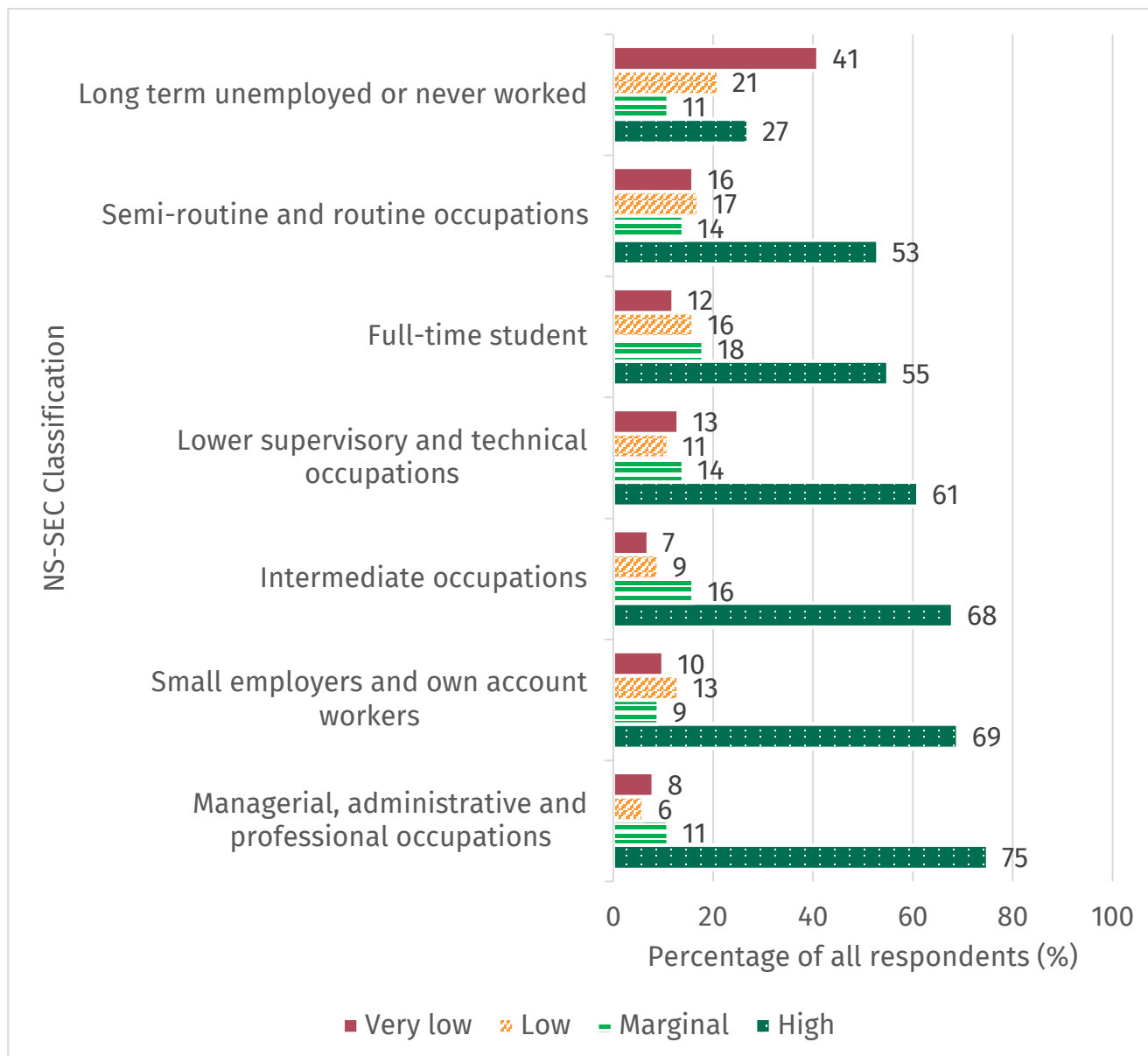
Food security was associated with household income. Respondents with lower incomes were more likely to report being food insecure than those with higher incomes. For example, 43% of those with an annual household income of less than £19,000 reported food insecurity (low 17%, very low 27%) compared to 4% of those with an income between £64,000 and £95,999 (low 2%, very low 2%) (Figure 6).

**Figure 6. Food security by annual household income.**

Source: Food and You 2: Wave 10

Respondents who were long-term unemployed or had never worked (62%) were more likely to report that they were food insecure compared to all other occupational groups (for example, 14% of those in managerial, administrative, and professional occupations and 15% of those in intermediate occupations) (Figure 7).



**Figure 7. Food security by socio-economic classification (NS-SEC).**

Source: Food and You 2: Wave 10

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

- Household size: respondents living in larger households were more likely to report that they were food insecure compared to those living in smaller households. For example, respondents living in households with 5 people or more (30%) were more likely to report that they were food insecure compared to respondents in households with 2 people or fewer (15% in 2-person households, 20% in 1-person households).

- Children under 16 in the household: respondents in households with children under 16 reported (29%) were more likely to be food insecure than respondents in households without children under 16 (16%).
- Children under 6 in the household: respondents in households with children under 6 reported (31%) were more likely to be food insecure than respondents in households without children under 6 (18%).
- Long-term health condition: respondents with a long-term health condition (30%) were more likely to report being food insecure compared to those without a long-term health condition (15%).
- Region (England)<sup>23</sup>: respondents living in the West Midlands (28%) were more likely to report being food insecure than those in the East of England (17%), London (19%), the South-East (17%) and the South-West (15%).

## Food bank and social supermarket use

Respondents were asked if they or anyone else in their household had received a free parcel of food from a food bank or other emergency food provider in the last 12 months. Most respondents (94%) reported that they had not used a food bank or other emergency food provider in the last 12 months, with 3% of respondents reporting that they had done so<sup>24</sup>.

Respondents who had received a food parcel from a food bank or other provider were asked to indicate how often they had received this in the last 12 months. Of these respondents, 50% had received a food parcel on only one occasion in the last 12

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<sup>23</sup> Regional differences are only reported for England due to the low sample / base size in Wales and Northern Ireland.

<sup>24</sup> 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= 5690, all respondents.

months, 36% had received a food parcel on more than one occasion but less often than every month, and 4% had received a food parcel every month or more often<sup>25</sup>.

### **Social supermarkets**

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

### **Awareness and use of social supermarkets**

Respondents were asked if they or anyone else in their household had used a social supermarket in the last 12 months. One in 20 respondents (5%) reported that they had used a social supermarket in the last 12 months and 81% of respondents reported that they had not used a social supermarket in the last 12 months. Around one in ten respondents (11%) reported that they had not heard of social supermarkets<sup>26</sup>.

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

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<sup>25</sup> Question: How often in the past 12 months have you, or anyone else in your household, received a free food parcel from a food bank or other emergency food provider? Responses: Only once in the last year, Two or three times in the last year, Four to six times in the last year, More than six times but not every month, Every month or more often, Don't know, Prefer not to say. Base= 177, all online respondents where anyone in household has used a food bank or emergency food or received a free food parcel from a food bank or other emergency food provider in the last 12 months.

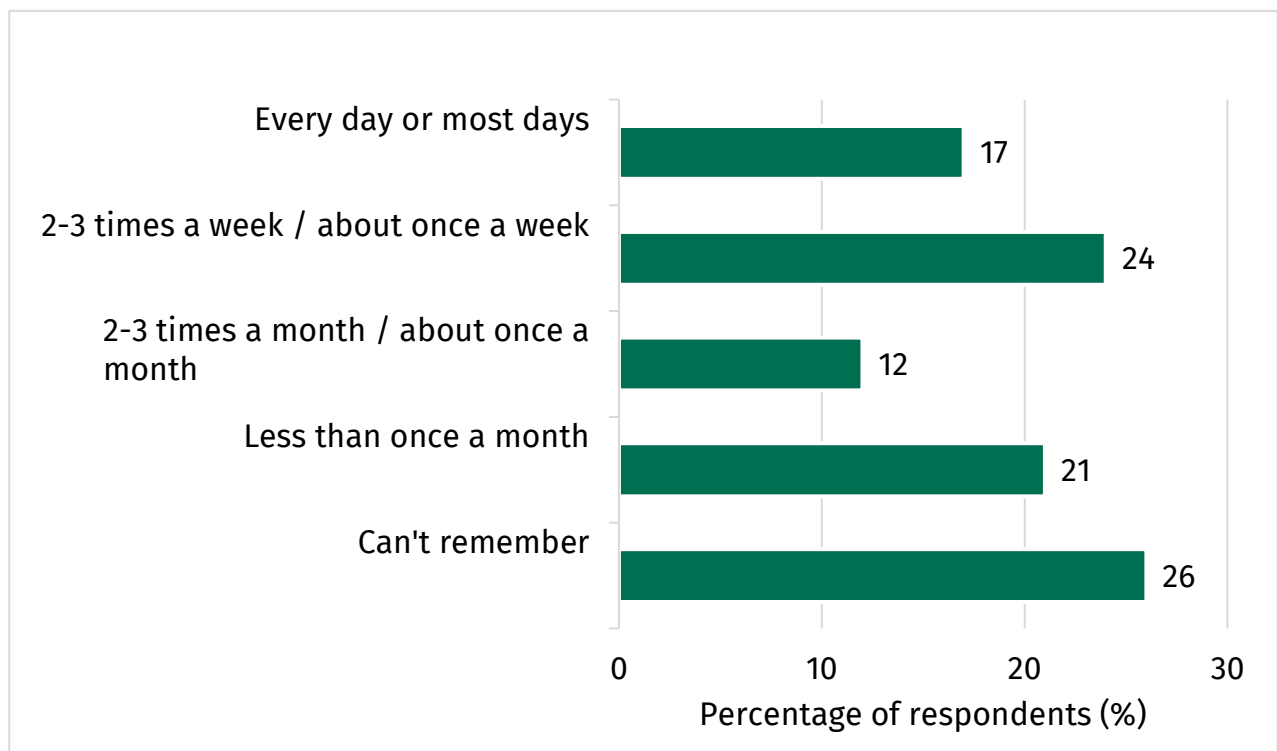
<sup>26</sup> Question: In the last 12 months, have you, or anyone else in your household, used a social supermarket (also known as a food club/hub or community pantry)? Responses: Yes, No, Prefer not to say, I had not heard of a social supermarket, food club/hub or community pantry before today. Base= 5690, all respondents

- Annual household income: respondents with an income of less than £19,000 (12%) were more likely to have used a social supermarket than those with a higher income (for example, 1% of those with an income of £64,000-£95,999).
- Food security: respondents experiencing very low food security (21%) were more likely to have used a social supermarket than those with low (9%), marginal (5%) or high (2%) food security.

Respondents who had used a social supermarket were asked to indicate how often they had used this in the last 12 months. Of these respondents, 17% had used a social supermarket every day or most days, 24% had used a social supermarket 2-3 times a week or about once a week, 12% had used a social supermarket 2-3 times a month or about once a month, and 21% had used a social supermarket less than once a month. However, 26% of respondents who had used a social supermarket reported that they could not remember how often they had used a social supermarket in the last 12 months (Figure 8)<sup>27</sup>.

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<sup>27</sup> Question: How often in the last 12 months have you, or anyone else in your household, used a social supermarket (also known as a food club/hub or community pantry)? Responses: Every day, most days, 2-3 times a week, about once a week, about once a month, less than once a month, can't remember. Base= 243, all who used a social supermarket in the last 12 month.

**Figure 8. Frequency of social supermarket use among social supermarket users.**

Source: Food and You 2: Wave 10

## Chapter 3: Eating out and takeaways

### Introduction

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

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

Food businesses are provided with a sticker which shows their FHRS rating. In England businesses are encouraged to display their FHRS rating, however in Wales and Northern Ireland food businesses are legally required to display their FHRS rating<sup>28</sup>. FHRS ratings are also available on the FSA website.

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

### Prevalence of eating out and ordering takeaways

Respondents were asked where they had eaten food from in the previous four weeks. The most common type of establishment respondents had eaten at was a restaurant (59%) or a café, coffee shop or sandwich shop (either to eat in or take out) (59%). Over four in ten had eaten food from a takeaway ordered directly from a takeaway shop or restaurant (46%), or in a pub or bar (45%), whilst 38% had eaten food at a fast-food

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<sup>28</sup> Legislation for the mandatory display of FHRS ratings was introduced in November 2013 in Wales and October 2016 in Northern Ireland.

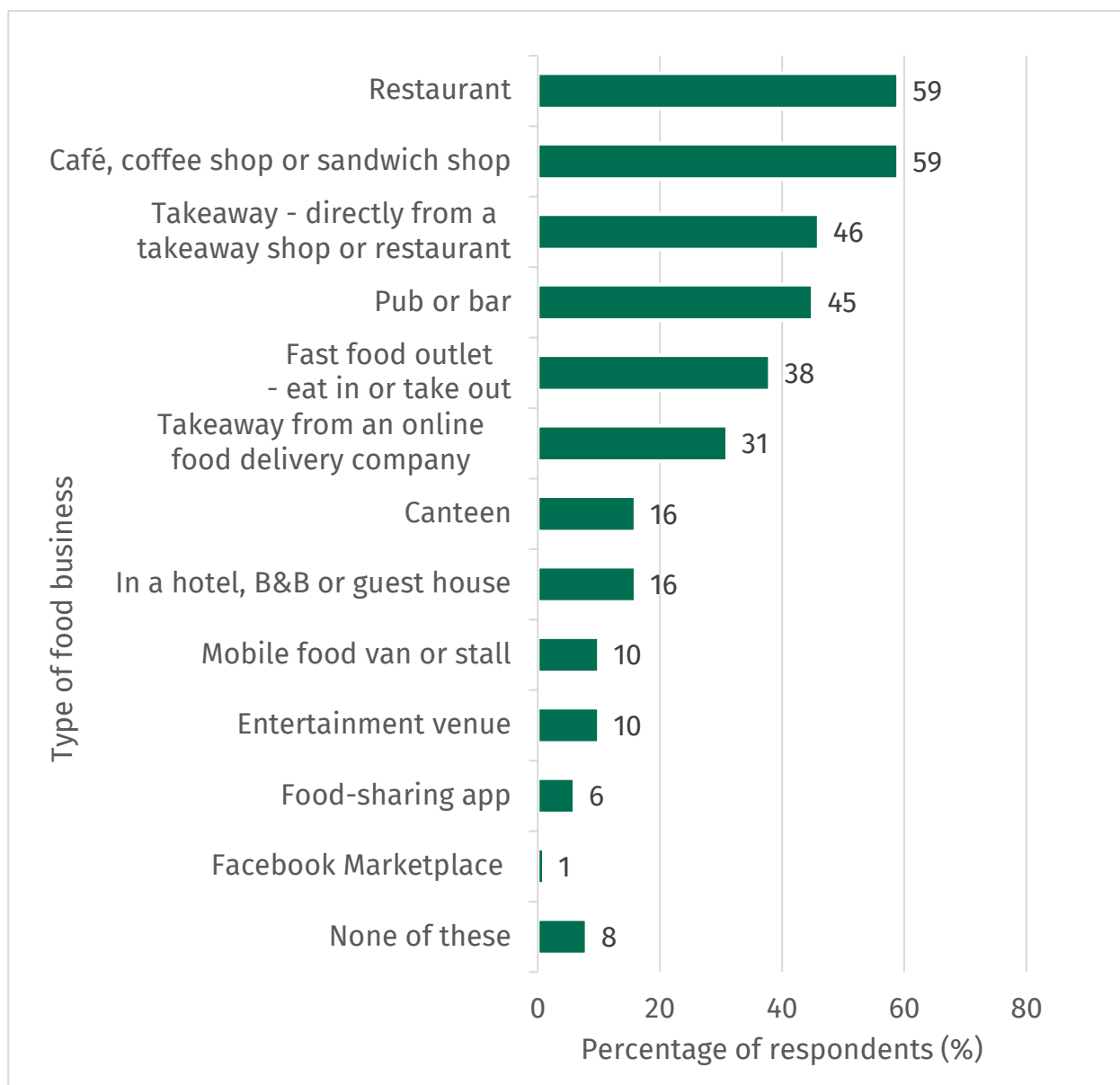
outlet (either to eat in or take out) and 31% had eaten food from a takeaway ordered from an online food delivery company (for example, Just Eat, Deliveroo, Uber Eats). Nearly one in ten 10 (8%) respondents had not eaten food from any of the listed food businesses in the previous 4 weeks (Figure 9)<sup>29</sup>.

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<sup>29</sup> Question: In the last 4 weeks, have you eaten food... ? (Select all the apply)

Responses: Ordered a takeaway directly from a takeaway shop or restaurant, From a café, coffee shop or sandwich shop (either to eat in or take out), Ordered a takeaway from an online food delivery company (for example Just Eat, Deliveroo, Uber Eats), From a fast food outlet (either to eat in or take out), In a restaurant, In a pub/ bar, From a canteen (for example at work, school, university, or hospital), From a mobile food van or stall, In a hotel, B&B or guesthouse, From an entertainment venue (for example cinema, bowling alley, sports club), From a food-sharing app (for example Olio or Too Good To Go), From Facebook Marketplace (for example pre-prepared food or meals), None of these. Base= 5690, all respondents. Please note, percentages shown do not add up to 100% as multiple responses could be selected.

**Figure 9. Type of food business respondents had eaten at or ordered food from in the previous 4 weeks.**



Source: Food & You 2: Wave 10

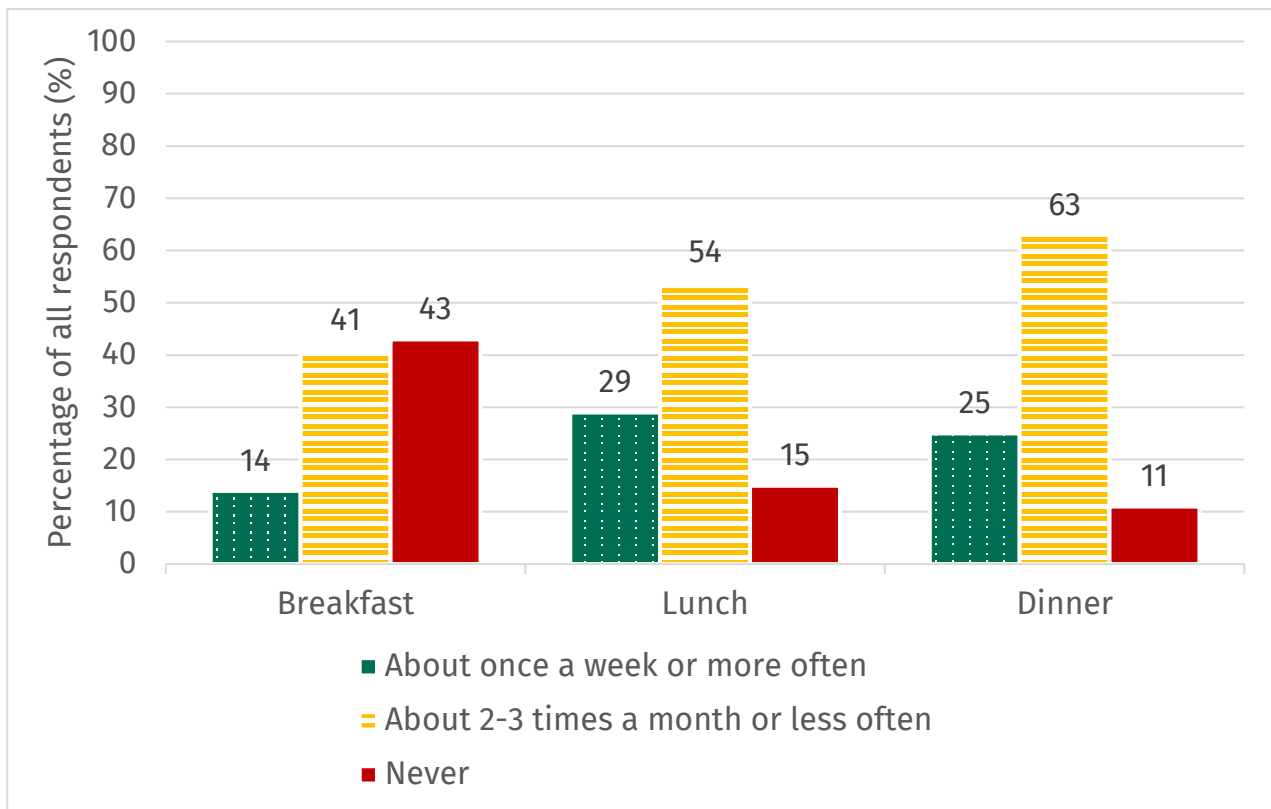
## Eating out and takeaways by mealtime

Respondents were asked how often they ate out or bought food to take out for breakfast, lunch, and dinner. Respondents were least likely to eat out or buy food to take out for breakfast, with 43% of respondents never doing this. Around three in ten (29%) respondents reported that they ate out or bought takeout food for lunch once a week or more often. Respondents were most likely to eat out or buy food to take out



for dinner, with 63% doing this 2-3 times a month or less often and 25% doing this about once a week or more often and (Figure 10)<sup>30</sup>.

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



Source: Food & You 2: Wave 10

## Factors considered when eating out

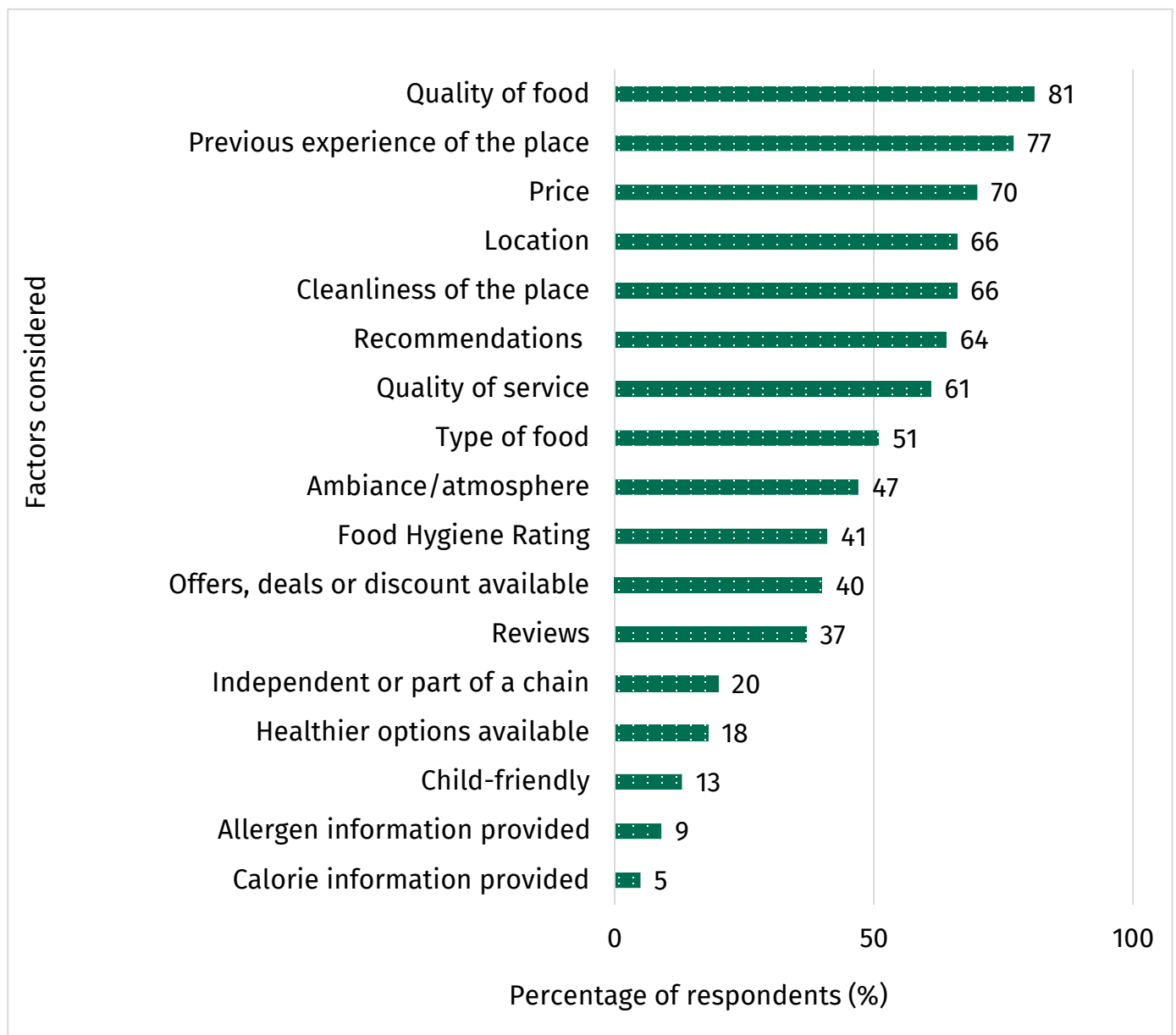
Respondents were asked which factors, from a given list, they generally considered when deciding where to eat out in restaurants, pubs, bars, cafés, coffee shops or sandwich shops. Those who eat out were most likely to consider the quality of food (81%) and their previous experience of the place (77%) when deciding where to eat.

<sup>30</sup> 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= 3926, all online respondents.

Around four in ten (41%) respondents considered the food hygiene rating when deciding where to eat out (Figure 11)<sup>31</sup>.

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<sup>31</sup> Question: Generally, when you eat out, what do you consider when deciding where to go? Please think about eating out in restaurants, pubs/bars, and cafés/coffee shops/sandwich shops? Responses: Quality of food, My previous experience of the place, Price, Location, Recommendations from family or friends, Cleanliness of the place, Quality of service, Type of food (e. g. cuisine or vegetarian/vegan options), Ambiance/atmosphere, Food Hygiene Rating, Offers, deals or discount available, Reviews, e. g. on TripAdvisor, Google or social media, or in newspapers and magazines, Whether it is an independent business or part of a chain, Whether healthier options are available, Whether the place is child-friendly, Whether allergen information is provided, Whether information about calories is provided, None of these, Don't know. Base= 3812, all online respondents answering excluding those who don't eat out.

**Figure 11. Factors considered when deciding where to eat out.**

Source: Food & You 2: Wave 10

## Factors considered when ordering takeaway

Respondents were asked which factors, from a given list, they generally considered when deciding where to order a takeaway from<sup>32</sup>. Those who ordered takeaways were

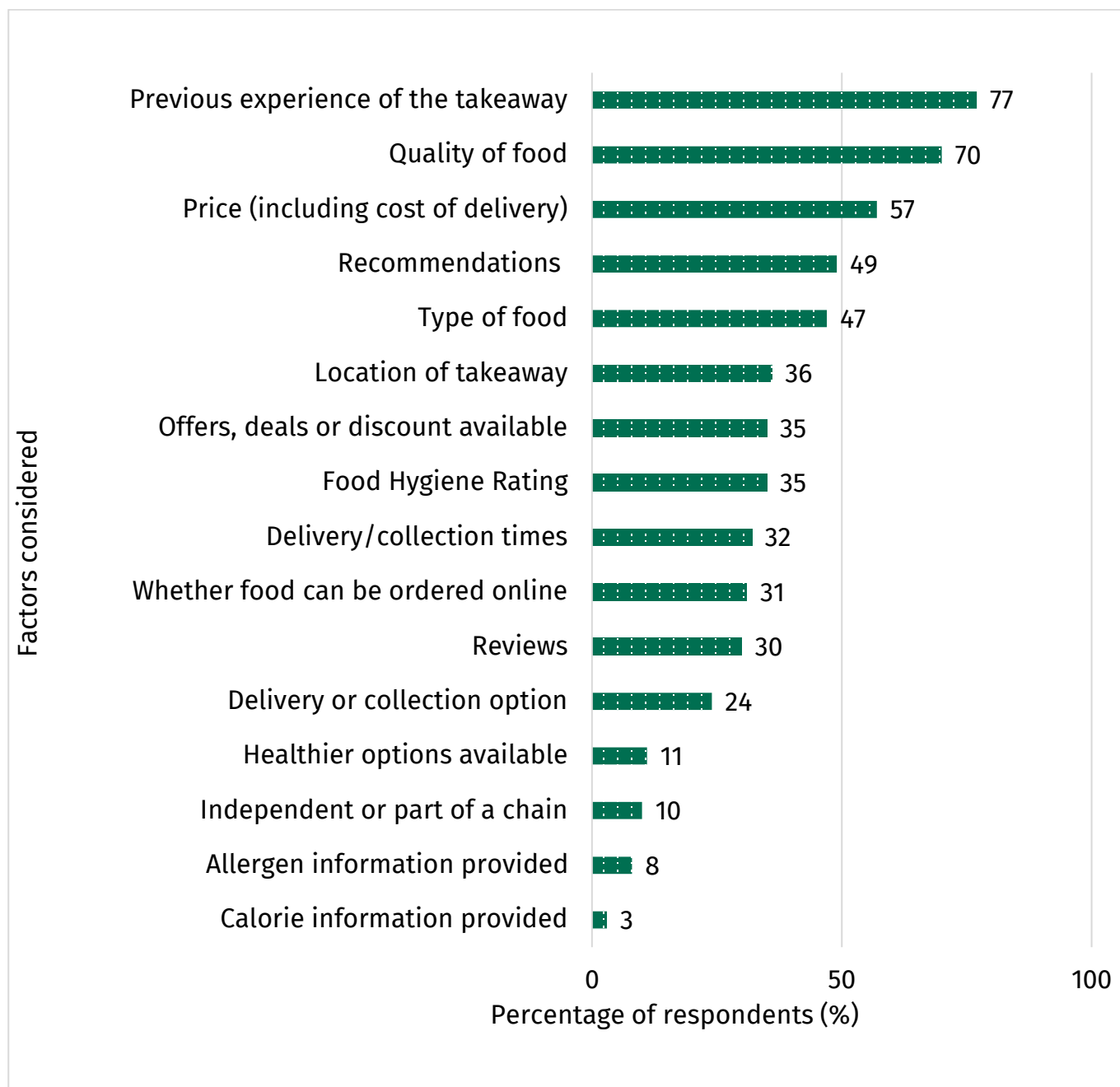
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<sup>32</sup> Including takeaway ordered directly from a takeaway shop or restaurant or via an online food delivery company.

most likely to consider their previous experience of the takeaway (77%) and the quality of food (70%) when deciding where to order a takeaway from. Around a third (35%) of respondents considered the food hygiene rating when deciding where to order a takeaway from (Figure 12)<sup>33</sup>.

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<sup>33</sup> Question: Generally, when ordering food from takeaways (either directly from a takeaway shop or restaurant or from an online food delivery company like Just Eat, Uber Eats or Deliveroo) what do you consider when deciding where to order from? Responses: My previous experience of the takeaway, Quality of food, Price (including cost of delivery), Type of food (for example cuisine or vegetarian/vegan options), Recommendations from family or friends, Food Hygiene Rating, Location of takeaway, Whether there is a delivery or collection option, Offers, deals or discount available, Delivery/ collection times, Whether food can be ordered online for example through a website or app, Reviews for example on TripAdvisor, Google, social media, or in newspapers and magazines, Whether it is an independent business or part of a chain, Whether healthier options are provided, Whether allergen information is provided, Whether information about calories is provided, None of these, Don't know. Base= 3325, all online respondents excluding those who do not order from who order takeaways.

**Figure 12. Factors considered when ordering a takeaway.**

Source: Food &amp; You 2: Wave 10

## Awareness and recognition of the FHRS

Most respondents (89%) reported that they had heard of the FHRS. Around six in ten (62%) respondents reported that they had heard of the FHRS and had at least a bit of knowledge about it<sup>34,35</sup>.

Most respondents living in England (89%), Wales (94%), and Northern Ireland (92%) had heard of the FHRS (Figure 13).

Respondents in Wales (73%) and Northern Ireland (66%)\*\* were more likely to report that they had heard of the FHRS and had at least a bit of knowledge of the FHRS compared to those in England (61%).

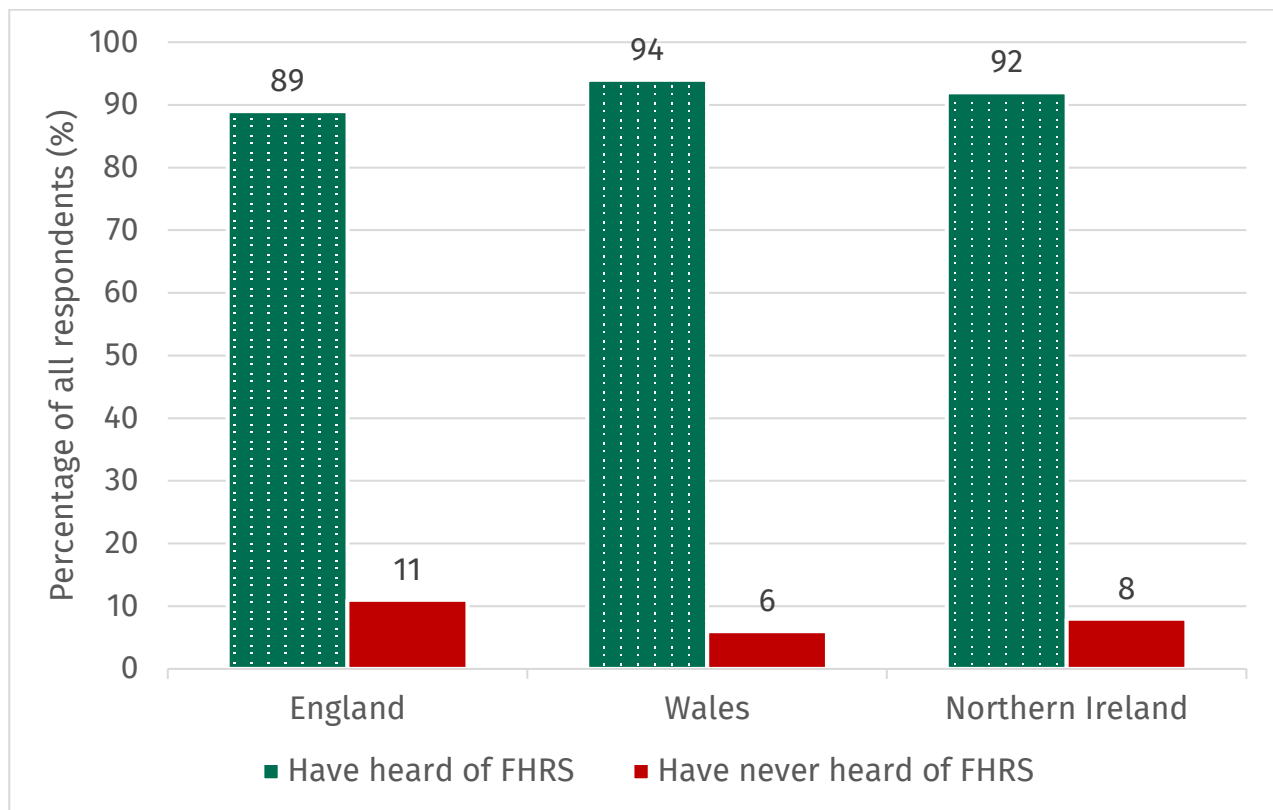
When shown an image of the food hygiene rating sticker, 91% of respondents reported that they had seen the food hygiene rating sticker before. Recognition of the food hygiene rating sticker was slightly higher in Wales (95%) and Northern Ireland (95%) than in England (91%)\*\*<sup>36 37</sup>.

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<sup>34</sup> 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 = 4804, all online respondents and those answering the 'Eating Out' postal questionnaire.

<sup>35</sup> 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.

<sup>36</sup> Question: Have you ever seen this sticker before? Responses: Yes, No, Don't know/ Not sure. Base = 4804, all online respondents and those answering the 'Eating Out' postal questionnaire.

**Figure 13. Percentage of respondents who had heard of the FHRS by country.**

Source: Food & You 2: Wave 10

## FHRS usage

Respondents were asked if they had checked the hygiene rating of a food business in the last 12 months. Around four in ten (44%) respondents reported checking the food hygiene rating of a business in the previous 12 months<sup>38</sup>.

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<sup>38</sup> 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 = 4804, all online respondents and those answering the 'Eating Out' postal questionnaire.

Respondents living in Wales (59%) were more likely to have checked the hygiene rating of a food business in the last 12 months, compared to respondents in England (43%) and Northern Ireland (49%)\*\*.

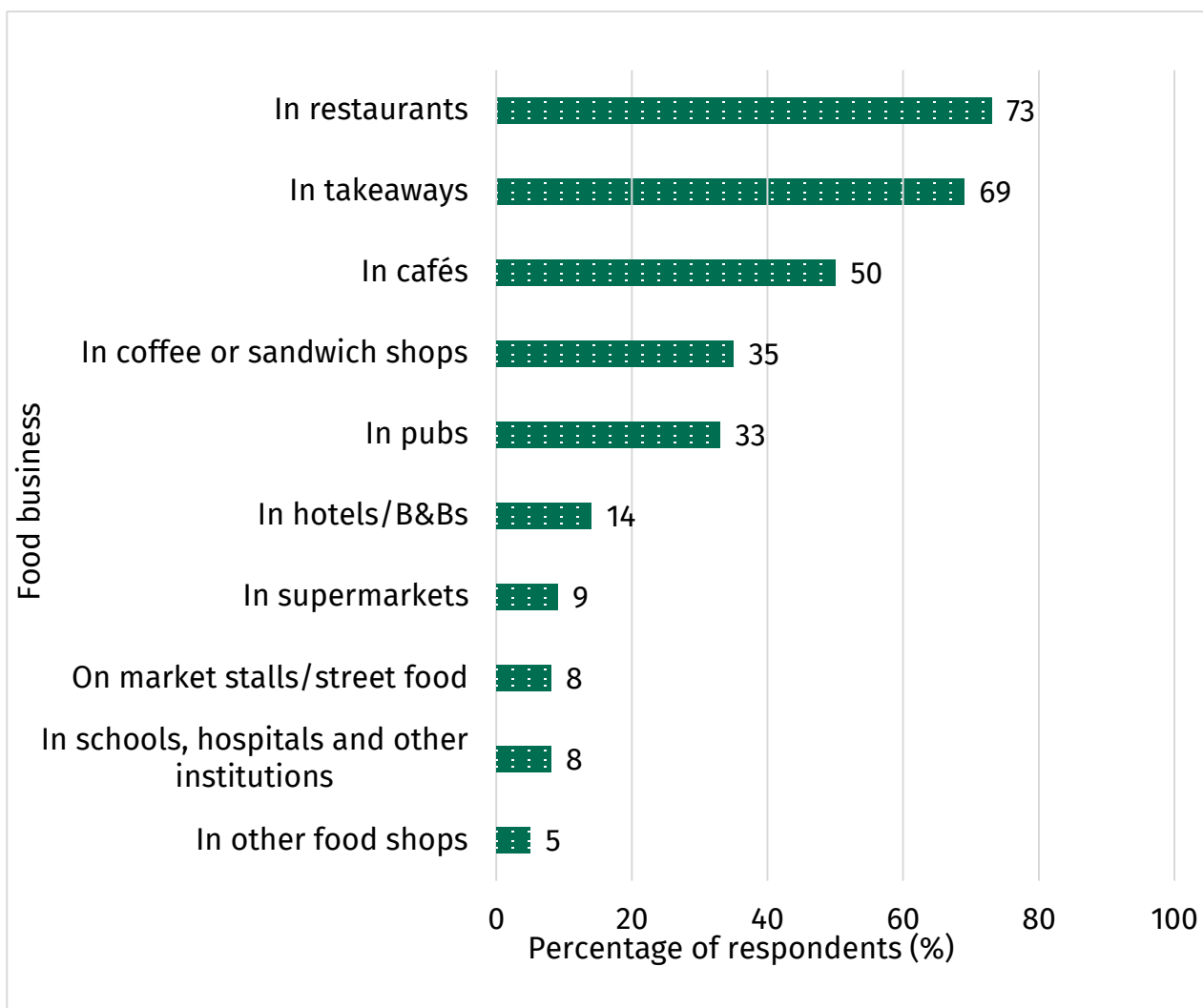
Respondents who said they had checked the hygiene rating of a food business in the last 12 months were asked what types of food businesses they had checked. The most common types of food business respondents had checked the food rating of were restaurants (73%) and takeaways (69%). Respondents were least likely to report checking the food hygiene rating of supermarkets (9%), market stalls/street food (8%), or schools, hospitals and other institutions (8%) (Figure 14)<sup>39</sup>.

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<sup>39</sup> Question: In which of the following kinds of food businesses have you checked the hygiene ratings in the last 12 months? Responses: In takeaways, In restaurants, In cafés, In coffee or sandwich shops, In pubs, In hotels & B&Bs, In supermarkets, In other food shops, In schools, hospitals and other institutions, On market stalls/street food, Manufacturers (Business-to-Business traders), Somewhere else, Don't know. Base = 2309, all online respondents and all those who completed the 'Eating Out' postal questionnaire who have checked the Food Hygiene Rating of a food business in the last 12 months.



**Figure 14. Food businesses where respondents had checked the food hygiene rating in last 12 months.**



Source: Food & You 2: Wave 10

## Chapter 4: 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, including 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<sup>40</sup> in the food and drink they provide.

This chapter provides an overview of the self-reported prevalence and diagnosis of food hypersensitivities<sup>41</sup>, and experiences of eating out or ordering a takeaway among those with a hypersensitivity.

## Prevalence of food hypersensitivities

Around one in five (21%) of respondents reported that they suffer from a bad or unpleasant physical reaction after consuming certain foods or avoid certain foods because of the bad or unpleasant physical reaction they might cause<sup>42</sup>. Most respondents (79%) reported that they did not have a food hypersensitivity. Around one in ten (12%) respondents reported that they had a food intolerance, 4% reported having a food allergy, and 1% reported having coeliac disease (Figure 15)<sup>43</sup>

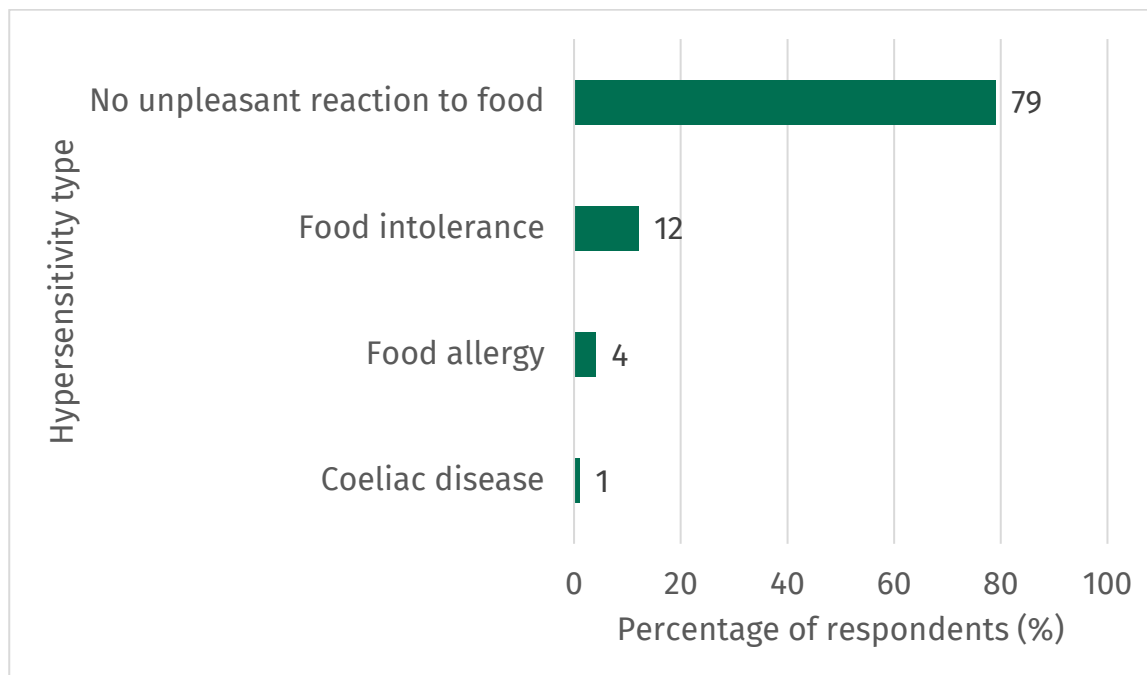
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<sup>40</sup> Allergens: celery, cereals containing gluten (such as barley and oats), crustaceans (such as prawns, crabs and lobsters), eggs, fish, lupin, milk, molluscs (such as mussels and oysters), mustard, peanuts, sesame, soybeans, sulphur dioxide and sulphites and tree nuts (such as almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans, pistachios and macadamia nuts).

<sup>41</sup> For further information please see: [Patterns and Prevalence of Adults Food Allergy report](#).

<sup>42</sup> 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= 5690, all respondents.

<sup>43</sup> 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=5690, all respondents. Please note: the figures shown do not add up to 100% as not all responses are shown.

**Figure 15. Prevalence of different types of food hypersensitivity.**

Source: Food & You 2: Wave 10

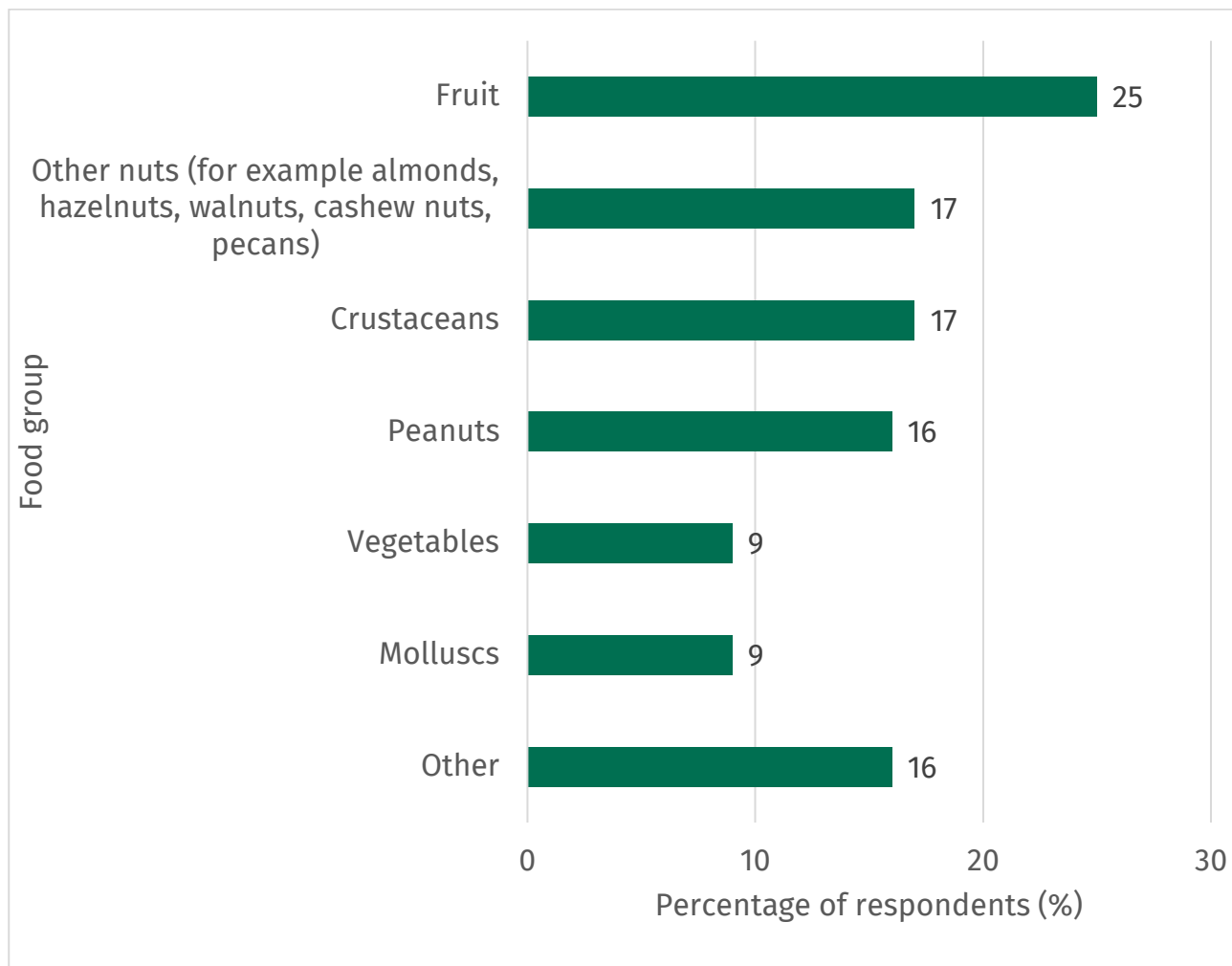
## **Foods most likely to cause unpleasant reactions**

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

Amongst the respondents who reported having a food allergy, the most common food reported as causing a reaction was fruit (25%). Other common allergens were crustaceans (for example, crabs, lobster, prawns, scampi) (17%), peanuts (16%), and other nuts (for example, almonds, hazelnuts, walnuts, cashew nuts, pecans) (17%). However, 16% of respondents reported an allergy to other foods which were not listed in the questionnaire (Figure 16)<sup>44</sup>.

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<sup>44</sup> Questions/Respondents: Derived variable, see data tables (REACSOURCAL) and Technical Report. Base= 145.

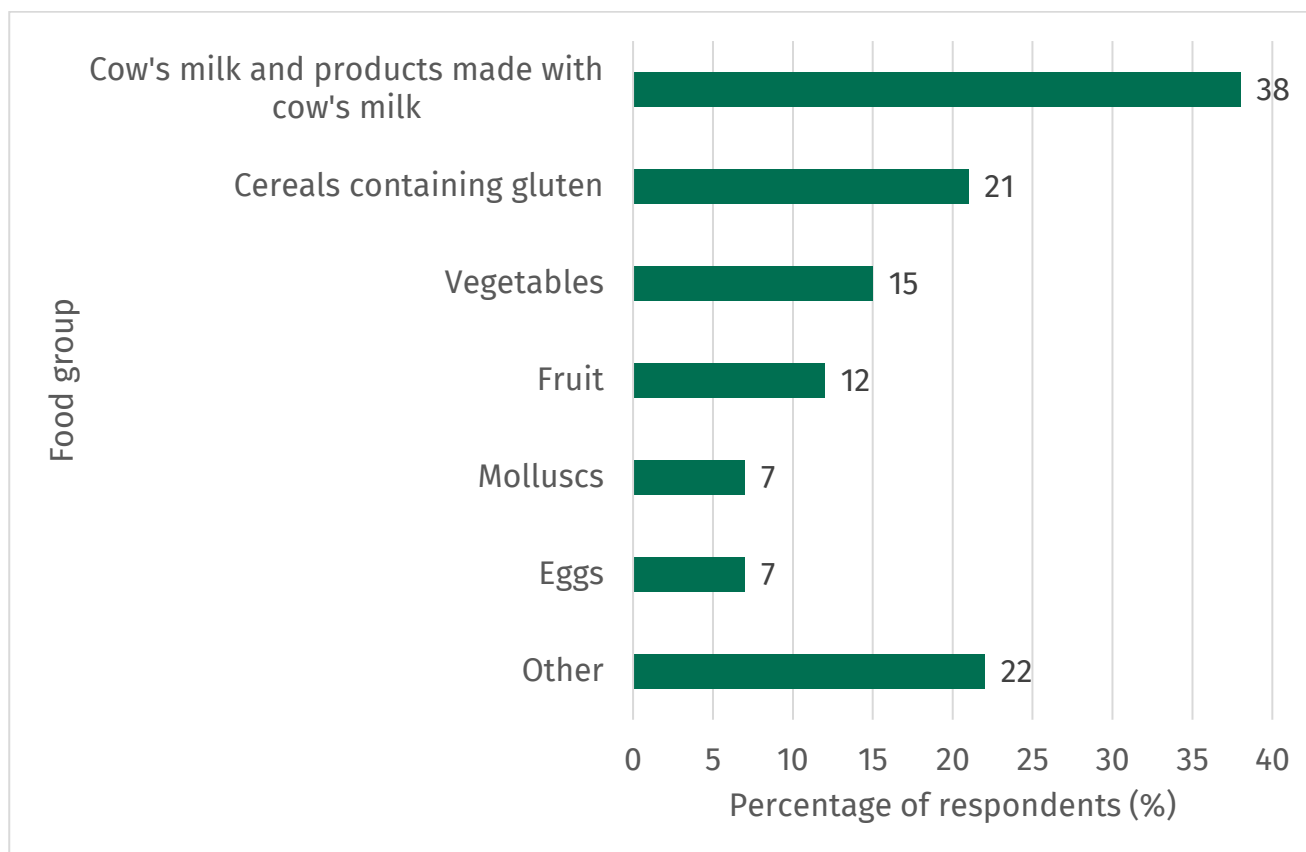
**Figure 16. The food groups most likely to cause allergic reactions.**

Source: Food & You 2: Wave 10

Amongst the respondents who reported having a food intolerance, the most common food groups reported as causing a reaction were cow's milk and products made with cow's milk (for example, butter, cheese, cream, yoghurt) (38%) and cereals containing gluten (for example, wheat, rye, barley, oats) (21%). Around a fifth of respondents (22%) reported an intolerance to other foods which were not listed in the questionnaire (Figure 17)<sup>45</sup>.

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<sup>45</sup> Questions/Respondents: Derived variable, see data tables (REACSOURCIN) and Technical Report. Base= 470.

**Figure 17. The food groups most likely to cause a food intolerance.**

Source: Food & You 2: Wave 10

## Diagnosis of food hypersensitivities

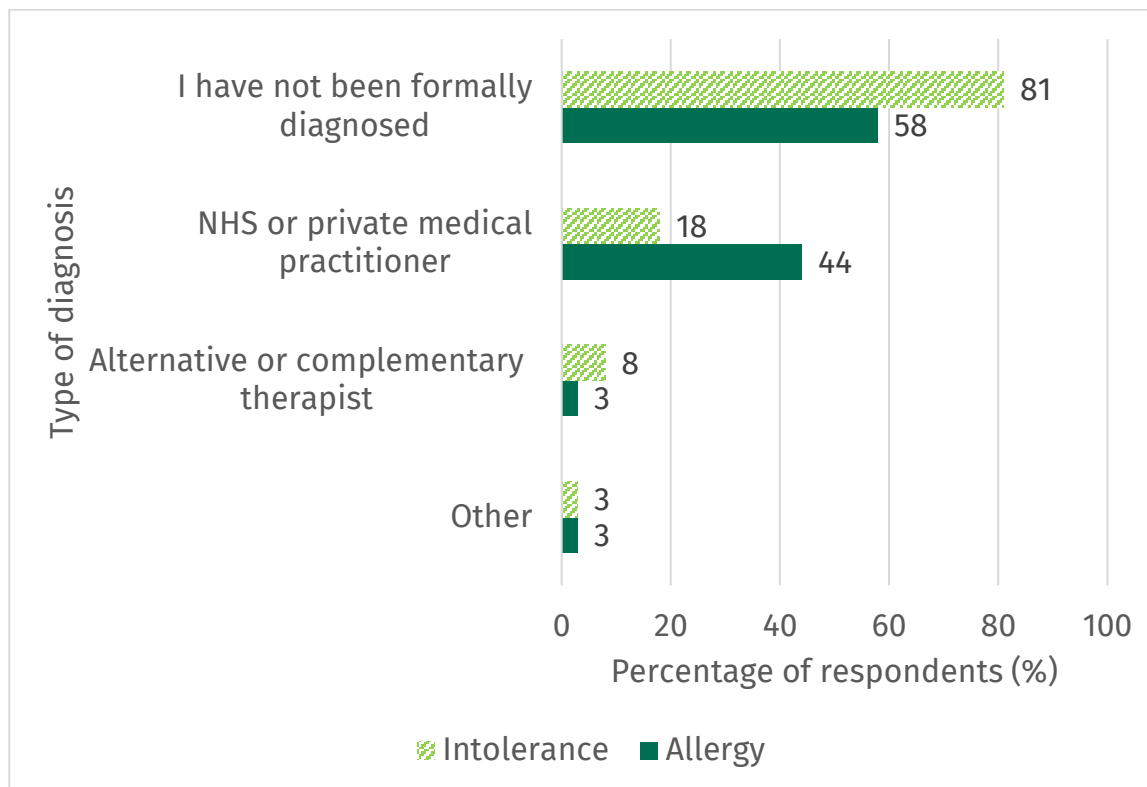
Respondents who reported having a bad or unpleasant reaction were asked how they had found out about their condition. Around a quarter (26%) of respondents who reported having any food hypersensitivity had been diagnosed by an NHS or private

medical practitioner, and 5% had been diagnosed by an alternative or complementary therapist. However, most respondents (73%) had not received any diagnosis<sup>46</sup>.

Respondents with a food allergy (44%) were more likely to be diagnosed by an NHS or private medical practitioner than those reporting a food intolerance (18%). Conversely, those who reported having a food intolerance only (81%) were more likely to have noticed that a food causes them problems, but not received a formal diagnosis, than those with a food allergy (58%) (Figure 18).

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<sup>46</sup> Question: How did you find out about your problem with these foods? Responses: I have been diagnosed by an NHS or private medical practitioner (for example GP, dietician, allergy specialist in a hospital or clinic), I have been diagnosed by an alternative or complementary therapist (for example homeopath, reflexologist, online or walk-in allergy testing service), I have noticed that this food causes me problems but I have not been formally diagnosed with a specific condition, Other. Base= 1218, 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.

**Figure 18. Prevalence and type of food reaction and intolerance diagnosis.**

Source: Food & You 2: Wave 10

## Severity of food hypersensitivities

Respondents who reported that they suffer from a bad or unpleasant physical reaction after consuming certain foods or avoid certain foods because of the bad or unpleasant physical reaction they might cause, were asked how they would describe their reaction. Around three in ten (28%) respondents reported that they had a mild reaction, 46% reported that they had a moderate reaction, and 24% of respondents reported that they had a severe reaction.<sup>47</sup>

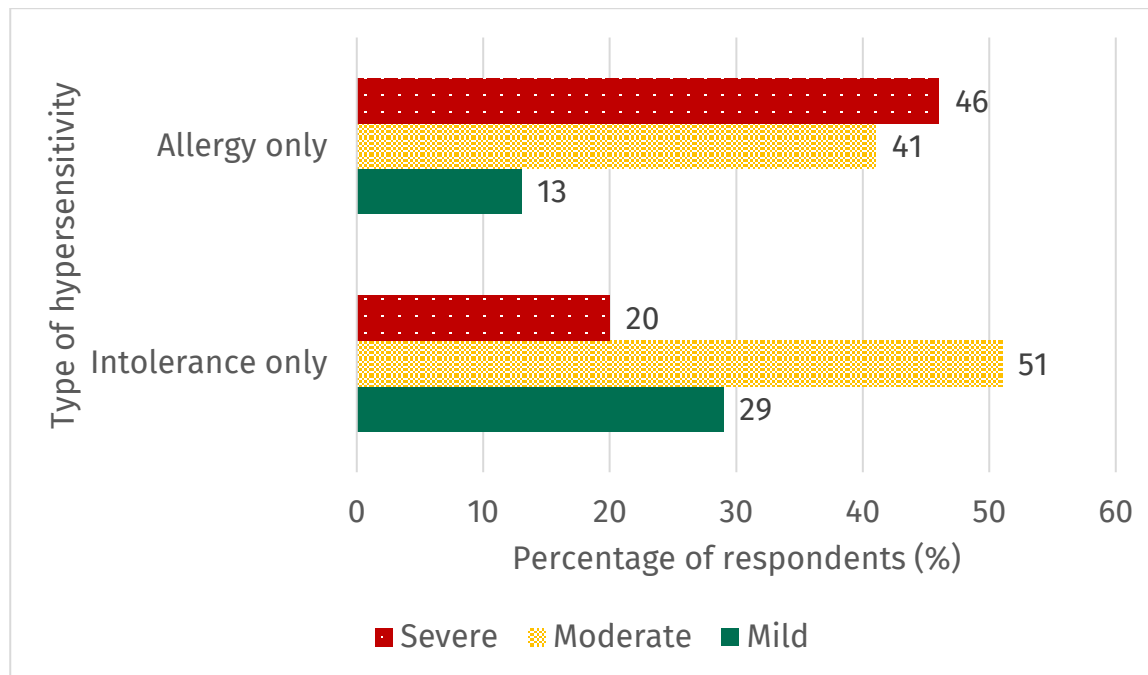
<sup>47</sup> Question: How would you describe your bad or unpleasant physical reaction?

Responses: Mild, Moderate, Severe, Don't know. Base = 1216, 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.



Respondents who suffer from an allergy only (46%) were more likely to report that they had a severe reaction than those with only an intolerance (20%). Conversely, respondents who suffer from an intolerance only (29%) were more likely to report that they had a mild reaction than those with only an allergy (13%) (Figure 19)<sup>48</sup>.

**Figure 19. Reaction severity of respondents with an intolerance or allergy.**



Source: Food & You 2: Wave 10

## Frequency and causes of food reactions

Respondents who reported that they suffer from a bad or unpleasant physical reaction after consuming certain foods or avoid certain foods because of the bad or unpleasant physical reaction they might cause, were asked if they had experienced a reaction in

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<sup>48</sup> Please note: the figures of those with Coeliac disease only and those with multiple food hypersensitivity conditions are not reported due to low base / sample size.

the previous 12 months. Of these respondents, 59% reported that they had experienced a reaction, and 35% reported that they had not experienced a reaction<sup>49</sup>.

Respondents who had experienced a bad or unpleasant physical reaction in the previous 12 months were asked how many times they had experienced a reaction. Around a quarter (27%) of respondents had experienced reactions once or twice, 40% had experienced between 3 and 10 reactions, and 31% had experienced more than 10 reactions<sup>50</sup>.

Respondents who had experienced a bad or unpleasant physical reaction in the previous 12 months were asked what they thought caused their last reaction. The most commonly reported causes were food made to order from a restaurant or café (22%), pre-packaged food bought in a shop or café (18%), food ordered directly from a

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<sup>49</sup> Question: In the last 12 months, have you experienced any bad or unpleasant physical reactions after consuming certain foods? Responses: Yes, No, Can't remember, Not Stated. Base = 1228, 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 or 'Not stated' whether they meet this condition.

<sup>50</sup> Question: In the last 12 months, approximately how many times have you experienced a bad or unpleasant physical reaction after consuming certain foods? Responses: Once, Twice, Between 3 and 10 times, More than 10 times, Don't know. Base = 719, all respondents who experienced a bad or unpleasant physical reaction after consuming certain foods, in the last 12 months.

takeaway shop or restaurant (14%), and food prepared/cooked by the respondent in their home (14%)<sup>51</sup>.

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

Respondents who had a food hypersensitivity were asked how confident they were in their ability to avoid food that might cause a bad or unpleasant physical reaction when eating food prepared in different environments.

Almost all respondents were confident (i.e., very or fairly confident) in their ability to avoid unpleasant reactions when eating food they had prepared or cooked themselves at home (98%), or food prepared or cooked by someone else in the respondents' home (93%). Three quarters (75%) were confident in their ability to avoid unpleasant reactions when food was prepared or cooked by someone else in that person's home.

Around seven in ten respondents reported they were confident avoiding unpleasant reactions when eating food made to order from a restaurant or café (71%) and pre-packaged food bought in a shop or café (69%). Respondents were less likely to report confidence when eating food ordered directly from a takeaway shop or restaurant

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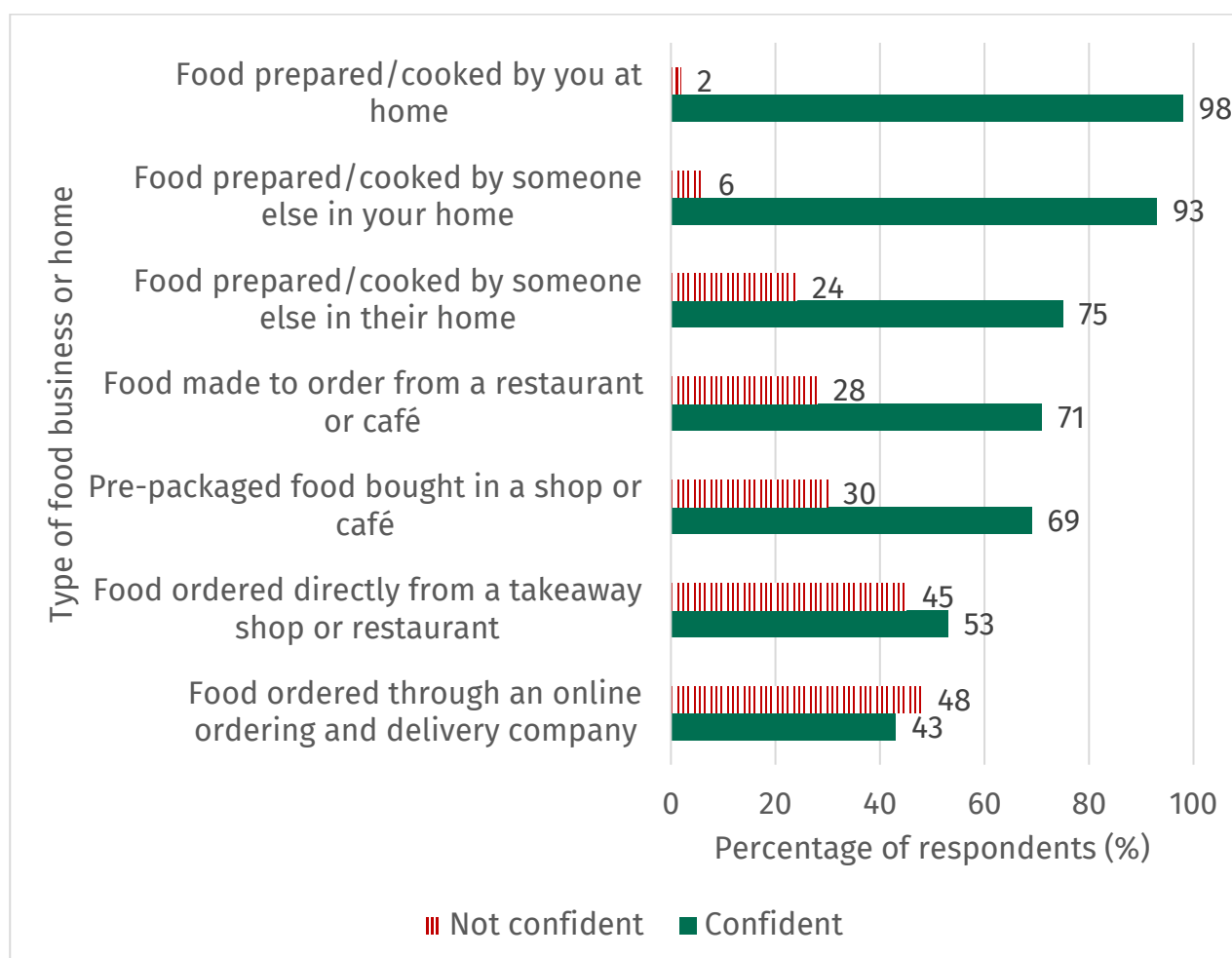
<sup>51</sup> Question: Thinking about the last time you experienced a bad or unpleasant physical reaction after consuming food, what do you think caused the reaction? Responses: Food made to order from a restaurant or café, Food ordered directly from a takeaway shop or restaurant, Food prepared/cooked by you at home, Pre-packaged food bought in a shop or café, Other, Food ordered through an online ordering and delivery company, Don't know, Food prepared/cooked by someone else in your home, Food prepared/cooked by someone else in their home. Base = 483, all online respondents who experienced a bad or unpleasant physical reaction after consuming certain foods, in the last 12 months.

(53%) and food ordered through an online ordering and delivery company (for example, Just Eat, Deliveroo, Uber Eats) (43%) (Figure 23)<sup>52</sup>.

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<sup>52</sup> Question: How confident would you feel in your ability to avoid a bad or unpleasant physical reaction if you were eating...A) Food prepared/cooked by you at home. B) Food prepared/cooked by someone else in your home C) Food prepared/cooked by someone else in their home D) Pre-packaged food bought in a shop or café E) Food made to order from a restaurant or café F) Food ordered directly from a takeaway shop or restaurant G) Food ordered through an online ordering and delivery company (e. g. Just Eat, Deliveroo, Uber Eats). Responses: Very confident, Fairly confident, Not very confident, Not at all confident, Don't know. Base = 794, all online respondents who suffer from a bad or unpleasant physical reaction after consuming certain foods or avoid certain foods because of the bad or unpleasant physical reaction they might cause.

**Figure 23. Confidence of respondents with a food hypersensitivity in avoiding a bad or unpleasant reaction when eating food in a home setting or from different types of food business.**



Source: Food & You 2: Wave 10

## Eating out with a food hypersensitivity

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

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

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

Around three in ten (29%) respondents always checked in advance whether the information which allows them to identify food that might cause them a bad or unpleasant reaction was available. A further 44% of respondents reported checking this information was available less often (i.e., most of the time, about half of the time, or occasionally). Around a quarter (26%) of respondents never checked in advance whether information that would allow them to identify food that might cause them a bad or unpleasant reaction was available<sup>53</sup>.

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

Respondents who suffered 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 to take out.

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<sup>53</sup> 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= 1182, 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, excluding online respondents who do not eat out or order takeaways.

Around two in ten (17%) respondents reported that this information was always readily available. However, most respondents (71%) reported that this information was available less often (i.e., most of the time, about half of the time, occasionally), and 7% reported that this information was never readily available<sup>54</sup>.

Respondents were asked how often they asked a member of staff for more information when this information is not readily available. Just over a quarter (27%) of respondents reported that they always asked staff for more information, whilst 44% did this less often (i.e., most of the time, about half of the time, occasionally) and 26% of respondents never asked staff for more information<sup>55</sup>.

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 (70%) reported that they were comfortable (i.e., very comfortable or fairly comfortable) asking staff for more information. However, 22% of respondents

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<sup>54</sup> Question: When eating out or buying food to take out, how often, if at all, is the information you need to help you identify food that might cause you a bad or unpleasant physical reaction readily available? Responses: Always, Most of the time, About half of the time, Occasionally, Never, Don't know. Base= 1177, 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, excluding online respondents who do not eat out or order takeaways.

<sup>55</sup> Question: When information is not readily available, how often do you ask a member of staff for more information? Responses: Always, Most of the time, About half of the time, Occasionally, Never, I don't need to ask because the information is always readily available, Don't know. Base= 1125, 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, excluding those who respond 'I don't need to ask because the information is always readily available' and online respondents who do not eat out or order takeaways.

reported that they were not comfortable doing this (i.e., not very comfortable or not at all comfortable)<sup>56</sup>.

When asked how confident they felt in the information provided, allowing them to identify and avoid food that might cause a bad or unpleasant physical reaction, respondents were more likely to be confident in information provided in writing (87%) compared to information provided verbally by a member of staff (63%)<sup>57</sup>.

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<sup>56</sup> 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 = 1177, 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, excluding online respondents who do not eat out or order takeaways.

<sup>57</sup> Question: How confident are you that the information provided will allow you to identify and avoid food that might cause you a bad or unpleasant physical reaction? A) when the information is provided in writing (for example, on the main menu or a separate allergen menu). B) when the information is provided verbally by a member of staff. Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies from place to place, Don't know. Base= 1177, 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, excluding online respondents who do not eat out or order takeaways.



## Chapter 5: 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 also 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 knowledge and reported behaviour in relation to five important aspects of food safety: cleaning, cooking, chilling, avoiding cross-contamination and use-by dates.

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<sup>58</sup>.

### 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.

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<sup>58</sup> The deep dive 'Eating at home' module was last reported in the [Food and You 2: Wave 9 Key Findings report](#). The core module was last reported in the [Food and You 2: Wave 8 Key Findings report](#).

Most respondents (70%) reported that they always wash their hands before preparing or cooking food, 29% reported that they do this most of the time or less often, whilst 1% reported never doing this<sup>59</sup>.

Most respondents (92%) reported that they always wash their hands immediately after handling raw meat, poultry, or fish, 7% reported that they do this most of the time or less often, and less than 1% reported never doing this<sup>60</sup>.

Around four in ten (44%) respondents reported that they always wash their hands before eating, 52% reported doing this most of the time or less often, and 3% reported never washing their hands before eating<sup>61</sup>.

### **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. Around six in ten (62%) respondents reported that they always or most of the time washed their

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<sup>59</sup> 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, don't know. Base= 4462, 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.

<sup>60</sup> Question: When you are at home, how often, if at all, do you wash your hands immediately after handling raw meat, poultry or fish. Responses: always, most of the time, About half the time, Occasionally, Never, I don't cook meat, poultry or fish, Don't know. Base= 4324, all online respondents and those who completed the 'Eating at Home' postal questionnaire who ever do some food preparation or cooking for their household, excluding 'I don't cook meat, poultry or fish' and 'not stated'.

<sup>61</sup> Question: When you are at home, how often, if at all, do you wash your hands before eating. Responses: always, most of the time, about half the time, occasionally, never, don't know. Base= 4812, all online respondents, and those answering the 'Eating at Home' postal questionnaire.

hands, or used hand sanitising gel or wipes when they ate outside of their home, 29% did this about half the time or less often and 8% never did this<sup>62</sup>.

## Chilling

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

### **If and how respondents check refrigerator temperature**

When asked what temperature the inside of a fridge should be, 60% of respondents who have a fridge, reported that it should be between 0-5 degrees Celsius, [as recommended by the FSA](#). One fifth (19%) of respondents reported that the temperature should be above 5 degrees, 5% reported that the temperature should be below 0 degrees, and 16% of respondents did not know what temperature the inside of their fridge should be<sup>63</sup>.

Of those respondents with a fridge, six in ten reported that they monitored the temperature (60%); either manually (49%) or via an internal temperature alarm (11%)<sup>64</sup>.

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<sup>62</sup> 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= 4804, all online respondents, and those answering the 'Eating at Home' postal questionnaire.

<sup>63</sup> Question: What do you think the temperature inside your fridge should be? Responses: less than 0 degrees C (less than 32 degrees F), between 0 and 5 degrees C (32 to 41 degrees F), more than 5 but less than 8 degrees C (42 to 46 degrees F), 8 to 10 degrees C (47 to 50 degrees F), more than 10 degrees C (over 50 degrees F), other, don't know. Base=4789, all online respondents and all those who completed the 'Eating at Home' postal questionnaire, excluding those who don't have a fridge.

<sup>64</sup> 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= 4788, all online respondents and all those who completed the 'Eating at Home' postal questionnaire, excluding those who don't have a fridge.

Of the respondents who manually monitor the temperature of their fridge (i.e. do not rely on a fridge alarm) 49% reported they check this once a week or more often, [as recommended by the FSA](#).<sup>65</sup>

## Cooking

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

Most respondents (80%) reported that they always cook food until it is steaming hot and cooked all the way through, however 19% reported that they do not always do this<sup>66</sup>.

Respondents were asked to indicate how often they eat chicken or turkey when the meat is pink or has pink juices<sup>67</sup>. Of those who eat chicken or turkey, around nine in ten (89%) reported that they never eat chicken or turkey when it is pink or has pink

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<sup>65</sup> Question: How often, if at all, do you or someone else in your household check the temperature of the fridge? Responses: at least daily, 2-3 times a week, once a week, less than once a week but more than once a month, once a month, four times a year, 1-2 times a year, never/less often, don't know. Base= 2448, all online respondents and all those who completed the 'Eating at Home' questionnaire where someone in household checks fridge temperature.

<sup>66</sup> 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= 4462, 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.

<sup>67</sup> 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 in [Food and You 2: Wave 9](#).

juices. However, 9% of respondents reported eating chicken or turkey at least occasionally when it is pink or has pink juices<sup>68</sup>.

## Reheating

Respondents were asked to indicate how they check food is ready to eat when they reheat it. The most common method was to check the middle is hot (55%), and the least common methods were to use a thermometer or probe (15%) or put a hand over the food or touch the food (13%) (Figure 21)<sup>69</sup>.

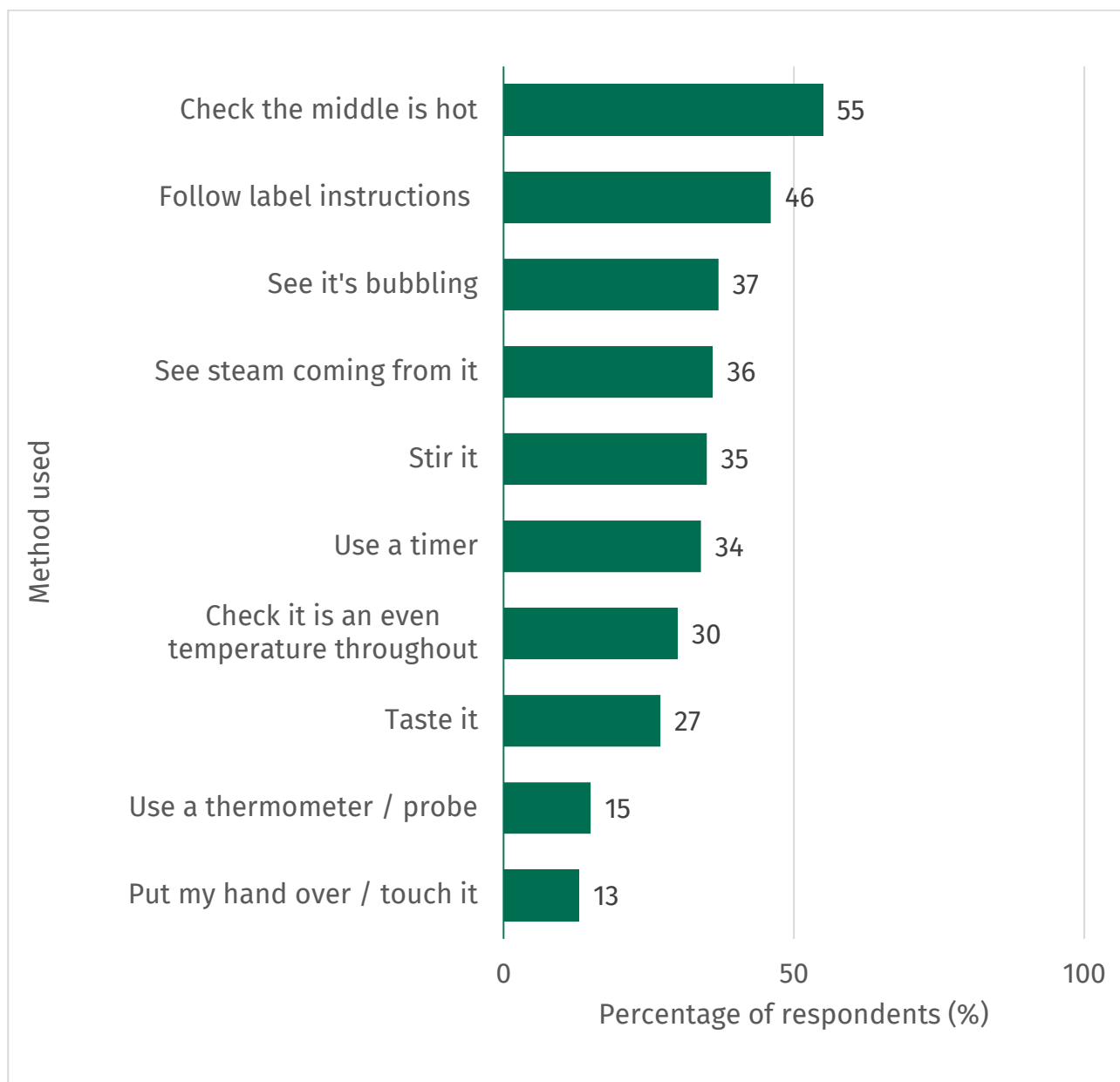
[The FSA recommends](#) that food is only reheated once. When respondents were asked how many times they would reheat food, the majority reported that they would only reheat food once (81%), 10% would reheat food twice, and 3% would reheat food more than twice<sup>70</sup>.

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<sup>68</sup> 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 = 4455, 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.

<sup>69</sup> Question: When reheating food, how do you know when it is ready to eat? (Select all that apply). Responses: I check the middle is hot, I follow the instructions on the label, I can see its bubbling, I use a timer to ensure it has been cooked for a certain amount of time, I check it's an even temperature throughout, I can see steam coming from it, I taste it, I stir it, I put my hand over it/touch it, I use a thermometer/probe, None of the above, I don't check. Base= 4258, all online respondents and all those who completed the 'Eating at Home' questionnaire who ever do some food preparation or cooking for their household, excluding 'I don't reheat food' and 'not stated'.

<sup>70</sup> 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= 4267, all online respondents and all those who completed the 'Eating at Home' questionnaire who reheat food using one of the methods in the previous question.

**Figure 21. How respondents check whether reheated food is ready to eat.**

Source: Food & You 2: Wave 10

## Leftovers

The FSA provides guidelines on [how to store leftovers. The FSA recommends that people eat leftovers within two days or freeze them.](#) Respondents were asked for how long they would keep leftovers in the fridge. Around six in ten (63%) respondents reported that they would eat leftovers within 2 days, 28% of respondents reported that

they would eat leftovers within 3-5 days and 2% would eat leftovers more than 5 days later<sup>71</sup>.

## Avoiding cross-contamination

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

Respondents were asked how often, if at all, they washed raw chicken<sup>72</sup>. Around six in ten (58%) respondents reported that they never wash raw chicken, however, 39% of respondents reported that they do this at least occasionally<sup>73</sup>.

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

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

Respondents were asked to indicate, from a range of responses, how they store meat and poultry in the fridge. Respondents were most likely to report storing raw meat and poultry in its original packaging (71%) or away from cooked foods (50%). Around four in ten respondents reported storing raw meat and poultry in a sealed container (41%)

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<sup>71</sup> 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= 4812, all online respondents, and those answering the 'Eating at Home' postal questionnaire.

<sup>72</sup> Data on washing other types of meat, fish and poultry is available in the full 'Eating at Home' module (see latest results in [Food and You 2: Wave 9](#))

<sup>73</sup> 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 = 4462, 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.

and covered raw meat and poultry with film/foil (35%), with 13% keeping the product on a plate<sup>74</sup>.

Most respondents (62%) reported only storing raw meat and poultry at the bottom of the fridge, [as recommended by the FSA](#). However, 21% of respondents reported storing raw meat and poultry wherever there is space in the fridge, 12% reported storing raw meat and poultry in the middle of the fridge, and 7% at the top of the fridge<sup>75</sup>.

## Use-by and best before dates

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

Respondents were asked to indicate which date shows that food is no longer safe to eat. Around two-thirds (64%) of respondents correctly identified the use-by date as the information which shows that food is no longer safe to eat. However, some

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<sup>74</sup> 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= 4359, All online respondents and all those who completed the 'Eating at Home' postal questionnaire, excluding 'I don't buy or store meat or poultry', 'I don't store raw meat / poultry in the fridge' and 'Don't know'

<sup>75</sup> 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= 4287, all online respondent and all those who completed the 'Eating at Home' postal questionnaire who store raw meat/poultry in the fridge except those who don't buy/store meat/poultry, don't have a fridge, or don't know.



respondents identified the best before date (11%) as the date which shows food is no longer safe to eat<sup>76</sup>.

Around two-thirds (65%) of respondents reported that they always check use-by dates before they cook or prepare food, 32% reported checking use-by dates most of the time or less often, and 1% reported never checking use-by dates<sup>77</sup>.

Respondents who eat certain foods were asked when, if at all, is the latest that they would eat the type of food after the use-by date<sup>78</sup>. Most respondents reported that they would not eat shellfish (73%), or other fish (65%) past the use-by date. Around half of respondents would not eat raw meat (53%) or smoked fish (50%) past the use-by date. Bagged salad (70%) and cheese (70%) were the foods respondents were most

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<sup>76</sup> 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= 4812, all online respondents, and those answering the 'Eating at Home' postal questionnaire.

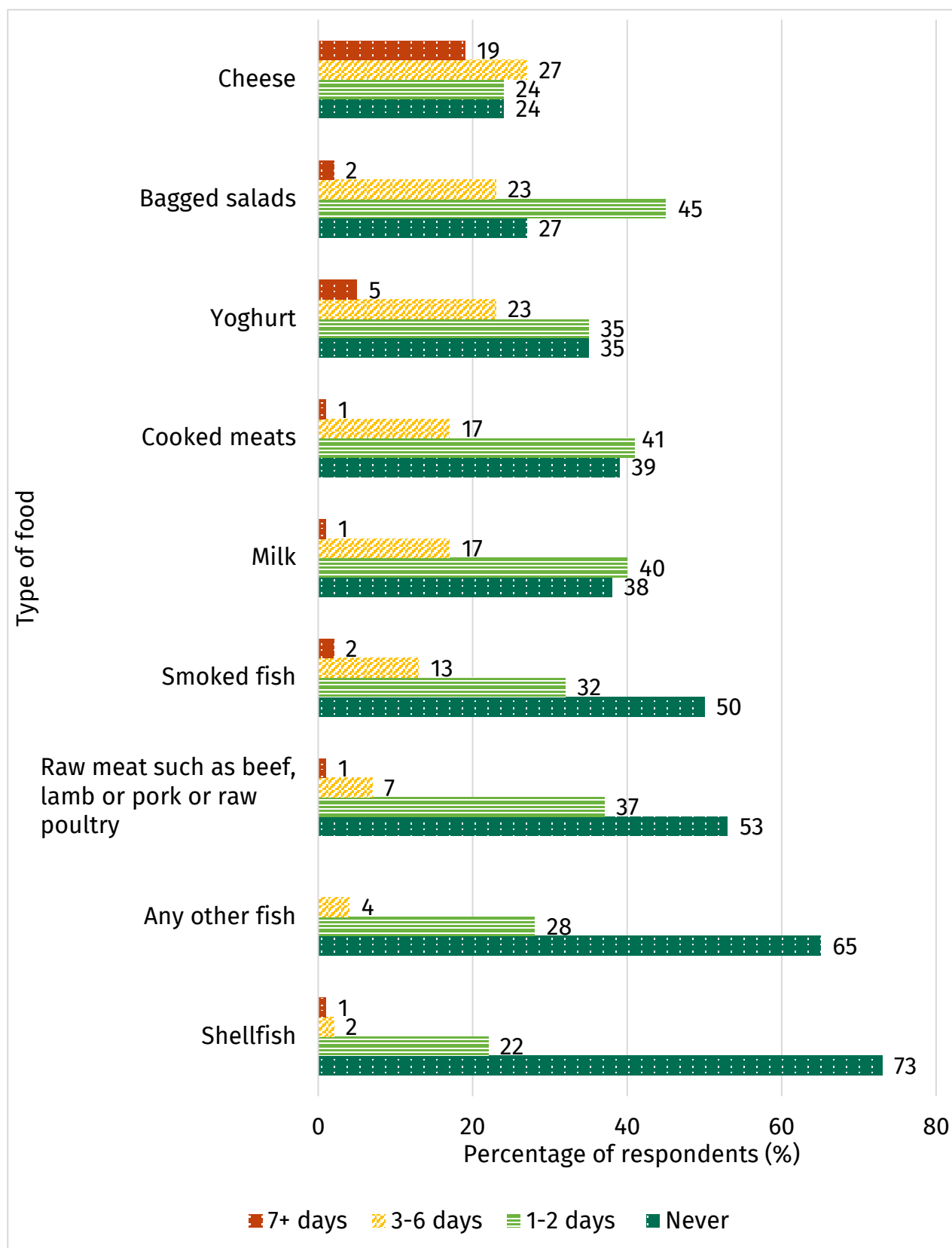
<sup>77</sup> Question: How often, if at all, do you check use-by dates when you are about to cook or prepare food? Responses: always, most of the time, about half of the time, occasionally, never, it varies too much to say, don't know. Base= 4462, all online respondents and all those who completed the 'Eating at Home' postal questionnaire who ever do some food preparation or cooking for their household.

<sup>78</sup> Respondents who answered 'don't know / I don't ever check the use-by date of this' are excluded from this net.

likely to report eating after the use-by date. Around six in ten respondents would eat yoghurt (63%), milk (59%), or cooked meats (59%) after the use-by date (Figure 22)<sup>79</sup>.

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<sup>79</sup> Question: When, if at all, is the latest you would eat or drink the following items after their use-by date? a=cooked meats, b=smoked fish, c=bagged salads, d=cheese, e=milk, f= raw meat such as beef/pork/lamb/raw poultry, g=shellfish, h=any other fish, i=yoghurt. Responses: 1-2 days after the use-by date, 3-4 days after the use-by date, 5-6 days after the use-by date, 1-2 weeks after the use-by date, more than 2 weeks after the use-by date, I don't eat/drink this after its use-by date, don't know/I don't ever check the use-by date of this. Base A= 4383, B=3387, C=4340, D=4530, E=4510, F=4335, G=3387, H=3836, I=4358, all online respondents and those who completed the 'Eating at Home' postal questionnaire, who eat A/B/C/D/F/F/G/H/I. Please note: the figures shown do not add up to 100% as not all responses are shown.

**Figure 22. How long after the use-by date respondents would consume different foods.**

Source: Food &amp; You 2: Wave 10

## Changes to eating habits

This section provides an overview of changes respondents had made to their eating and food shopping behaviour in the last 12 months.

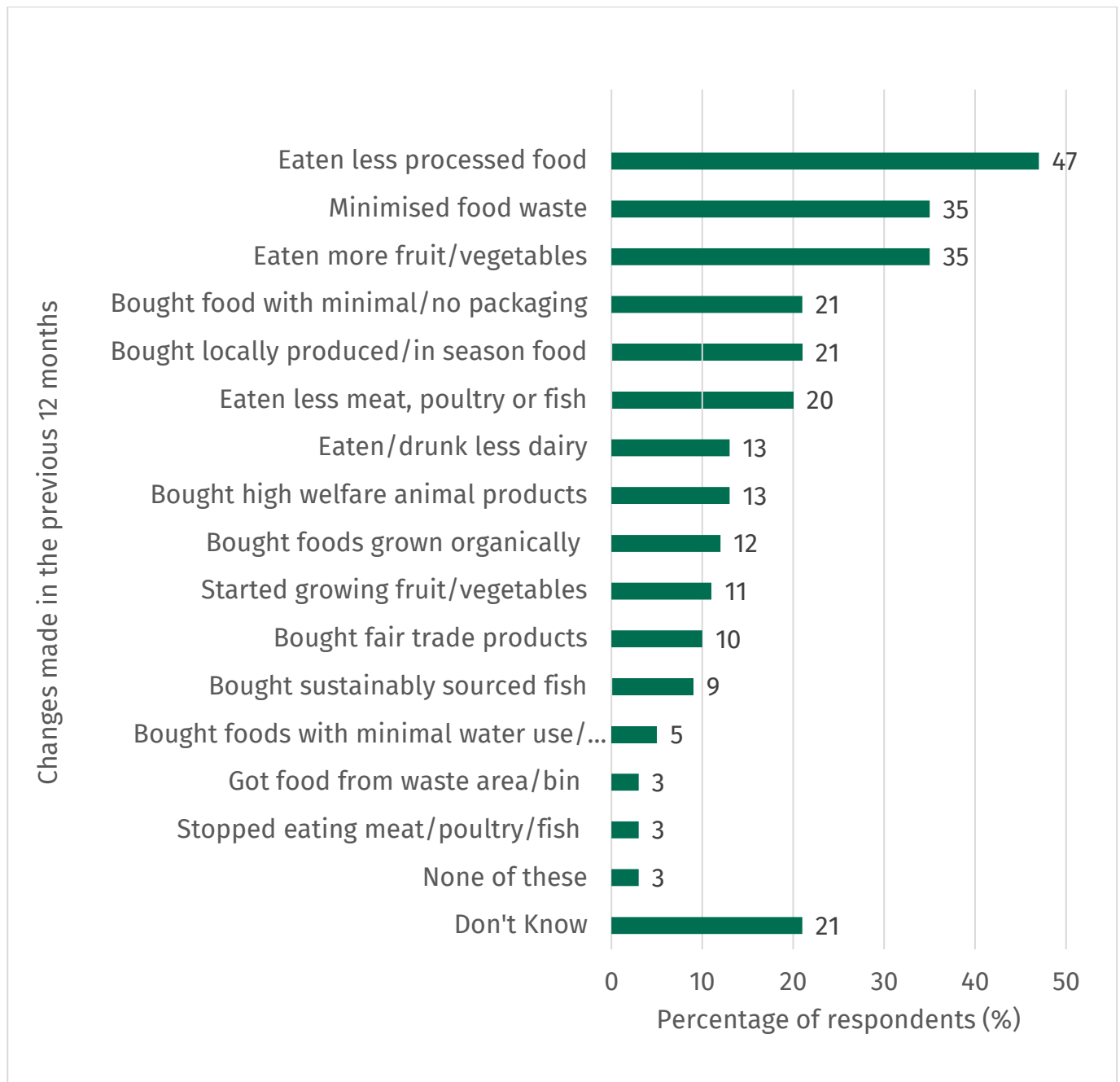
Respondents were asked, from a list of options, which, if any, changes they had made in the previous 12 months. The most common changes reported by respondents were that they had eaten less processed food (47%), started eating more fruit and/or vegetables (35%) and started minimising food waste (35%). Around a fifth of respondents reported that they had started buying food with minimal or no packaging (21%), started buying locally produced food or food that is in season (21%), and that they had eaten less meat, poultry, or fish (20%). However, 3% of respondents reported that they had not made any of the listed changes, and 21% of respondents reported that they did not know if they had made any of the listed changes in the previous 12 months (Figure 23)<sup>80</sup>

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<sup>80</sup> Question Which, if any, of the following changes have you made in the last 12 months? Responses: Stopped eating meat or poultry or fish completely, Eaten less meat or poultry or fish, Eaten fewer eggs/drank less dairy, Eaten less processed food, Started eating more fruit and/or vegetables, Started minimising food waste, Started growing fruit and/or vegetables, Started buying animal products with high welfare standards, Started buying fair trade products, Started buying locally produced food or food that is in season, Started buying foods with minimal or no packaging, Started buying foods that have been produced with minimal water usage and / or minimal deforestation, Started buying foods grown organically, Started buying sustainably sourced fish, Started getting food from the waste area or bins of a supermarket or shop (i.e., freeganism), Other, None of these, Don't know. Base= 3926, all online respondents

## Changes to eating habits and food-related behaviours

**Figure 23. Changes respondents had made in the previous 12 months<sup>81</sup>.**



Source: Food and You 2: Wave 10

<sup>81</sup> Please note the response options on the y-axis are abbreviated labels. For full details of response options please see footnote 81.

## Annex A: Food and You 2: Wave 10

### Background

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

The Food and You 2 survey replaced the biennial Food and You survey (2010-2018), biannual Public Attitudes Tracker (2010-2019) and annual Food Hygiene Rating Scheme (FHRS) Consumer Attitudes Tracker (2014-2019). The Food and You survey has been an Official Statistic since 2014. Due to the difference in methodology between the Public Attitudes Tracker, FHRS Consumer Attitudes Tracker and Food and You survey (2010-2018) it is not possible to compare the data collected in Food and You 2 (2020 onward) with these earlier data. Comparisons can be made between the different waves of [Food and You 2](#). Since Wave 6, we have published a separate trends report on an annual basis, which comments on changes over time. To date, the following reports have been published:

- [Food and You 2: Wave 1 Key Findings](#) (March 2021)
- [Food and You 2: Wave 2 Key Findings](#) (July 2021)
- [Food and You 2: Wave 3 Key Findings](#) (January 2022)
- [Food and You 2: Wave 4 Key Findings](#) (August 2022)
- [Food and You 2: Wave 5 Key Findings](#) (March 2023)
- [Food and You 2: Wave 6 Key Findings](#) (July 2023)
- [Food and You 2: 2020-2023 trends](#) (December 2023)
- [Food and You 2: Wave 7 Key Findings](#) (April 2024)

- [Food and You 2: Wave 8 Key Findings](#) (September 2024)
- [Food and You 2: Wave 9 Key Findings](#) (March 2025)
- [Food and You 2: 2020-2024 trends](#) (March 2025)

## Methodology

The Food and You 2 survey is commissioned by the Food Standards Agency (FSA). The fieldwork is conducted by Ipsos. Food and You 2 is a biannual survey. Fieldwork for Wave 10 was conducted between 9<sup>th</sup> October 2024 to 7<sup>th</sup> February 2025. In Wave 10 Scotland was included in Food and You 2, funded by Food Standards Scotland (FSS). All content in this report is applicable to England, Wales and Northern Ireland.<sup>82</sup>

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

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

The sample of main and reserve addresses<sup>83</sup> was stratified by region (with Wales and Northern Ireland being treated as separate regions), and within region (or country) by local authority (district in Northern Ireland) to ensure that the issued sample was

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<sup>82</sup> Findings for Scotland are reported separately by FSS.

<sup>83</sup> A reserve sample of addresses was created to use if the target number of respondents was not achieved from the main sample of addresses.

spread proportionately across the local authorities. National deprivation scores were used as the final level of stratification within the local authorities - in England the [Index of Multiple Deprivation \(IMD\)](#), in Wales the [Welsh Index of Multiple Deprivation \(WIMD\)](#) and in Northern Ireland, the [Northern Ireland Multiple Deprivation Measure \(NIMDM\)](#).

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

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

The minimum target sample size for the Food and You 2 survey is 4,000 households (2,000 in England, 1,000 in Wales, 1,000 in Northern Ireland), with up to two adults in each household invited to take part as mentioned above. For Wave 10, a total of 5,690 adults (aged 16 years or over) from 3,965 households across England (3,003 adults), Northern Ireland (1,454 adults), and Wales (1,233 adults), completed the survey. An overall response rate of 25.6% was achieved (England 27%, Wales 25.9%, Northern Ireland 22.6%). Sixty-nine per cent (69%) of respondents completed the survey online and 31% completed the postal version of the survey. The postal responses from 26 respondents were removed from the data set as the respondent had completed both the online and postal survey. Further details about the response rates are available in the Technical Report.

Weighting was applied to ensure the data are as close as possible to being representative of the socio-demographic and sub-groups in the population, as is usual



practice in government surveys. The weighting applied to the Food and You 2 data helps to compensate for variations in within-household individual selection, for response bias, and for the fact that some questions were only asked in one of the postal surveys. Further details about weighting approach used and the weights applied to the Food and You 2: Wave 10 data are available in the Technical Report.

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

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

Reported differences between socio-demographic and sub-groups typically have a minimum difference of 10 percentage points between groups and are statistically significant at the 5% level ( $p < 0.05$ ). However, some differences between respondent groups are included where the difference is fewer than 10 percentage points when the finding is notable or of interest. Percentage calculations are based only on respondents who provided a response. Reported values and calculations are based on weighted totals.

## Technical terms and definitions

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

Food security means that all people always have access to enough food for a healthy and active lifestyle ([World Food Summit, 1996](#)). [The United States Department of Agriculture](#) (USDA) has created a series of questions which indicate a respondent's level of food security. Food and You 2 incorporates the [10 item U.S. Adult Food Security Survey Module](#) and uses a 12 month time reference period. Respondents are referred

to as being food secure if they are classified as having high food security (no reported indications of food-access problems or limitations), or marginal food security (one or two reported indications—typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake). Respondents are referred to as being food insecure if they are classified as having low food security (reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake) or very low food security (reports of multiple indications of disrupted eating patterns and reduced food intake).

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

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



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Project reference: FS430662