

# Quarterly Public Attitudes Tracker - Cognitive testing of the questionnaire

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## Public Attitudes Tracker

*Cognitive testing of the  
questionnaire*

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# 1 Introduction

In Spring 2010, BPSR reviewed the FSA's Public Attitudes Tracker, assessing whether the methodology and suite of questions provided robust data on public awareness of and trust in the Agency, and on public concern around food issues in general, and food safety issues in particular. We came up with a series of recommendations for amending the suite of questions, and provided advice on the sample design and mode. At that stage, we recommended that any revisions to the questions be accompanied by a thorough question-testing stage, using cognitive interview techniques to explore people's understanding of the key concepts used in the questions and to provide guidance on the best wording for any revised suite of questions.

In Autumn 2010, the FSA is retendering the contract for the Tracker, which is moving from being a quarterly to a biannual survey. It commissioned BPSR, working with Gillian Elam, to revise and cognitively test the questions to be fielded on the re-contracted Tracker. We cognitively tested the questions – including different variants – during six focus groups (see Appendix I for more details of the groups). The main output from our work is the new suite of questions (see Appendix II). However, this report provides more information on people's understanding of the key concepts, and explains, where necessary, the final choice of wording of the questions and response categories.

In the following sections, we comment on –

- Public concern with food issues, particularly food safety issues (Section 2)
- Public awareness of the FSA and its role (Section 3)
- Public trust in the FSA and the importance of its role (Section 4)

We are mindful of the fact that many of the changes we recommend will have implications to the comparability of the data collected in Tracker waves prior to September 2010, and highlight this during our discussions.

## 2 Public concern with food (safety) issues

### 2.1 Overview

In the past, the Tracker asked people about their level of concern over 'food safety issues' (without clarification of what was meant by the term). It then asked all those bar those who viewed themselves as 'not at all concerned' to list what 'food issues' (note, not food *safety* issues) about which they were concerned. They were asked first to give unprompted suggestions, and then asked to choose any additional issues from a given list.

Our recommendation (see Q1a-d and Q2 of questionnaire in Appendix II) has been to:

- Firstly ask respondents to say, unprompted, what 'food issues' they are concerned about;
- Then show respondents three lists of food issues (covering food safety issues, health issues and other food issues), asking them to say which they are concerned about.
- Then ask all respondents to rate their level of concern with food safety issues, using a five-point scale.

By asking about the issues before asking people to rate their level of concern, it allows respondents to better consider what is meant by food safety and what food safety concerns they may have, so that they are able to provide a more considered response to the rating scale.

In this section we discuss –

- What people understand by 'food safety issues' and 'food issues' more widely (section 2.2)
- What people understand by the term 'concern' (section 2.3)
- The potential implications of these changes be for the time series (section 2.4)

## 2.2 Food safety issues and food issues

One of the aims of the focus groups was to try to understand better what people understand by the term 'food safety', and what they saw as 'food issues' more generally. In particular –

- What concerns do people have around 'food safety' issues, 'health issues' and other 'food issues' (section 2.2.1)?
- How should the concept of food safety be explained to respondents within the wording of the questions (section 2.2.2)?

### 2.2.1 Concerns around 'food safety' issues, 'health issues' and other 'food issues'

During the groups, we asked people to discuss what food issues they were concerned about, and then focussed more specifically on food safety issues. They were later asked to clarify which issues they saw as 'food safety' ones, which were 'health issues' and which fell into a general category of 'other food issues'.

#### 2.2.1.1 Food safety concerns

As a general rule people focused far more on food safety issues in restaurants and supermarkets than they did on the preparation, storage and cooking of food at home. Moreover, some respondents focused very heavily on either eating out or on supermarkets, without necessarily considering both. This reflected the different levels of concern that these food sources attracted and differences in consumer patterns, with some people rarely eating out.

The cleanliness of food preparation, particularly hygiene in restaurant kitchens and eating areas was a key food safety concern, particularly but not exclusively among younger people. It was an issue both for people who ate out regularly and for those who avoided eating out. There was concern about unseen preparation areas and lack of control over how restaurant food is prepared and exposure to food poisoning. This concern translated for some into behaviours such as avoiding eating out, picking over meals, asking to see the kitchen, and avoiding certain restaurants. However, for others, registering restaurant hygiene as a concern did not always lead to changes in their behaviour, and some felt that the absence of any food poisoning experiences suggested that hygiene standards were of a sufficient standard.

There is a distrust of supermarkets in some respects, for example extending the shelf life of food and an expectation that regulatory bodies such as the FSA had limited powers in the face of such large market-driven organisations. However, there were also low levels of concern around supermarket food, based on an expectation that such large, well-known organisations would not want to risk their reputations.

When asked to consider food safety issues, people tend to include hygiene-related issues in their concerns. Food safety and food hygiene issues were very similar. Hygiene issues tended to relate to the preparation of restaurant food and kitchen cleanliness, keeping certain foods separate, and, for some, the temperature at which pre-cooked food and chilled or frozen food is stored. Unhygienic food preparation led to unsafe food.

Wider food safety issues, identified by people from all socio-economic groups, related to sell by dates<sup>1</sup>, , delivery and storage (including the temperature), the smell of meat and handling by others; additives and pesticides used in the production of food or in processed food and the safety of packaged and shop-bought food, for example unbroken seals. People were concerned that correct storage prevented harmful bacteria that may lead to poisoning. To a lesser extent, foreign objects in food were considered. Older people added untested GM food and perceived additives (salt, sugar and fat) in food as a safety issue due to the potential long term harm to health.

#### 2.2.1.2 Health concerns

When asked to consider food issues other than safety issues, most issues that people raised related to health. These included issues around additives in food, sugar, salt and fat content; processed food; vitamins from processed food; pesticides and freshness. (And, as mentioned above, some older people also saw these as safety issues, as they contribute to poor health (eg heart disease) and are therefore 'unsafe'.) These concerns were higher for food aimed at children.

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<sup>1</sup> Sell by dates were often mentioned as a concern because they seemed so short, leading to a mistrust that they are being used by supermarket in order to sell more food. They were also discussed in terms of the 'freshness' or quality of the food rather than necessary safety concerns.



In terms of other health issues, older people and younger people from higher socio-economic groups in particular mentioned access to fresh, high quality, healthy food, and dislike of 'junk' or GM food.

#### 2.2.1.3 Other food concerns

In terms of other 'food issues', people, especially younger people from higher socio-economic groups, mentioned animal welfare, fair trade, food shortages, food waste and prices. The older people also mentioned access to freshly picked or local food, and the high cost of organic food. Others added food prices, excessive packaging and food miles.

There was certainly a disparity between the number of issues about which people were concerned before and after seeing a list of potential concerns. However, that is not to say that the concerns they gave having seen the list were not 'true' concerns. Rather, the list helped to remind people of potential issues. Having both the prompted and unprompted questions will allow for separate analysis of the issues mentioned both before and after seeing a list of issues.

### 2.2.2 Explaining the concept of food safety

In the previous questionnaire, the term 'food safety' was used without further explanation. It was evident from the focus groups that people had different interpretations of the term, when introduced without further definition. Although it was common for people to interpret the term in the way intended (eg food hygiene, date labels, food poisoning), some interpreted the concept more widely to include issues around 'eating healthily'; others focussed on a sub-set of safety issues (eg only food hygiene); and some interpreted things more literally (eg finding sharp objects in food). In order to ensure that respondents all interpret the question in the same way, the revised questions on food safety include a brief explanation of what is meant by the term.

The explanation of food safety used in the new questions is "how the food sold in shops and restaurants has been produced and stored, and about food safety in the home". This wording has been agreed after testing different variants of the

explanation, most notably including a longer explanation including the concepts of 'manufacturing', and seems to best encapsulate the key elements of food production and consumption where food safety might be an issue. That said, it is still the case that the broad-reaching nature of the question (and explanation of food safety) means that some issues around food safety in the home are potentially given less weight than the production and storage of food in shops and restaurants. This means that while people make the link between home cooking and the food they buy, they do not always take into account issues around kitchen hygiene (ie or the advisory or educational role of the FSA).

## 2.3 Understanding of the concept 'concern'

In the Tracker, people are asked how concerned or unconcerned they are about food safety issues. A key issue for the groups was to understand how people interpret the term 'concern' (and whether, indeed, it is the best term to capture people's views on food safety issues). People saw the question on their level of concern as being the degree to which they were 'bothered' about food safety issues. Some used the word 'worry', although in general 'worry' was seen as a much stronger feeling than 'concern'. Some queried whether the question was asking about what they were concerned or thinking about, or what they 'took account of' when buying food, although this is a somewhat narrower concept than intended by the question.

Often, levels of concern were related to the extent to which people felt that they had control over an issue, and this could work in both directions. In most cases, levels of concern were higher for aspects over which people had little control. So, for example, although home hygiene was an important issue, it was not necessarily a concern because people were aware of hygiene and safety advice and followed this. Similarly, food ingredients were a concern, but because food labelling enabled people to make choices, concern levels were lower. In contrast, levels of concern tended to be higher regarding food preparation in restaurants. However, in some cases a lack of control *decreased* levels of concern, if it was felt that it was an issue they simply could do nothing about. For instance, a perceived lack of power to change the nature of supermarket food reduced levels of concern about additives and other food content (eg GM foods, hormones, pesticides). For others, an ability to have control over an issue did not abate their concerns about it. So, for example, someone who was

fastidious about hygiene at home might still rate their concern level as high, as it is an issue they are concerned – and therefore do something – about.

Levels of concern were sometimes connected with people's trust in regulations and procedures to ensure the safety of food. As a result, they were lower for food sourced in the UK than for imported food. Highest levels of concern were expressed by people who avoided certain types of food or food sources. Generally, people who did not rigorously check the content of their food or source food from alternatives suggested that this indicated that they were not that bothered or accepted that regulatory procedures were sufficient enough to protect them from unsafe food. There is also evidence that concerns have translated into long term shopping habits, for example using a butchers, buying fresh food, homemade sauces, so that these worries are no longer at the forefront of shopping experiences. Similarly with restaurants, people would never eat in a restaurant with a dirty kitchen, but were also unlikely to check, relying on outward appearance, smell, reputation and trust in market forces.

Some people found answering a general question on their level of concern about food safety difficult, as they felt very different levels of concern for different food issues. A single response did not reflect the different feelings about restaurants and supermarkets, or perhaps a particular establishment compared others. In general, concern levels were higher for restaurants compared to supermarkets, based on a view that restaurants were under pressure to take shortcuts and had less of a reputation to lose. As a result, the New Tracker questions include separate measures of public concern with food safety issues when eating out and when buying food in supermarkets or shops.

Very few people reported low levels of concern about food issues. Those choosing the middle ground 'neither concerned nor unconcerned' tended to be those who used their own interpretation of sell-by dates or had no experiences of food poisoning. They were happy to use common sense to interpret food safety rather than labelling. Others choosing this category had an expectation that food safety procedures would be enforced. Concern was regarded as a strong word by some 'middle ground' respondents, who suggested that although they cared about these issues, they were

not worried all the time or felt they had control over the issues they were concerned about. The middle option was also selected by those who felt the question was asking about too many food issues that attracted very different levels of concern.

Some people felt that the prompt list of food safety issues in the previous set of questions raised concern levels. Those reporting that they were '*fairly concerned*' included those who, although they were concerned enough at the risks of unhygienic food preparation in restaurants to act on this, felt that overall food hygiene issues were in their control. Food hygiene issues in their control related to preparation of home cooked food. Despite having concerns about restaurant food, there was a view that regulatory procedures and market forces would prevent a restaurant that produced unsafe food from continuing. Similarly, those who were concerned about food ingredients (ie salt, sugar, fat), reported that they were just 'fairly' concerned because food labelling enabled them to make informed choices. There was also a view that despite concerns about the content and storage (temperature) of supermarket food in particular, there was little an individual could do.

There was also evidence that these issues were not such a great concern to affect behaviour for example although people were concerned about food content, they did not consistently check ingredient labels or only buy organic food. Others added that they selected this response because they described their concerns as being at the back of their mind, but not strong enough to impact on every food related decision.

Those who were '*very concerned*' included those who were similar to the 'fairly concerned' in feeling in control of home prepared foods, but their distrust of restaurant food led them to avoid eating out or checking restaurant meals very carefully. Another was always very careful about avoiding cross contamination, so selected this option to reflect her behaviour in this respect. Higher levels of concern appear to reflect those with concern levels that influenced their behaviour. Others thought of specific issues for concern, for example knowing people who had acquired Hepatitis A infection or concern about hot food in supermarkets.

## 2.4 Implications of changes to the time series

The change in the order of the questions (asking the list of concerns first before the question on the level of concern) will mean that measures of levels of concern will not be comparable with the Old Tracker. Moreover, because of the feedback from the groups, people are now asked two separate questions about levels of confidence in food safety issues in eating places and in shops and supermarkets. The response scale has also been amended slightly, which, again, will make comparisons over time difficult to make.

## 3 Public awareness of the FSA and its role

### 3.1 Overview

To date, the Tracker has measured public awareness of the FSA by asking people which of a list of organisations (including the FSA) they have heard of. It then used a follow-up prompt question for anyone not picking the FSA from the list, to 'check' whether they had heard of the FSA.

In our last report, we reviewed a number of ways of measuring public awareness of the FSA. The FSA's preference has been to –

- Retain the current awareness question, but without the follow-up prompt (ie awareness will be measured according to the percentage of people who say they have heard of the FSA when presented with the list);
- Have the option of adding a follow-up question which asks people to list (firstly unprompted, then prompted by a list) what roles and responsibilities they think the FSA has.

(See Q4 of the questionnaire, and QXa/b of the question options in Appendix II. Note that the list of roles and responsibilities for QXa/b are likely to be amended prior to fielding.)

In this section we discuss –

- People's awareness of the FSA in particular, and of any agency with its responsibilities more generally (section 3.2)
- People's understanding of the roles that the FSA plays (section 3.3)
- The potential implications of changes to the awareness measure for the time series (section 3.4)

### 3.2 Awareness of the FSA

During the focus groups, we used two approaches to ask people if they were aware of the FSA: the approach to be used in the survey, namely whether they had heard of the FSA when presented with a list of organisations; and by asking people which

government department or organisation was responsible for making sure that the food we eat is safe (asking firstly unprompted and then with a list). Taking the first approach, when presented with a list of organisations, the vast majority of people selected the FSA as an organisation which they had heard of. When we used the second approach (ie asking which organisation is responsible for food safety), people were mixed in their ability to name the FSA as the organisation responsible for food safety.

Older people and those in higher socio-economic groups were more likely to name the FSA (in the prompted and unprompted versions). Some added that DEFRA was responsible for some issues as well. Younger people in lower socio-economic groups were aware that there was some form of regulation, but were not familiar with the FSA or many of the other organisations presented to them. They were unable to suggest an organisation in response to the unprompted question and their responses to the show card were guesses based on organisations that sounded correct rather than knowledge of the FSA.

Few people could describe the FSA logo, with suggestions including a circle, a triangle, red or green colouring.

### 3.3 The roles of the FSA

Despite having heard of the FSA, when asked to comment on the role that the FSA played, people were unsure. Their responses tended to reflect their food concerns, what they expected or hoped such an agency would do, and what they interpreted from the name of the Agency, taking into account, in particular, the term 'Standards'.

People tended to guess that the FSA's responsibilities were related to food safety and hygiene. Younger people from higher socio-economic groups were able to suggest specific areas, for example food production and storage, and food safety advice adverts on television regarding advice on safe handling of meat on barbeques and Christmas turkeys. There was also an element of guesswork and a view that it is hard to know what government agencies do. Some mentioned seeing certificates in restaurants which were assumed to be from the FSA.

In response to the prompted version of the question, respondents tended to suggest that all of the areas listed on the show card should be the responsibility of the FSA. There was some discussion regarding responsibility for prices and ensuring that

fresh, healthy food should be made affordable. However, there was uncertainty about how prices, and how supermarkets, can be regulated.

There was an assumption that food was regulated in the UK, and that this was conducted to a high standard. However, people shared the view that the FSA's work had low visibility and they would like to see more evidence of what the FSA does.

### 3.4 Implication of changes for the time series

The removal of the follow-up question has few implications for the time series, given that the FSA will be able to use the awareness levels (previously referred to as 'unprompted' awareness) using the list.



## 4 Public trust in the FSA and the importance of its role

### 4.1 Overview

To date, the Tracker has measured both public trust and public confidence in the FSA. In our last report, we recommended that only one of the two measures was retained, given the similarity between the two concepts and the potential confusion caused by asking both. While we recommended tentatively that trust should be chosen over confidence (given evidence from elsewhere that it works better and the fact that other organisations are measured in terms of public trust rather than public confidence), we suggested that the two concepts should be tested cognitively before a final decision was made. We also suggested that the scale used for measuring trust be amended to a verbalised five-point scale, rather than the current numeric seven-point scale with end points.

In this section, we include -

- People's understanding of the concepts of confidence and trust, and a recommendation on which should be used (section 4.2)
- The impact of using a five-point verbalised scale and the existing seven-point numeric scale (section 4.3)
- Expanding on public views on the role the FSA plays and how well it is doing (section 4.4)
- The potential implications of changes to the trust measure for the time series (section 4.5)

In essence, we recommend that the New Tracker includes a measure of public trust, and does not include a measure of public confidence in the FSA. (See Q5 of the questionnaire in Appendix II.)

## 4.2 Understanding concepts of confidence and trust in the FSA

People perceived very little difference between the concepts of confidence and trust, with people's preferences mixed for one or the other. Where people did view the two concepts a little differently, they seemed to trust the FSA a little more than they had confidence in it. People did not use very different ratings for the two questions, but, on occasions, coded them one category different (eg 'Trust a lot' but 'Fairly confident'). When this happened, people's responses suggest that confidence requires a greater level of understanding of what the Agency is doing, while trust is a feeling which can be based on a general, but potentially unsubstantiated belief. This is often a belief in something that the government 'must be doing' rather than in the FSA itself.

Most people felt able to answer the confidence and trust questions without necessarily having a strong understanding of what the FSA does. More often than not, they were answering on the basis of knowing that 'someone' is responsible for regulating food safety and having a broad idea of how well standards are being kept in supermarkets and restaurants (eg infrequency of experiencing food poisoning; food safety issues rarely reaching media headlines; high levels of public awareness about food hygiene in the home). They generally regard UK standards as high, and therefore reflect this in their levels of trust in the FSA, even if they are not clear of its exact remit or how well it is doing on specific issues. However, some respondents felt unable to answer the question because they did not know what the FSA did and how well it was doing. They either picked the middle 'neither/nor' category or wanted to say 'don't know'.

People seem to interpret the term 'trust' as believing that the FSA is making best attempts to ensure food safety. However, they often put this in the context that this does not necessarily ensure food safety, as the FSA cannot attempt to control or fully regulate food producers and suppliers. For some, this does not stop them from giving the highest rating on trust. For others, it is a reason for saying that they 'trust' it, but not 'trust it a lot'. On a few occasions, it led people to choose the 'neither/nor' category.

Certainly a lack of awareness of the role of the FSA can influence people's levels of trust. Some older respondents, in particular, had low levels of confidence partly because of a perceived lack of regulation of salt, fat and sugar content in food.

Because the role of the FSA is wide-ranging, and covers hygiene in the home, in shops and supermarkets, and in eating places, people sometimes found it hard to give a general response to the trust question which covered their (sometimes different) attitudes to the various issues. This may mean some 'middle ground' coding, where a series of questions on different elements would provide more accurate and varied responses.

### 4.3 The impact of using a five-point verbalised scale over the existing seven-point numeric scale

In general, people found it easier to respond using the verbalised five-point scale, than to pick a number from the numeric scale. People were more likely to choose the highest level of trust from the five-point scale ('Trust a lot') than they were to choose the highest level of trust from the seven-point scale ('An organisation I trust completely'). Explanations for this were that the latter was too extreme, and that it was not appropriate to think that the FSA could be trusted completely.

Some viewed the numeric scale as confusing; others thought it would attract 'lazy' responses, with the worded scale encouraging a more considered reply.

### 4.4 Expanding on public views on the role the FSA plays and how well it is doing

During the groups, we tested out two questions which measured public views on the importance of having a government agency responsible for food safety and public views on how well the FSA was doing in its job. The idea behind these questions was that they may work well if the FSA wanted to measure how it was doing on a range of issues (ie expanding the question from a generic one to several on specific issues).

As generic questions (ie about the FSA in general, not on specific issues), they were not particularly informative. Virtually everyone agrees that the role of the FSA is important and that there should be a government body responsible for food safety. There was a query whether the question was in fact asking whether it was important that this role was done by a government agency rather than a private body.

People's responses to whether the FSA was doing a good job were interesting in relation to their levels of trust. People were able to make a judgement on how much they trusted the FSA on the basis of the issues described in Section 4.2. However, some people – particularly younger people in lower socio-economic groups and older people in higher socio-economic groups – found the question on how good a job the FSA is doing a hard question to answer. Much like the trust question, people who answered did so on the basis of their own experiences regarding restaurant hygiene, food poisoning and 'food scares' in the media rather than a particular knowledge of the workings of the FSA. But, unlike the trust question, people felt they required more actual knowledge of what the FSA was doing to answer this question.

Although we have recommended not including these generic questions in the final set of questions, we continue to recommend that – should the FSA wish to include a battery of questions measuring public importance in various FSA roles and a measure of how well the public feels the FSA is doing on each issue – the question formats that were cognitively tested would be appropriate for this battery. (See QY and QZ of the additional questions in Appendix II.)

## 4.5 Implications of changes for the time series

The new question on trust has both different wording and a different response scale to the previous question. It will therefore not be appropriate to attempt to compare the results of the New Tracker with those of the Old Tracker. Rather, this should be regarded as the start of a new time series. The trust measure is based only on those who have heard of the FSA.

## 5 Summary

The questions to be fielded on the Tracker are necessarily broad-ranging and generic. Some of the issues highlighted in this report suggest the advantages of a wider suite of questions to unpick in more detail people's attitudes on food issues in general and food safety in particular. To a certain extent, the Food Issues Survey is a potential vehicle for this. However, an alternative might be to expand the number of questions fielded on the Tracker at some point in the future (either occasionally or regularly fielded). That said, the new suite of questions provide good measures of public concern over food safety issues, its awareness of and trust in the FSA. Given the changes to a number of the questions, this new suite of questions will largely provide data for the start of a new time series on these issues.

# Appendix 1: Focus groups

Six focus groups, each with around eight people, were held during September, in London and the South East. People were recruited according to quotas on gender, age, social class and ethnicity. The composition of the six groups were –

1. ABC1; 18 to 39 year olds
2. C2DE; 18 to 39 year olds
3. ABC1; 40+ year olds
4. C2DE; 40+ year olds
5. ABC1; mixed age
6. C2DE; mixed age

Each group discussion lasted for around an hour and a half, and people were paid a thank you for their attendance.

The first four groups were used to test the key concepts used in the questionnaire, as well as explore different question wordings and structure. The last two groups were used to test how well the amended questionnaire worked, in order to have a version ready for fielding on the New Tracker. People were interviewed using cognitive interviewing methods. During the groups, participants were presented with the survey questions and invited to describe their understanding of the questions and the concepts used within them and encouraged to describe the processes and influences that lead them to select certain responses. The groups were tape recorded, with the researchers making detailed notes from the recordings to inform the questionnaire amendments and the report.

## Appendix 2: New Tracker Questionnaire: English version

### **ASK ALL**

Q.1a What food issues, if any, are you concerned about? PROMPT 'Which others?' CODE ALL THAT APPLY

1. Food poisoning such as Salmonella and E.Coli
2. Genetically Modified (GM) foods
3. BSE ('mad cow disease')
4. The feed given to livestock
5. The use of pesticides to grow food
6. The use of additives (such as preservatives and colouring) in food products
7. Date labels, such as "best before" and "use by" labels
8. Food hygiene when eating out
9. Food hygiene at home
10. Animal welfare
11. Hormones\steroids\antibiotics in food
12. The amount of salt in food
13. The amount of sugar in food
14. The amount of fat in food
15. The amount of saturated fat
16. Food prices
17. Food waste
18. Foods aimed at children including school meals
19. Food miles (e.g. the distance food travels)
20. Other (specify)
21. (Not concerned by any issues)
22. (Don't know)

Q.1b SHOW CARD 1: And which of these food issues are you concerned about, if any? PROMPT 'Which others?' CODE ALL THAT APPLY

RANDOMISE LIST

1. Food poisoning such as Salmonella and E.Coli
2. Genetically Modified (GM) foods
3. BSE ('mad cow disease')
4. The feed given to livestock
5. The use of pesticides to grow food
6. The use of additives (such as preservatives and colouring) in food products
7. Hormones\steroids\antibiotics in food
8. Date labels, such as "best before" and "use by" labels
9. Food hygiene when eating out
10. Food hygiene at home
11. (None of these)
12. (Don't know)

Q.1c SHOW CARD 2: And which of *these* food issues are you concerned about, if any?

PROMPT 'Which others?' CODE ALL THAT APPLY

RANDOMISE LIST

1. The amount of salt in food
2. The amount of sugar in food
3. The amount of fat in food
4. The amount of saturated fat
5. Foods aimed at children including school meals
6. (None of these)
7. (Don't know)

Q.1d SHOW CARD 3: And, finally, which of these food issues are you concerned about, if any?

PROMPT 'Which others?' CODE ALL THAT APPLY

RANDOMISE LIST

1. Animal welfare
2. Food prices
3. Food waste
4. Food miles (e.g. the distance food travels)
5. (None of these)
6. (Don't know)

Now coming back to the issue of food *safety* (SHOW CARD 1 AGAIN)...

Q.2a SHOW CARD 4: How concerned or unconcerned are you about issues about the safety of food that is sold in UK restaurants, pubs, cafes and takeaways?

1. I am very concerned
2. I am fairly concerned
3. I am neither concerned\nor unconcerned
4. I am fairly unconcerned
5. I am very unconcerned
6. (Don't know)

Q.2b SHOW CARD 4 AGAIN: And how concerned or unconcerned are you about issues about the safety of food that is sold in UK shops and supermarkets?

1. I am very concerned
2. I am fairly concerned
3. I am neither concerned\nor unconcerned
4. I am fairly unconcerned
5. I am very unconcerned
6. (Don't know)



Q.3a SHOW CARD 5: When you buy food in shops or supermarkets, or eat at restaurants, cafes, pubs and takeaways, do you tend to be aware of the standards of hygiene of these places?

1. Yes – always
2. Yes – sometimes
3. No
4. (Don't know)

**IF CODES 1 OR 2, ASK Q.3b. OTHERS GO TO Q.4**

Q.3b SHOW CARD 6: How do you know about the hygiene standards of the places you buy food from or eat out at? PROMPT 'How else?' CODE ALL THAT APPLY

RANDOMISE LIST

1. Word of mouth
2. Reputation
3. Appearance of people working there
4. General appearance of shop/restaurant/cafe/pub/takeaway
5. Hygiene sticker
6. Hygiene certificate
7. Websites
8. Other (specify)
9. (Don't know)

**ASK ALL**

Q.4 SHOW CARD 7: Which of the following, if any, have you heard of? PROMPT 'Which others?' CODE ALL THAT APPLY

RANDOMISE LIST

1. Department of Health
2. Food Standards Agency
3. National Institute for Health and Clinical Excellence (NICE)
4. Department for Environment, Food and Rural Affairs (DEFRA)
5. The Environment Agency
6. The British Medical Association
7. Office of Communications (OFCOM)
8. Audit Commission
9. Health & Safety Executive
10. Office of Fair Trading
11. Health Protection Agency
12. World Health Organisation (WHO)
13. British Dietetic Association (BDA)
14. (None of these)
15. (Don't know)

**ASK IF HEARD OF THE FSA AT Q4. OTHERWISE END**

Q.5 SHOW CARD 8: How much do you trust or distrust the Food Standards Agency to do its job? That is, trust it to make sure the food sold in shops and restaurants is safe, and to provide advice on food safety in the home.

1. I trust it a lot
2. I trust it
3. I neither trust nor distrust it
4. I distrust it
5. I distrust it a lot
6. (Don't know)

### **Additional questions for optional inclusion**

#### ***ASK IF HEARD OF THE FSA [NB codes likely to change if fielded]***

Q.Xa Can I check, which issues do you think the Food Standards Agency is responsible for?

PROMPT Which other issues? CODE ALL THAT APPLY

1. Guarding against Food Poisoning such as Salmonella and E.Coli
2. Genetically Modified (GM) Foods
3. BSE ('mad cow disease')
4. The feed given to livestock
5. The use of pesticides to grow food
6. The use of additives (such as preservatives and colouring) in food products
7. Food miles (e.g. the distance food travels)
8. Date labels, such as "best before" and "use by" labels
9. Food hygiene in restaurants and take aways
10. Promoting food hygiene at home
11. Animal welfare
12. Hormones\steroids\antibiotics in food
13. The amount of salt in food
14. The amount of sugar in food
15. The amount of fat in food
16. The amount of saturated fat
17. Food prices
18. Reducing food waste
19. The quality of foods aimed at children, including school meals
20. Other (specify)
21. (Don't know)

Q.Xb SHOW CARD X: And which of these issues is the Food Standards Agency responsible for?

PROMPT Which others? CODE ALL THAT APPLY

RANDOMISE LIST

1. Guarding against Food Poisoning such as Salmonella and E.Coli
2. Genetically Modified (GM) Foods
3. BSE ('mad cow disease')
4. The feed given to livestock
5. The use of pesticides to grow food
6. The use of additives (such as preservatives and colouring) in food products
7. Food miles (e.g. the distance food travels)
8. Date labels, such as "best before" and "use by" labels
9. Food hygiene in restaurants and take aways
10. Promoting food hygiene at home
11. Animal welfare
12. Hormones\steroids\antibiotics in food
13. The amount of salt in food
14. The amount of sugar in food
15. The amount of fat in food
16. The amount of saturated fat
17. Food prices
18. Reducing food waste

19. The quality of foods aimed at children, including school meals
20. Other (specify)
21. (None of these)
22. (Don't know)

**Questions to be used in a battery measuring importance of different FSA roles and how well the FSA is doing in this respect**

**ASK ALL**

Q.Y SHOW CARD X: How important or unimportant do you think is it to have a government agency responsible for [FSA responsibility]?

1. Very important
2. Fairly important
3. Neither important nor unimportant
4. Fairly unimportant
5. Very unimportant
6. (Don't know)

Q.Z And in your view, how good or bad a job is the Food Standards Agency currently doing on this?

1. Very good job
2. Fairly good job
3. Neither a good nor a bad job
4. Fairly bad job
5. Very bad job
6. (Don't know)