

**FACE TO FACE: CAPI QUESTIONNAIRE**

<b>Name of survey</b>	<b>Food and You Wave 4</b>
<b>Questionnaire Version Number</b>	<b>MAIN STAGE FINAL V13</b>
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<b>Methodology</b>	Face-to-face
<b>If face-to-face</b>	Home
<b>Questionnaire</b>	CAPI
<b>Duration</b>	45 minutes (England and Wales) & 60 minutes (Northern Ireland)
<b>Sample Description</b>	Random probability

<b>PART 1      HOUSEHOLD INFORMATION</b>
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**NB. NO ROTATION OF ANSWER SCALES. STATEMENTS ROTATED WHERE INDICATED**

**Intro1**

Thank you for agreeing to take part in Food and You. Before we begin, I just want to remind you that everything you tell me today will be treated in confidence. No personal details will be passed on to anyone else unless you give your explicit permission.

**Info1**

First I'd like to ask you a few questions about your accommodation and who lives here with you.

**RespName**

Can I just check, what is your first name?

**OPEN BOX**

**RespSex**

PLEASE CODE SEX OF RESPONDENT

Male

Female

**Q1\_2a1**

**Date of Birth**

What is your date of birth?

FOR MONTH NOT GIVEN....ENTER 6 FOR MONTH

FOR DAY NOT GIVEN....ENTER 15 FOR DAY

ENTER THE DATE USING THE FORMAT: DD/MM/YYYY

**OPEN BOX**

**IF YEAR OF BIRTH NOT GIVEN**

**Q1\_2b1**

What was your age last birthday?

**IF REFUSE TO GIVE AGE AT Q1\_2B**

**Q1\_2c1**

**SHOW CARD A1**

Looking at this card, which age band do you belong to?

1. Under 3
2. 3-5
3. 6-10
4. 11-15
5. 16-17
6. 18-19
7. 20-24
8. 25-34
9. 35-44
10. 45-54
11. 55-64
12. 65+

Refused **CODE NOT SHOWN**

**Q1\_0**

Thinking now of everyone living in this household, including children, including yourself, how many people live here regularly as members of this household?

CHECK INTERVIEWER MANUAL FOR DEFINITION OF HOUSEHOLD IF NECESSARY. NOTE THAT THIS MAY BE DIFFERENT TO THE DWELLING UNIT YOU ENUMERATED FOR THE SELECTION. IF YOU DISCOVER THAT YOU WERE GIVEN THE WRONG INFORMATION FOR THE RESPONDENT SELECTION ON THE ARF

DO NOT REDO THE ARF SELECTION PRODECURE

DO ENTER THE CORRECT INFORMATION HERE

DO USE <CTRL + M> TO MAKE A NOTE OF WHAT HAPPENED.

**NUMERIC 1-29**

**IF Q1\_0>1**

**Q1\_1**

I would like to ask you a few details about the other (TEXTFILL: people/person) in this household.

What is the name of the <TEXTFILL: First/second/third etc.) person?

Please note that the names of other people in your household will not be stored with any of the answers that you give, they will only be used for this interview to help us ask some questions relating to your household.

INTERVIEWER: HH MEMBERS CAN BE ENTERED IN ANY ORDER  
**FIRST NAME ONLY**

**OPEN BOX**

**Q1\_2a**

**Date of Birth**

What is their date of birth?

FOR MONTH NOT GIVEN....ENTER 6 FOR MONTH

FOR DAY NOT GIVEN....ENTER 15 FOR DAY

ENTER THE DATE USING THE FORMAT: DD/MM/YYYY

**OPEN BOX**

Ref **CODE NOT SHOWN**

**IF YEAR OF BIRTH NOT GIVEN**

**Q1\_2b**

What was their age last birthday?

**NUMERIC 0-120**

Ref **CODE NOT SHOWN**

**IF REFUSE TO GIVE AGE AT Q1\_2B**

**Q1\_2c**

**SHOW CARD A1**

Looking at this card, which age band does NAME belong to?

1. Under 3
  2. 3-5
  3. 6-10
  4. 11-15
  5. 16-17
  6. 18-19
  7. 20-24
  8. 25-34
  9. 35-44
  10. 45-54
  11. 55-64
  12. 65+
- Refused **CODE NOT SHOWN**

**NOTE: ANSWERS AT Q1\_2C TO BE KEPT SEPARATE FROM Q1\_2A AND Q1\_2B**

**NEED TO INSERT NEW DUMMY QUESTION WHICH TAKES THE AGE OF EACH PERSON FROM Q1\_2A, Q1\_2B OR Q1\_2C – THIS SHOULD BE USED FOR VERIFICATION & ROUTING**

**Q1\_3**

**Gender**

CODE FIRST THAT APPLIES

1. Male
2. Female

**Q1\_6**

**SHOW CARD A2**

What is the relationship of <**TEXTFILL**: name> to you?

**SINGLE CODE**

**REPEAT FOR EACH MEMBER OF THE HOUSEHOLD OTHER THAN RESPONDENT**

1. Spouse
2. Cohabiting partner
3. Son/daughter (incl. adopted)
4. Step-son/daughter
5. Foster child
6. Son-in-law/daughter-in-law
7. Parent/guardian
8. Step-parent
9. Foster parent
10. Parent-in-law
11. Brother/sister (incl. adopted)
12. Step-brother/sister
13. Foster brother/sister
14. Brother/sister-in-law
15. Grand-child
16. Grand-parent
17. Other relative
18. Other non-relative

19. Civil partner

Refused **CODE NOT SHOWN**

**REPEAT Q1\_1 TO Q1\_6 FOR EACH HOUSEHOLD MEMBER OTHER THAN RESPONDENT**

**ASK ALL**

**Q1\_4a**

LIVING ARRANGEMENTS

Are you...

ASK OR RECORD

CODE FIRST THAT APPLIES

INTERVIEWER: THE AIM IS TO OBTAIN THE LEGAL MARITAL STATUS, IRRESPECTIVE OF ANY DE FACTO ARRANGEMENT

1. single, that is never married and never registered a same-sex civil partnership
2. married and living with husband/wife
3. in a registered same-sex civil partnership and living with your partner
4. separated, but still legally married
5. divorced
6. widowed?
7. [spontaneous only] separated, but still legally in a same-sex civil partnership
8. [spontaneous only] formerly a same sex civil partner, the civil partnership now legally dissolved
9. [spontaneous only] a surviving civil partner: his/her partner having since died

Refused **CODE NOT SHOWN**

**IF (Q1\_0>1) AND (Q1\_4A=1,4,5,6,7,8,9)**

**Q1\_4b**

May I just check, are you living with someone in this household as a couple?

ASK OR RECORD

ONLY RESPONDENTS WHO ARE LIVING WITH THEIR PARTNER IN THIS HOUSEHOLD SHOULD BE CODED AS LIVING TOGETHER AS A COUPLE.

YOU MAY CODE NO WITHOUT ASKING THE QUESTION ONLY IF ALL MEMBERS OF THE HOUSEHOLD ARE TOO CLOSELY RELATED FOR ANY TO BE LIVING TOGETHER IN A DE FACTO MARITAL RELATIONSHIP.

1. Yes
2. No
3. SPONTANEOUS ONLY - same sex couple (but not in a formal registered civil partnership)

**FOR ALL MEMBERS OF HOUSEHOLD AGED 16 OR OVER (USE THE DUMMY QUESTION WHICH COMBINES Q1\_2A, Q1\_2B AND Q1\_2C FOR THIS)**

**Q1\_5**

**WORKING STATUS**

**SHOW CARD A3**

Please look at this card and tell me which best describes <**TEXTFILL**: your/name's> main current activity?

**CODE ONE ONLY**

1. Self employed full time (30+ hours per week)
2. Self employed part-time (less than 30 hours per week)
3. In paid full-time employment (30+ hours per week)
4. In paid part-time employment (less than 30 hours per week)
5. Unemployed
6. Retired from paid work altogether
7. On maternity leave
8. Looking after family or home
9. Full-time student/ at school
10. Long term sick or disabled
11. Unable to work because of short-term illness or injury
12. On a government training scheme
13. Doing something else (**PLEASE GIVE DETAILS**)

Ref **CODE NOT SHOWN**

<b>PART 2      EATING HABITS</b>
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**EatHalnt**

I'd now like to ask you some questions about your eating habits.

**CkRes****SHOW CARD B1**

Over a typical week, which of these best describes the level of responsibility you have for preparing and cooking food in your household?

**SINGLE CODE**

INTERVIEWER NOTE: THIS IS ONLY ABOUT PREPARING AND COOKING FOOD, WE WILL BE ASKING ABOUT SHOPPING FOR FOOD SEPARATELY LATER ON.

1. Responsible for all or most of the preparing/cooking of food
2. Responsible for about half of the preparing/cooking of food
3. Responsible for less than half of the preparing/cooking of food
4. Not responsible for any of the preparing/cooking of food
5. Each person is responsible for preparing/cooking their own food

**IF CkRes = 1, 2, 3, 4 AND IF HH SIZE > 1****CkOth**

And over a typical week, are any other household members responsible for any of the preparing and cooking of food in your household?

INSERT OTHER HOUSEHOLD MEMBERS, SELECT ALL THAT APPLY

No one else (SINGLE CODE ONLY)

**FOR EACH INDIVIDUAL NAMED AT CkOth****CkResO****SHOW CARD B2**

Over a typical week, which of these best describes <<INSERT NAMES>>'s level of responsibility for preparing and cooking food in your household?

**SINGLE CODE**

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

**[SOFT CHECK: IF (CookRes=1 AND CkResO=1 or 2) OR IF (CookRes=2 AND CkResO=1) OR IF (1 SELECTED MORE THAN ONCE AT CkResO) OR IF (2 SELECTED MORE THAN TWICE AT CkResO) THEN**

The level of responsibility stated does not add up, please verify with the respondent and amend if necessary.

**ASK ALL****CkResEls**

And can I check, on a typical week, does anyone who doesn't live with you have any responsibility for any of the preparing and cooking of food for <you/your household>?

SPONTANEOUS, DO NOT READ OUT, CODE ALL THAT APPLY.

PROMPT: This could be a friend, relative, carer or catering service. Please only include them if they prepare food or cook food for <you/your household> on a regular basis.

INTERVIEWER: DO NOT ACCEPT SOMEONE ALREADY NAMED IN LIST OF HOUSEHOLD MEMBERS.

INTERVIEWER: ONLY INCLUDE CATERING SERVICE IF FOOD ARRIVES READY TO EAT, AND IS NOT COOKED BY SOMEONE IN THE HOUSEHOLD

1. Friend/non co-habiting partner
2. Relative
3. Carer
4. Catering service (e.g. meals on wheels)
5. Other (please specify)
6. No one (SINGLE CODE ONLY)

**SOFT CHECK: IF (CkRes = 4) AND (CkOth = 'No one else') AND (CkResEls = 6) THEN**

You indicated that neither you nor anyone else inside or outside of the household is responsible for any of the preparing or cooking of food, can I just check this is correct?

**CkFreq**

**SHOW CARD B3**

How often do you cook or prepare food for yourself, or others?

**SINGLE CODE**

- At least once a day
- 5-6 times a week
- 3-4 times a week
- Once or twice a week
- Once a fortnight
- Once a month
- Less than once a month
- Never
- It varies too much to say

**Q2\_7**

Which, if any, of the following applies to you? Please state all that apply.

**SHOW CARD B4**

**MULTICODE**

- Completely vegetarian
- Partly vegetarian
- Vegan
- Avoid certain food for religious or cultural reasons
- None (**SINGLE CODE ONLY**)

**IF Q2\_7 = Completely Vegetarian**



### **VegeChk**

Can I just check, do you eat any meat, fish, poultry or dishes that contain these?

- 1 Yes
- 2 No

### **IF Q2\_7 = Vegan**

### **VeganChk**

Can I just check, do you eat any foods of animal origin. That is meat, fish, poultry, milk, milk products, eggs or any dishes that contain these?

- 1 Yes
- 2 No

### **AdReac**

Do you ever suffer from an adverse reaction after consuming certain foods?

### **SINGLE CODE**

- 1. Yes
- 2. No

### **AvoidFd**

Do you avoid any particular foods because of the adverse reaction they might cause?

### **SINGLE CODE**

- 1. Yes
- 2. No

### **IF AdReac = 1 AND/OR AvoidFd = 1**

### **FdReac**

Do you experience an adverse reaction to any of the following foods?

### **SHOW CARD B5**

### **MULTICODE**

INTERVIEWER: ONLY CODE 1-14 IF RESPONDENT EXPERIENCES AN ADVERSE REACTION TO THE GENERAL FOOD TYPE. IF ONLY A SINGLE ITEM WITHIN A FOOD GROUP (e.g. almonds, or bread) THEN CODE OTHER.

PROMPT: And do you ever experience an adverse reaction to any other type of food not listed here?

IF MULTIPLE ITEMS UNDER 'OTHER', CODE AS SEPARATE ITEMS.

- 1. Peanuts
- 2. Other nuts
  - e.g. almonds, hazelnuts, walnuts, cashew nuts, pecans
- 3. Cow's milk and products made with cow's milk
  - e.g. butter, cheese, cream, yoghurt
- 4. Cereals containing gluten
  - e.g. wheat, rye, barley, oats

5. Eggs
6. Fish
7. Crustaceans  
e.g. crabs, lobster, prawns, scampi
8. Molluscs  
e.g. mussels, snails, squid, whelks, clams, oysters
9. Soya
10. Celery/celeriac
11. Mustard
12. Lupin
13. Sesame
14. Sulphur dioxide/sulphites
15. Other (please specify)

**IF (FdReac = OTHER) THEN**

**FdReacO**

Ask and separately record other food types the respondent experiences an adverse reaction to.

WHEN ALL FOOD TYPES/ITEMS HAVE BEEN ENTERED PRESS PgDn

**10 x open text box**

**FOR EACH ITEM IDENTIFIED AT FdReac AND FdReacO**

**ReactTyp**

**SHOW CARD B6**

How would you best describe your problem with <INSERT ITEM>?

**SINGLE CODE**

**INTERVIEWER NOTES:**

- A FOOD ALLERGY IS A FAST AND POTENTIALLY SERIOUS RESPONSE TO FOOD BY YOUR IMMUNE SYSTEM, TRIGGERING SYMPTOMS SUCH AS A RASH, WHEEZING AND ITCHING.

1. Food allergy
2. Food intolerance
3. Coeliac disease
4. Non-coeliac gluten sensitivity
5. Gluten intolerance
6. Lactose intolerance
7. Cow's milk intolerance
8. Food protein-induced enterocolitis syndrome (FPIES)
9. Other (please specify)

**FOR EACH ITEM IDENTIFIED AT FdReac AND FdReacO**

**Diagnose**

**SHOW CARD B7**

How did you find out about your condition relating to <INSERT ITEM FROM FdReac>?

## MULTI CODE

1. I have been diagnosed by an NHS or private medical practitioner (e.g. GP, dietician, allergy specialist in a hospital or clinic)
2. I have been diagnosed by an alternative or complementary therapist (e.g. homeopath, reflexologist, online or walk-in allergy testing service)
3. I have noticed that this food causes me problems, but I have not been formally diagnosed with a specific condition.
4. Other (please specify)

## FOR EACH ITEM IDENTIFIED AT FdReac

### ReacAge

How old were you when you first started experiencing an adverse reaction to this food?

PROMPT: If you are uncertain as to the exact age please provide your best estimate.

## INSERT NUMERICAL VALUE

### IF Q1\_0>1

#### Q2\_19

And does anyone in your household, other than you, have a food allergy?

- Yes
- No
- Don't know

#### Q2\_7a

I would now like to ask you a few questions about eating at home and eating out. In the last 7 days, that is since last (**INSERT NAME OF DAY 7 DAYS AGO**), on how many days out of that seven did you eat BREAKFAST AT HOME?

### NUMERIC 0-7

- SPONTANEOUS: Never eat breakfast
- Don't know **CODE NOT SHOWN**

## IF Q2\_7A=1-7 AND NORTHERN IRELAND ONLY

#### Q2\_8a

### SHOW CARD B8

Thinking about all the times you were eating your breakfast in the last 7 days AT HOME, did you mainly eat alone or with other people?

INTERVIEWER – IF WITH OTHER PEOPLE: “Which other people did you mainly eat with?”

### (MULTICODE)

#### CODE ALL THAT APPLY

- 1 Ate alone (**SINGLE CODE ONLY**)
- 2 Partner
- 3 Child(ren)
- 4 Parent(s)/guardian(s)
- 5 Brother(s)/sister(s)
- 6 Other family members
- 7 Friends
- 8 Someone else (specify)

9 Don't know **CODE NOT SHOWN**

**Q2\_7b**

In the last 7 days, that is since last (**INSERT NAME OF DAY 7 DAYS AGO**), on how many days out of that seven did you eat LUNCH AT HOME?

**NUMERIC 0-7**

SPONTANEOUS: Never eat lunch

Don't know **CODE NOT SHOWN**

**IF Q2\_7B=1-7 AND NORTHERN IRELAND ONLY**

**Q2\_8c**

**SHOW CARD B8**

Thinking about all the times you were eating your lunch in the last 7 days AT HOME, did you mainly eat alone or with other people?

INTERVIEWER – IF WITH OTHER PEOPLE: “Which other people did you mainly eat with?”

**MULTICODE**

CODE ALL THAT APPLY

- 1 Ate alone (**SINGLE CODE ONLY**)
- 2 Partner
- 3 Child(ren)
- 4 Parent(s)/guardian(s)
- 5 Brother(s)/sister(s)
- 6 Other family members
- 7 Friends
- 8 Someone else (specify)
- 9 Don't know **CODE NOT SHOWN**

**Q2\_7c**

In the last 7 days, that is since last (**INSERT NAME OF DAY 7 DAYS AGO**), on how many days out of that seven did you eat your MAIN EVENING MEAL AT HOME?

**NUMERIC 0-7**

SPONTANEOUS: Never eat a main evening meal

Don't know **CODE NOT SHOWN**

**IF Q2\_7C=1-7 AND NORTHERN IRELAND ONLY**

**Q2\_8e**

**SHOW CARD B8**

Thinking about all the times you were eating your main evening meal in the last 7 days AT HOME, did you mainly eat alone or with other people?

INTERVIEWER – IF WITH OTHER PEOPLE: “Which other people did you mainly eat with?”

**MULTICODE**

CODE ALL THAT APPLY

- 1 Ate alone (**SINGLE CODE ONLY**)
- 2 Partner
- 3 Child(ren)
- 4 Parent(s)/guardian(s)
- 5 Brother(s)/sister(s)
- 6 Other family members
- 7 Friends

8 Someone else (specify)

9 Don't know **CODE NOT SHOWN**

**Q2\_14**

**SHOW CARD B9**

AT THE MOMENT, HOW OFTEN DO YOU EAT <insert food>?

**SINGLE CODE**

## **RANDOMISE GROUPS**

### **FOODS**

**ASK IF NOT VegeChk=No OR VeganChk=No**

#### **GROUP 1**

Cuts or portions of beef, lamb or pork (e.g. joints, steak, chops)

Burgers

Sausages

Chicken or turkey

Duck/goose

Pre-cooked meats, like ham or meat pâté

**ASK IF NOT VeganChk=No**

#### **GROUP 2**

Milk and dairy foods like cheese and yoghurt (INTERVIEWER NOTE: THIS INCLUDES DRINKING MILK, MILK IN TEA ETC.)

Eggs

**ASK IF NOT VegeChk=No OR VeganChk=No**

#### **GROUP 3**

Cooked or smoked fish, excluding shellfish

Cooked shellfish (e.g. crab, prawns, lobster, mussels)

Raw fish or shellfish (e.g. in sushi, sashimi, raw oysters)

#### **GROUP 4**

Raw fruit

Raw vegetables, including salad

Cooked vegetables

#### **GROUP 5**

Pre-packed sandwiches

Ready meals

### **SCALE**

At least once a day

5-6 times a week

3-4 times a week

Once or twice a week

Once a fortnight

Once a month

Less than once a month

Never

DK **CODE NOT SHOWN**

**EatOut**

I'm now going to move on to talk about eating out. Have you done any of the following things in the last month)?

**SHOW CARD B10**

CODE ALL THAT APPLY

- 1 Eaten in a restaurant
- 2 Eaten takeaway food from a restaurant or takeaway outlet
- 3 Eaten in a fast food restaurant
- 4 Got food to take away from a fast food restaurant
- 5 Eaten in a pub/ bar/ nightclub
- 6 Eaten in a café or coffee shop
- 7 Bought food or drink from a café, coffee shop or sandwich bar to take away
- 8 Eaten food from a canteen (e.g. at work, school, university, or hospital)
- 9 Eaten in a hotel, B&B or guesthouse
- 10 Eaten food from a mobile food van or stall
- 11 None of these **(SINGLE CODE ONLY)**

**EatOutOf**

**SHOW CARD B11**

At the moment, how often would you say you eat out at or get food to take away from a restaurant or other food outlet? **SINGLE CODE**

- At least once a day
- 5-6 times a week
- 3-4 times a week
- Once or twice a week
- Once a fortnight
- Once a month
- Less than once a month
- Never
- It varies too much to say (spontaneous only)

**IF (EatOutOf = NOT 'Never') THEN**

**EatOutInf**

**SHOW CARD B12**

In the last 12 months, when deciding where to eat out or get food to takeaway, have you got any information from any of the following sources?

**RANDOMISE ORDER OF RESPONSE OPTIONS KEEPING OTHER AT THE END**

Own experience of the place

Appearance of the place  
Word of mouth  
Recommendations from friends/family  
Customer reviews on websites or mobile apps  
Newspaper/magazine features or reviews  
Television programmes  
Books (e.g. restaurant guides)  
Leaflets/flyers  
Media advertising (e.g. television/radio/magazines/newspapers)  
Other (please specify)

**IF EatOutInf = 'Review websites/mobile apps'**

**EatOutRev**

Do you ever use any restaurant review websites, online services or mobile apps, either to check user reviews or write your own?

**SPONTANEOUS, CODE ALL THAT APPLY**

**MULTICODE**

I do not use restaurant review websites (SINGLE CODE ONLY)

TripAdviser  
Yelp  
Google reviews  
Just Eat  
Hungryhouse  
Zomato  
Foursquare  
OpenTable  
TimeOut  
SquareMeal  
Zagat  
Other (specify)

**IF (EatOutOft = NOT 'Never') THEN**

**Q2\_35**

Generally, when you're deciding where to eat out, which of the following are important to you?

**SHOW CARD B13**

**CODE ALL THAT APPLY**

**RANDOMISE ORDER OF RESPONSE OPTIONS KEEPING 'NONE OF THESE' AND 'SOMETHING ELSE' AT THE END**

Price  
Recommendations or invitation from someone you know/good reviews  
Nutritional information of the food is provided  
Healthy foods/choices  
Cleanliness and hygiene  
Good service  
A good hygiene rating/score  
Food for restricted diets such as Vegetarian, Halal, Kosher etc.  
None of these  
Something else **SPECIFY**

**ASK IF Q2\_35 NOT = 'None of these' AND MORE THAN ONE SOURCE MENTIONED**

**Q2\_35b**

And which of these is the most important to you?

**SINGLE CODE**

**ONLY SHOW CODES MENTIONED AT Q2\_35**

Price

Recommendations or invitation from someone you know/good reviews

Nutritional information of the food is provided

Healthy foods/choices

Cleanliness and hygiene

Good service

A good hygiene rating/score

Food for restricted diets such as Vegetarian, Halal, Kosher etc.

Something else **SHOW TEXT ENTERED AT Q2\_35**

All equally important –(SPONTANEOUS ONLY)

Don't know –(SPONTANEOUS ONLY)

**ASK ALL**

**Q2\_37**

**SHOW CARD B14**

When you eat out, at places such as at restaurants, cafes, pubs and takeaways, or buy food to take home to eat from supermarkets or shops, how aware would you say you generally are about their standards of hygiene?

**SINGLE CODE**

Do not eat out or buy food to take home

Very aware

Fairly aware

Neither aware nor unaware

Fairly unaware

Very unaware

(Don't know) **CODE NOT SHOWN**

**IF FAIRLY/VERY UNAWARE/DK, OR 'DO NOT EAT OUT OR BUY FOOD TO TAKE HOME',  
SKIP TO Q12\_1, OTHERS CONTINUE**

**Q2\_38**

**SHOW CARD B15**

How do you know about the hygiene standards of the places you eat out at or buy food from? –  
CODE ALL THAT APPLY

PROBE: Anywhere else?

Word of mouth

Reputation

Appearance of staff

General appearance of premises

Hygiene rating/score



Customer reviews on websites/mobile apps  
Other (**SPECIFY**)  
(Don't know) **CODE NOT SHOWN**

**ASK ALL**

**Q12\_1**

Have you ever seen any of these before?

**SHOW CARD B16/B17**

**LIST**

England FHRS image (**FOR ENGLAND/NI RESPONDENTS**)

Wales FHRS image (**FOR WALES RESPONDENTS**)

**SCALE**

Yes

No

<b>PART 3      SHOPPING</b>
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**infoPart3**

And now some questions on shopping...

**Q3\_1****SHOW CARD C1**

THINKING ABOUT FOOD/GROCERY SHOPPING, OVER A TYPICAL WEEK, WHICH OF THESE BEST DESCRIBES THE LEVEL OF RESPONSIBILITY YOU HAVE FOR THE SHOPPING (TEXTFILL IF HH>1: IN YOUR HOUSEHOLD)?

**SINGLE CODE**

- 1 Responsible for all or most of the food/grocery shopping
- 2 Responsible for about half of the food/grocery shopping
- 3 Responsible for less than half of the food/grocery shopping
- 4 Not responsible for any of the food/grocery shopping
- 5 Each person is responsible for their own food/grocery shopping

**IF Q3\_1 = 1, 2, 3, 4 AND IF HH SIZE > 1**

**ShpOth**

And over a typical week, are any other household members responsible for any of the food/grocery shopping in your household?

INSERT ALL HOUSEHOLD MEMBERS, SELECT ALL THAT APPLY  
No one else (**SINGLE CODE ONLY**)

**FOR EACH INDIVIDUAL NAMED AT ShpOth**

**ShpResO****SHOW CARD C2**

Over a typical week, which of these best describes <<INSERT NAMES>>'s level of responsibility for food/grocery shopping in your household?

**SINGLE CODE**

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

**[SOFT CHECK: IF (Q3\_1=1 AND CShpResO=1 or 2) OR IF (Q3\_1=2 AND ShpResO=1) OR IF (1 SELECTED MORE THAN ONCE AT ShpResO) OR IF (2 SELECTED MORE THAN TWICE AT ShpResO) THEN**

**ASK ALL****ShpResEls**

And can I check, on a typical week, does anyone who doesn't live with you have any responsibility for any of the food/grocery shopping for <you/your household>?

SPONTANEOUS, DO NOT READ OUT, CODE ALL THAT APPLY

PROMPT: This might be a friend, relative or carer. Please only include them if they do food or grocery shopping for <you/your household> on a regular basis.

INTERVIEWER NOTE: DO NOT ACCEPT ANYONE NAMED ON LIST OF HOUSEHOLD MEMBERS.

1. Friend/non co-habiting partner
2. Relative
3. Carer
3. Other (please specify)
4. No one (**SINGLE CODE ONLY**)

**SOFT CHECK: IF 'Not responsible for any' SELECTED AT Q3\_1, 'No one else' SELECTED at ShpResO and 'No one' SELECTED AT ShpResEIs:**

You indicated that neither you nor anyone else inside or outside of the household is responsible for any of the food/grocery shopping, can I just check this is correct?

### **Q3\_3**

#### **SHOW CARD C3**

Where <TEXTFILL DEPENDING ON NUMBER IN HH: do you/does your household> shop for food? Please include all food shopping, including any main shopping trips, top-up shopping, meat and fish, fruit and vegetables, and any other food shopping.

**CODE ALL THAT APPLY**

#### **MULTICODE**

- 1 Large supermarket
- 2 Mini supermarket e.g. Metro/Local
- 3 Local/corner shop (including newsagents)
- 4 Garage forecourt
- 5 Independent greengrocer
- 6 Independent butcher
- 7 Independent baker
- 8 Independent fishmonger
- 9 Market (including stalls or farmer's markets)
- 10 Farm
- 11 Home delivery – from a supermarket
- 12 Home delivery (including vegetable boxes) – not from a supermarket
- 13 Other shop

**IF MORE THAN ONE CHOSEN AT Q3\_3**

### **Q3\_4**

Which of these is used for your 'main' shopping trip?

...READ OUT...

INTERVIEWER: 'MAIN' SHOPPING TRIP IS THE TRIP WHEN THEY BUY THE LARGEST AMOUNT OR SPEND THE MOST MONEY ON FOOD.

**ONLY SHOW CODES CHOSEN AT Q3\_3**

#### **SINGLE CODE**

Do not do a main shop (SINGLE CODE ONLY)

- 1 Large supermarket
- 2 Mini supermarket e.g. Metro/Local
- 3 Local/corner shop (including newsagents)
- 4 Garage forecourt

- 5 Independent greengrocer
- 6 Independent butcher
- 7 Independent baker
- 8 Independent fishmonger
- 9 Market (including stalls or farmer's markets)
- 10 Farm
- 11 Home delivery – from a supermarket
- 12 Home delivery (including vegetable boxes) – not from a supermarket
- 13 Other shop
- 14 Use more than one of these for main shop (SPONTANEOUS ONLY)

**ASK IF NOT (Q3\_4 = DO NOT DO A MAIN SHOP)**

**Q3\_7**

**SHOW CARD C4**

Roughly, how often do you <TEXTFILL IF MORE THAN 1 IN HH: (or someone else)> do a main shop for your household food shopping?

INTERVIEWER: if respondent says 'don't do a main shop', code as 'never'

**SINGLE CODE**

- 1. Every day
- 2. 2-3 times per week
- 3. About once a week
- 4. 2-3 times a month
- 5. Once a month
- 6. Less often
- 7. Never

DK **CODE NOT SHOWN**

**ASK FOR RESPONDENTS IN ENGLAND AND WALES ONLY:**

**ProvFood**

**SHOW CARD C5**

I am now going to read you a number of statements that people have made about buying food, and I would like you to tell me the extent to which you agree or disagree with each statement:

When buying food, I check to see where it was produced.

Where possible, I prefer to buy food produced in Britain.

I have greater trust in the quality of food produced in Britain, compared to food imported from overseas.

Food produced in Britain tastes better than food imported from overseas.

It is important to support British farmers and food producers.

Food produced in Britain tends to be more expensive than food imported from overseas.

I would be prepared to pay more for food and drink that is produced in Britain.

**SCALE**

1. Definitely agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Definitely disagree

**ASK FOR RESPONDENTS IN NORTHERN IRELAND ONLY:**

**ProvFoodNI**

**SHOW CARD C5**

I am now going to read you a number of statements that people have made about buying food, and I would like you to tell me the extent to which you agree or disagree with each statement:

When buying food, I check to see where it was produced.

Where possible, I prefer to buy food produced in the UK and Ireland.

I have greater trust in the quality of food produced in the UK and Ireland, compared to food imported from overseas.

Food produced in the UK and Ireland tastes better than food imported from overseas.

It is important to support farmers and food producers in the UK and Ireland.

Food produced in the UK and Ireland tends to be more expensive than food imported from overseas.

I would be prepared to pay more for food that is produced in the UK and Ireland.

**SCALE**

1. Definitely agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Definitely disagree

**FoodFut**

**SHOW CARD C6**

I'll now read you some statements that people have made about food consumption and production, and I would like you tell the extent to which you agree or disagree with each statement:

**RANDOMISE STATEMENTS**

To help ensure there is enough food to feed the population worldwide, we in the UK will have to make changes to what we eat.

To produce more food, we in the UK will have to make more use of technology.

To help ensure there is enough food to feed the population worldwide, we in the UK will have to eat less meat.

**SCALE**

1. Definitely agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Definitely disagree

<b>PART 4: FOOD INSECURITY</b>
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**FdSecIntro**

Now I'm going to read you several statements that people have made about their food situation. For these statements, please indicate, using the show card, whether the statement was often true, sometimes true, or never true for (TEXTFILL if HH=1: you/ HH>1: your household) in the last 12 months—that is, since last (name of current month).

**Worried****SHOW CARD D1**

The first statement is "(TEXTFILL: I/We) worried whether (TEXTFILL: my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

1. Often true
2. Sometimes true
3. Never true

DK REF

**FdLast****SHOW CARD D1**

"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

1. Often true
2. Sometimes true
3. Never true

DK REF

**HealthyFd****SHOW CARD D1**

"(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

1. Often true
2. Sometimes true
3. Never true

DK REF

**IF (Worried OR FdLast OR HealthyFd = 'Often true' OR 'Sometimes true') THEN**

**SkipMeal****SHOW CARD D2**

In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

1. Yes
2. No

DK REF

**IF (SkipMeal = Yes) THEN**

**SkipOf**

**SHOW CARD D3**

How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

1. Almost every month
2. Some months but not every month
3. Only 1 or 2 months

**DK REF**

**IF (Worried OR FdLast OR HealthyFd = 'Often true' OR 'Sometimes true') THEN**

**EatLess**

**SHOW CARD D2**

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

1. Yes
2. No

**DK REF**

**IF (Worried OR FdLast OR HealthyFd = 'Often true' OR 'Sometimes true') THEN**

**Hungry**

**SHOW CARD D2**

In the last 12 months, were you every hungry but didn't eat because there wasn't enough money for food?

1. Yes
2. No

**DK REF**

**IF (Worried OR FdLast OR HealthyFd = 'Often true' OR 'Sometimes true') THEN**

**WtLoss**

**SHOW CARD D2**

In the last 12 months, did you lose weight because there wasn't enough money for food?

1. Yes
2. No

**DK REF**

**IF (SkipMeal OR EatLess OR Hungry OR WghtLoss = YES) THEN**

**NotEat**

**SHOW CARD D2**

In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

1. Yes
2. No

**DK REF**

**If (NotEat = Yes) THEN**

**NotEatOf**

**SHOW CARD D3**

How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

1. Almost every month
2. Some months but not every month
3. Only 1 or 2 months

**DK REF**

**Q3\_13**

**SHOW CARD D4**

Have you made any of these changes in the last 12 months for financial reasons?

**CODE ALL THAT APPLY**

1. Eaten at home more
2. Cooked at home more
3. Eaten fewer takeaways
4. Eaten out less
5. Made packed lunches more
6. Bought items that were on special offer more
7. Changed the places you buy food for cheaper alternatives
8. Changed the food you buy to cheaper alternatives
9. Prepared food that could be kept as leftovers more
10. Kept leftovers for longer before eating
11. Eaten food past its use-by-date more
12. None of these



## PART 5: FOOD SAFETY

### Infopart4

I'm now going to ask you some questions about when you store, prepare and cook food.

### Q4\_1

#### SHOW CARD E1

I would like you to tell me whether you do any of the following things, and if so how frequently:

INTERVIEWER: If respondent says they never have responsibility for doing this, e.g. they never use raw chicken, then code as 'Not applicable' and NOT 'Never'.

#### **RANDOMISE STATEMENTS WITHIN SUBGROUPS**

#### **SINGLE CODE**

**SCALE:** Never, Sometimes, Most of the time, Always, Not applicable, Don't Know **CODE NOT SHOWN**

#### Chilling

- Store open tins in the fridge

#### Cross contamination

- Use different chopping boards for different foods

#### **FOR CHOPPING BOARD STATEMENT SHOW FOLLOWING INTERVIEWER INSTRUCTION:**

IF RESPONDENT ONLY USES ONE CHOPPING BOARD, LET THEM KNOW THAT THIS INCLUDES WASHING THE CHOPPING BOARD WHEN SWITCHING BETWEEN TYPES OF FOOD

- Wash raw meat or poultry *other than* chicken
- Wash raw chicken
- Wash raw fish or seafood
- Wash fruit which is going to be eaten raw
- Wash vegetables (including salad) which are going to be eaten raw
- Wash fruit which is going to be cooked
- Wash vegetables which are going to be cooked

#### **FOR RAW CHICKEN STATEMENT SHOW FOLLOWING INTERVIEWER INSTRUCTION:**

THIS REFERS TO CHICKEN SPECIFICALLY, RATHER THAN POULTRY IN GENERAL

#### **FOR FRUIT STATEMENTS SHOW FOLLOWING INTERVIEWER INSTRUCTION:**

IF RESPONDENT ONLY BUYS PRE-PREPARED (WASHED) FRUIT, OR ONLY EATS PEELED FRUIT CODE AS "NA"

#### **FOR VEG STATEMENTS SHOW FOLLOWING INTERVIEWER INSTRUCTION:**

IF RESPONDENT ONLY BUYS PRE-PREPARED (WASHED) VEGETABLES, OR ONLY EATS PEELED VEGETABLES CODE AS "NA"

#### Cleaning

- Wash hands before starting to prepare or cook food
- Wash hands immediately after handling raw meat, poultry or fish

#### Cooking

- Cook food until it is steaming hot throughout
- Eat chicken or turkey if the meat is pink or has pink or red juices

- Eat red meat (e.g. beef or lamb, steak or roast meat, but not mince) if it is pink or has pink or red juices
- Eat duck if the meat is pink or has pink or red juices
- Eat burgers if the meat is pink or has pink or red juices
- Eat sausages if the meat is pink or has pink or red juices
- Eat whole cuts of pork or pork chops if the meat is pink or has pink or red juices

**Q4\_1b**

Which of the following methods do you use to defrost frozen meat or fish?

**SHOW CARD E2**

CODE ALL THAT APPLY

**MULTICODE**

1. Placing the meat or fish in water
2. Leaving the meat or fish at room temperature (e.g. on the worktop whether on a plate, in a container or in its packaging)
3. Leaving the meat or fish in the fridge
4. Defrosting the meat or fish in the microwave oven
5. Other (specify)
6. Do not defrost meat or fish **EXCLUSIVE**  
DK **CODE NOT SHOWN**

**IF Q4\_1B=MORE THAN 1 RESPONSE**

**Q4\_1c**

And which method do you usually use to defrost frozen meat or fish?

...Read out...

**ONLY SHOW ANSWERS GIVEN AT 4.1B**

**SINGLE CODE.**

1. Placing the meat or fish in water
2. Leaving the meat or fish at room temperature (e.g. on the worktop whether on a plate, in a container or in its packaging)
3. Leaving the meat or fish in the fridge
4. Defrosting the meat or fish in the microwave oven
5. **SHOW TEXT FROM OTHER SPECIFY**  
DK **CODE NOT SHOWN**

**Q4\_3**

After using a chopping board to prepare raw meat, poultry or fish people might wash the board before using it again for other foods or use a clean board. Why do you think they do this?

SPONTANEOUS – DO NOT READ OUT, CODE ALL THAT APPLY

**MULTICODE**

1. To stop remains of it getting onto the next food
2. It can be dangerous if you don't
3. To stop the flavour/ taste transferring to other foods
4. To get rid of the mess
5. As it looks dirty
6. To wash away germs/bacteria
7. To prevent cross contamination
8. To prevent food poisoning

9. It's a habit
10. It's just what people do / are told to do
11. Don't know why
12. Other (**SPECIFY**)

**Q4\_8a**

Do you have the use of a kitchen, that is, a separate room in which you cook?

INTERVIEWER: NOTE THAT A "KITCHEN DINER" SHOULD BE COUNTED AS A KITCHEN

**SINGLE CODE**

1. Yes
2. No

**ASK ALL**

**Q4\_8c**

Which of the following appliances do you have in your household?

**SHOW CARD E3**

CODE ALL THAT APPLY

INTERVIEWER: IF NECESSARY EXPLAIN THAT A "HOB" IS "THE FLAT TOP PART OF A COOKING STOVE, OR A SEPARATE FLAT SURFACE, CONTAINING HOTPLATES OR BURNERS"

**MULTICODE**

**RANDOMISE ORDER OF CODES**

1. Combined fridge and freezer
2. Separate fridge
3. Separate freezer
4. Dishwasher
5. Oven
6. Grill
7. Hob
8. Microwave oven
9. Kettle
10. None of these

DK **CODE NOT SHOWN**

**IF "COMBINED FRIDGE AND FREEZER" OR "SEPARATE FRIDGE" IS NOT SELECTED AT Q4\_8C SKIP TO Q4\_18**

**Q4\_9**

Do you ever check your fridge temperature?

INTERVIEWER: If respondent says the temperature is displayed on the front of their fridge, probe to see if they check the temperature on that front panel and code appropriately.

**SINGLE CODE**

1. Yes
  2. No
  3. Someone else in the household does
  4. I don't need to – it has an alarm if it is too hot or cold
- Don't know **CODE NOT SHOWN**

**IF NO, I DON'T NEED TO AS IT HAS AN ALARM, OR DON'T KNOW SKIP TO Q4\_12,  
OTHERS ASK Q4\_10**

**Q4\_10**

**SHOW CARD E4**

How often do you or another person in your household check the temperature of the fridge?

**SINGLE CODE**

1. At least daily
2. 2-3 times a week
3. Once a week
4. Less than once a week but more than once a month
5. Once a month
6. Four times a year
7. Once or twice a year
8. Never/Less often
9. I don't need to – it has an alarm if it is too hot or cold
10. Can't remember

**Q4\_11**

Still thinking about fridge temperatures, can you tell me how you normally check the temperature?

SPONTANEOUS – DO NOT READ OUT, CODE ALL THAT APPLY

**MULTICODE**

1. Check the setting / gauge of fridge
2. Check the temperature display/ thermometer built into the fridge
3. Put a thermometer in the fridge and check
4. Look inside/check for ice/condensation
5. Feel food inside to see if it is cold
6. Don't know
7. Other (**SPECIFY**)

**Q4\_12**

What do you think the temperature inside your fridge should be?

SPONTANEOUS – DO NOT READ OUT

**SINGLE CODE**

INTERVIEWER: IF SINGLE TEMPERATURE STATED, CODE WITHIN THE APPROPRIATE RANGE.

1. Less than 0 degrees C (less than 32 degrees F)
2. Between 0 and 5 degrees C (32 to 41 degrees F)
3. More than 5 but less than 8 degrees C (42 to 46 degrees F)
4. 8 to 10 degrees C (47 to 50 degrees F)
5. More than 10 degrees C (over 50 degrees F)
6. Other (**SPECIFY**)
7. Don't know (spontaneous only)

**Q4\_13**

**SHOW CARD E5**

And how do you arrange the contents of your fridge?

**SINGLE CODE**

1. I/we just put things wherever they can fit
2. Each person in the household has their own shelf or section of the fridge
3. Certain types of food are always kept in certain parts of the fridge
4. Other

**IF Q4\_13="CERTAIN TYPES OF FOOD ARE ALWAYS KEPT IN CERTAIN PARTS OF THE FRIDGE"**

**Q4\_13a**

Why do you always keep certain types of food in certain parts of the fridge?

SPONTANEOUS – DO NOT READ OUT, CODE ALL THAT APPLY

**MULTICODE**

1. Lack of space
2. Convenience
3. Force of habit
4. Food safety / to stop cross contamination / hygiene
5. Makes food easier to find
6. Other (specify)

DK **CODE NOT SHOWN**

**Q4\_14**

Where in the fridge do you store raw meat and poultry?

SPONTANEOUS – DO NOT READ OUT, CODE ALL THAT APPLY

**MULTICODE**

1. Anywhere
2. On the bottom shelf of the fridge
3. At the top of the fridge
4. Away from cooked foods
5. In a separate compartment e.g a meat drawer or salad tray
6. In the middle of the fridge
7. Wherever there is space
8. Other (**SPECIFY**)
9. Don't buy or store meat or poultry at all (SINGLE CODE ONLY)
10. Don't store raw meat \poultry in the fridge (SINGLE CODE ONLY)

**IF "DO NOT BUY OR STORE MEAT AT ALL" OR "DON'T STORE RAW MEAT IN THE FRIDGE" SKIP TO Q4\_18**

**Q4\_15**

How do you store raw meat and poultry in the fridge?

SPONTANEOUS – DO NOT READ OUT, CODE ALL THAT APPLY

INTERVIEWER: if necessary prompt with one or two examples

**MULTICODE**

1. Away from cooked foods
2. Covered with film \ foil
3. In a covered container
4. In its packaging
5. On a plate

6. Other (**SPECIFY**)

**ASK ALL**

**Q4\_18**

For each of the following foods, please say how you can tell whether it is safe to eat or use in cooking?

**RANDOMISE ORDER**

Raw meat like beef, lamb, pork or poultry

Milk and yoghurt

Cheese

Eggs

Fish, excluding shellfish

SPONTANEOUS - DO NOT READ OUT, CODE ALL THAT APPLY

INTERVIEWER: IF RESPONDENT SAYS "DATE" PROBE "WHICH KIND OF DATE"

INTERVIEWER: code as not applicable if participant doesn't eat/prepare that particular food

**MULTICODE**

1. How it looks (e.g. mould)
2. The colour of it
3. How it smells
4. How it tastes
5. What it feels like / the texture
6. Whether it has been stored correctly
7. If it doesn't float in water **ONLY SHOW THIS CODE FOR "EGGS" STATEMENT**
8. Best before date
9. Use by date
10. Sell by or display until date
11. Date unspecified
- 12. Other SPECIFY**
13. Not applicable

**Q4\_19**

**SHOW CARD E6**

Which of these indicates whether food is safe to eat?

CODE ALL THAT APPLY

**MULTICODE**

1. Use by date
2. Best before date
3. Sell by date
4. Display until date
5. None of these
6. Don't know (spontaneous only)
7. It depends (spontaneous only)

**Q4\_19b**

Which of these is the best indicator of whether food is safe to eat?

...READ OUT...

**SINGLE CODE – ROTATE ANSWER LIST**

1. Use by date
2. Best before date
3. Sell by date
4. Display until date
- Don't know **CODE NOT SHOWN**

**Q4\_21**

**SHOW CARD E7**

Do you check use-by dates when you are buying food?

**SINGLE CODE**

1. Yes, always
2. Yes, depending on the food type
3. Sometimes
4. Never
5. Do not buy food (SPONTANEOUS ONLY)  
DK (**CODE NOT SHOWN**)

**Q6\_4**

How easy do you find it to read the labelling on food products (e.g. ingredients, nutrition or storage information) in terms of the size of the print (using glasses or contact lenses if you wear them)?

...READ OUT...

**SINGLE CODE**

1. Very easy to read
2. Quite easy to read
3. Neither easy nor difficult to read
4. Quite difficult to read
5. Very difficult to read  
Refused **CODE NOT SHOWN**

**Q4\_22**

**SHOW CARD E7**

Do you check use-by dates when you are about to cook or prepare food?

**SINGLE CODE**

1. Yes, always
2. Yes, depending on the food type
3. Sometimes
4. Never
5. Do not cook or prepare food (SPONTANEOUS ONLY)  
DK (**CODE NOT SHOWN**)

**Q4\_23a**

If you open <**TEXTFILL:** food item> and keep it stored in the fridge, what is the maximum number

of days you would keep it in the fridge for before deciding you would definitely not < **TEXTFILL:** eat; **TEXTFILL IF MILK:** drink> it?

SPONTANEOUS – DO NOT READ OUT

1. Up to one day
2. Up to two days
3. Up to three days
4. Up to four days
5. Up to five days
6. More than five days
7. Follow the storage information on the product
8. Look at the use-by date
9. DK **CODE NOT SHOWN**
10. Not applicable – don't eat or use this food item

#### **ROTATE LIST**

a packet of sliced cooked or cured meat e.g. ham

a packet of meat, fish or seafood pâté

a packet of fresh dip e.g. sour cream and chive or hummus

a packet of smoked fish e.g. smoked mackerel or smoked salmon

a packet of soft or cream cheese

#### **Q4\_24**

If you made a meal on Sunday, what is the last day that you would consider eating the leftovers?  
(IF NECESSARY: Assuming that they have been kept in the fridge)

SPONTANEOUS – DO NOT READ OUT

#### **SINGLE CODE**

1. The same day
  2. Monday
  3. Tuesday
  4. Wednesday
  5. Thursday
  6. Friday
  7. Saturday
  8. The following Sunday
  9. More than a week
  10. Never have leftovers – always finish or throw away immediately
- DK **CODE NOT SHOWN**

**IF NEVER HAVE LEFTOVERS AT Q4.24, GO TO MWPWR, OTHERS CONTINUE**

#### **Q4\_25**

How many times would you consider re-heating food after it was cooked for the first time?

SPONTANEOUS – DO NOT READ OUT

#### **SINGLE CODE**

1. Not at all
2. Once
3. Twice
4. Three times
5. More than three times



DK **CODE NOT SHOWN**

**IF NOT AT ALL SKIP TO MWPwr, OTHERS CONTINUE**

**Q4\_26**

And how do you usually tell that food has been re-heated properly?

SPONTANEOUS – DO NOT READ OUT, CODE ALL THAT APPLY

**MULTICODE**

1. Steam coming from it
2. Taste it
3. Stir it
4. Check the middle is hot
5. Check it's an even temperature throughout
6. Put hand over it/touch it
7. Use a thermometer/probe
8. Use a timer to ensure it has been cooked for a certain amount of time
9. It looks hot
10. I don't check
11. Other SPECIFY

DK **CODE NOT SHOWN**

**ASK IF Q4\_8c = 'Microwave oven'**

**MWPwr**

I'm now going to ask you about microwave ovens. Do you know that the maximum power level (or wattage) of microwave ovens can vary between different models?

**SINGLE CODE**

1. Yes
2. No
3. Not sure (SPONTANEOUS ONLY)

**MaxPwr**

Can you tell me what the maximum power level of your microwave oven is, in watts?

SPONTANEOUS, DO NOT READ OUT, CODE ANSWER WITHIN APPROPRIATE RANGE

INTERVIEWER: IF RESPONDENT SAYS DON'T KNOW READ OUT THE FOLLOWING

PROMPT: Is the power level written on the microwave?

1. Less than 500
2. 500 - 599
3. 600-699
4. 700-799
5. 800-899
6. 900-999
7. 1000-1099
8. More than 1099
9. Don't know- Wattage is written on microwave
10. Don't know- unsure if wattage is written on microwave/ does not think wattage is written on microwave

### **MWUses**

Over the last month, have you used your microwave oven to do any of the following things?

#### **SHOW CARD E8**

CODE ALL THAT APPLY

#### **MULTICODE**

INTERVIEWER NOTE: if respondent has combined microwave/conventional oven, clarify that we are asking about using the microwave function.

1. Cook food you have prepared yourself (e.g. home-prepared meals, raw vegetables, baked potatoes, porridge)
2. Cook/heat tinned food (e.g. baked beans, soup)
3. Re-heat chilled leftovers
4. Re-heat frozen leftovers
5. Cook chilled ready meals
6. Cook frozen ready meals
7. Heat/re-heat beverages
8. Defrost frozen raw meat or fish
9. Defrost frozen vegetables, fruit or bread
10. None of these

#### **IF (MWUses = 5 OR 6 THEN)**

##### **MWRMeal**

When cooking ready meals from chilled or frozen using the microwave oven, how do you check that the food has been heated properly?

SPONTANEOUS, DO NOT READ OUT, CODE ALL THAT APPLY

1. Follow instructions on the packaging
2. Steam coming from it
3. Taste it
4. Stir it
5. Check the middle is hot
6. Check it's an even temperature throughout
7. Put hand over it/touch it
8. Use a thermometer/probe
9. Use a timer to ensure it has been cooked for a certain amount of time
10. It looks hot
11. I don't check
12. Other (specify)

#### **IF (MWRMeal = 1) THEN**

##### **MWDiff**

If, when cooking ready meals from chilled or frozen, the maximum wattage of the microwave oven differs from that stated in the instructions on the packaging, how do you make sure that the food is cooked properly?

SPONTANEOUS, DO NOT READ OUT, CODE ALL THAT APPLY

1. Adjust timing – give it a bit longer
2. Adjust timing – go with the lower wattage instructions

3. Steam coming from it
4. Taste it
5. Stir it
6. Check the middle is hot
7. Check it's an even temperature throughout
8. Put hand over it/touch it
9. Use a thermometer/probe
10. It looks hot
- 11 Do nothing
12. Not applicable

**IntroQ4\_27**

**SHOW CARD E9**

And now I will read out a few statements people have made and would like you to tell me whether or not you agree with them.

**Q4\_27**

**SINGLE CODE  
SCALE**

1. Definitely agree
  2. Tend to agree
  3. Neither agree nor disagree
  4. Tend to disagree
  5. Definitely disagree
- (DK) **CODE NOT SHOWN**

**RANDOMISE**

I always avoid throwing food away

I am unlikely to get food poisoning from food prepared in my own home

If you eat out a lot you are more likely to get food poisoning

Restaurants and catering establishments should pay more attention to food safety and hygiene

I often worry about whether the food I have is safe to eat

I like trying new things to eat

I enjoy preparing and cooking food

I'm not generally interested in food

I don't have time to spend preparing and cooking food

When preparing food I could be more careful about hygiene

**Q4\_28**

**SHOW CARD E10**

Have you personally ever had food poisoning?

**SINGLE CODE**

1. Yes more than once
  2. Yes once
  3. I think so but I'm not sure it was food poisoning
  4. No
- DK (**CODE NOT SHOWN**)

**ASK IF Q4\_28="YES MORE THAN ONCE", "YES ONCE" OR "I THINK SO"**

**Q4\_26b**

**SHOW CARD E10**

Have you had food poisoning in the last year?

**SINGLE CODE**

1. Yes more than once
2. Yes once
3. I think so but I'm not sure it was food poisoning
4. No

DK (**CODE NOT SHOWN**)

**ASK IF Q4\_26B="YES MORE THAN ONCE", "YES ONCE" OR "I THINK SO"**

**Q4\_28a**

<TEXTFILL IF "MORE THAN ONCE" OR "I THINK SO": Thinking about the most recent occasion you had food poisoning, > did you see a doctor or go to hospital because of it?

**SINGLE CODE**

1. Yes
2. No

DK (**CODE NOT SHOWN**)

**ASK IF Q4\_28A="YES"**

**Q4\_27b**

Was it medically diagnosed as food poisoning, by that I mean were samples tested that showed you definitely had food poisoning?

**SINGLE CODE**

1. Yes
2. No
3. Don't know(SPONTANEOUS ONLY)

**ASK IF Q4\_27B = "YES"**

**Q4\_27c**

**SHOW CARD E11**

Do you remember what type of food poisoning you had? IF YES: What type was it?

**SINGLE CODE**

- 1 Campylobacter
- 2 Salmonella
- 3 E coli
- 4 Listeria
- 5 Viral food poisoning - (SRVSs e.g. shigella)
- 6 Other (specify)
- 7 No – can't remember (**CODE NOT SHOWN**)
- 8 Don't know (**CODE NOT SHOWN**)

**ASK IF Q4\_28="YES MORE THAN ONCE", "YES ONCE" OR "I THINK SO"**

**Q4\_28b**

In response to when you had food poisoning <TEXTFILL IF "MORE THAN ONCE" OR "I THINK SO": most recently> have you done any of the following?

**SHOW CARD E12**

CODE ALL THAT APPLY

**MULTICODE**

1. Tried to get more information about the issue
2. Read food labels more carefully
3. Changed the way you cook food
4. Changed the way you prepare food
5. Stopped eating certain foods
6. Stopped eating at certain food establishments (e.g. restaurants/cafes)
7. Other (specify)
8. Took no action (**SINGLE CODE ONLY**)

**Q11\_8b**

**SHOW CARD E13**

Looking at this card, do you get information about how to prepare and cook food safely at home from any of these sources?

CODE ALL THAT APPLY

PROBE: What about any other sources?

**MULTICODE**

**REVERSE ORDER OF RESPONSE CODES KEEPING 'OTHER' AND 'I DON'T LOOK FOR INFORMATION ON FOOD SAFETY' AT THE END.**

1. Family and friends
2. School / college / a course
3. Work
4. Retailers (e.g. supermarkets)
5. Newspapers
6. News websites
7. Food TV shows / cooking programmes
8. Food magazines
9. Food websites
10. TV / radio campaigns
11. Books
12. Internet search engine
13. Social media
14. Product packaging
15. Doctor / GP
16. Other (specify)
17. I don't look for information on food safety (**EXCLUSIVE**)

**ASK IF Q11\_8B NOT = 'I DON'T LOOK FOR INFORMATION ON FOOD SAFETY' AND MORE THAN ONE SOURCE MENTIONED**

**Q4\_31b**

And which is the main source of information you use to find out about how to prepare and cook food safely at home?

**SINGLE CODE**

1. Family and friends
2. School / college / a course
3. Work
4. Retailers (e.g. supermarkets)

5. Newspapers
6. News websites
7. Food TV shows / cooking programmes
8. Food magazines
9. Food websites
10. TV / radio campaigns
11. Books
12. Internet search engine
13. Social media
14. Product packaging
15. Doctor / GP
16. Other (specify)
17. No main source – DO NOT SHOW THIS CODE – SPONTANEOUS ONLY  
Don't know – **CODE NOT SHOWN**

## PART 6: FOOD ISSUES

### FdlssIntro

I'm now going to ask you some questions about a number of issues relating to food

### Label

#### SHOW CARD F1

In general, when buying or eating food, how often do you feel confident that it is what it says it is on the label or the menu?

#### SINGLE CODE

1. Always
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. DK **CODE NOT SHOWN**

**ASK IF Label = 'Most of the time' OR 'Some of the time' OR 'Rarely' OR 'Never'**

### FdAuthCon

You indicated that you are not always confident that food is what it says it is on the label or the menu. What specific issues were you thinking of, if any?

INTERVIEWER NOTE: if nothing specific type 'NOTHING'

PROMPT: What else?

#### OPEN BOX

**ASK IF Label = 'Most of the time' OR 'Some of the time' OR 'Rarely' OR 'Never'**

### FdAuthAct

#### SHOW CARD F2

Over the past year, have you ever done any of the following because you were not confident that food was what it said it was on the label or the menu?

1. Tried to get more information about the issue
2. Read about the issue when you saw it but did not seek out information
3. Read food labels more carefully
4. Changed the way you cook food
5. Changed the way you prepare food
6. Stopped shopping for food at certain places
7. Stopped eating certain foods
8. Other (specify)
9. Took no action (**SINGLE CODE ONLY**)

### ChemKnw

#### SHOW CARD F3

I'd now like to ask you about chemicals, which can be present in food for a number of reasons. To what extent would you say you feel informed about each of the following issues?

1. Chemicals deliberately added to food by producers (e.g. colourings, sweeteners, preservatives)
2. Chemical residues from the food production process (e.g. pesticides, veterinary medicines)
3. Chemicals that can occur naturally in food (e.g. naturally-occurring toxins, heavy metals such as lead)
4. Chemicals that can be formed during the cooking process (e.g. through cooking at high temperatures, through smoking of food)

**SCALE**

1. Very well informed
  2. Well informed
  3. Not well informed
  4. Not at all informed
- Don't know (**CODE NOT SHOWN**)

**ChemOpin**

**SHOW CARD F4**

The following are a number of statements that people have made in relation to chemicals and food. To what extent do you agree or disagree with each of the following statements?

1. The benefits of using chemicals in food production outweigh the risks.
2. I would like more information about what I can personally do to limit the presence of chemicals in food.
3. I am concerned about possible long-term health effects of chemicals in food.
4. I believe the presence of chemicals in food is well regulated.

**SCALE**

1. Definitely agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Definitely disagree
6. Don't know



## PART 7 HEALTHY EATING

**THIS SECTION OF THE QUESTIONNAIRE IS ONLY TO BE ASKED OF RESPONDENTS IN NORTHERN IRELAND**

### HEIntro

I am now going to ask you some questions about healthy eating.

### H2\_1

Overall, in your opinion, would you say that what you usually eat is...

#### SHOW CARD H1

##### SINGLE CODE

Very healthy

Fairly healthy

Neither healthy nor unhealthy

Fairly unhealthy

Very unhealthy

It varies too much to say **CODE NOT SHOWN**

### ASK ALL

#### InfoH2\_10

Now some questions about fruit and vegetables. Health experts make recommendations based on the amount and kind of fruit and vegetables people should eat daily. We are interested in whether you think the following count towards the recommended daily intake of fruit or vegetables...

### H2\_10

Do you think... (INSERT ITEM) ... can be counted towards the daily fruit and vegetable intake?

#### RESPONSES FOR EACH FOOD

Yes

No

Don't know **CODE NOT SHOWN**

#### FOOD ITEM (RANDOMISE LIST)

Frozen vegetables

Jam

Pure fruit juice (**INTERVIEWER NOTE** fruit juice without added sugar, includes juice from concentrate, but not dilutable juice drinks such as fruit squash)

Jacket potatoes

Dried fruit, for example, raisins or apricots

Rice

Tinned fruit or vegetables, for example, peaches or sweetcorn (**INTERVIEWER NOTE** tinned fruit – whether in juice or syrup)

Fruit smoothies

Pulses, such as lentils, chick peas or kidney beans

Baked beans

## H2\_11

Thinking just about YESTERDAY can you tell me how many portions of vegetables – including salad, fresh, frozen or tinned vegetables you ate?

INTERVIEWER NOTE: A portion is 80g, which is 3 heaped tablespoons of cooked vegetables or a handful of cherry tomatoes or a small bowl of salad. It does not include potatoes.

**RANGE 0-15 – SOFT CHECK IF SAY MORE THAN 15**

**DK CODE NOT SHOWN**

## CheckH2\_11

Can I just check you are thinking of 80g portions, rather than individual items?

## H2\_12

Thinking just about YESTERDAY did you have a portion of fruit juice (pure juice / 100% freshly squeezed/ fruit smoothies/ juice from concentrate BUT NOT juice based drinks such as squash)

INTERVIEWER NOTE: A portion is a medium sized glass (150 ml)

Yes

No

**DK CODE NOT SHOWN**

## H2\_13

Thinking just about YESTERDAY can you tell me how many portions of fruit - fresh, frozen, tinned or dried you ate?

INTERVIEWER NOTE: A portion is 80g, which is for example, a medium sized piece of fruit such as an apple or a banana, or two small pieces of fruit such as satsumas or plums, a handful of grapes, 1 tablespoon of dried fruit

Don't know **CODE NOT SHOWN**

**RANGE 0-15**

**soft check if more than 15**

## CHECKH2\_13

Can I just check you are thinking of 80g portions, rather than individual items?

## H2\_9

How many portions of fruit and vegetables do you think that health experts recommend people should eat every day?

**WRITE IN**

Don't know **CODE NOT SHOWN**

## H2\_14

At the moment, how often do you eat **INSERT FOOD**?

**SHOW CARD H2**

**SINGLE CODE**

**SCALE**

At least once a day

5-6 times a week

3-4 times a week

Once or twice a week  
Once a fortnight  
Once a month  
Less than once a month  
Never  
DK **CODE NOT SHOWN**

### **FOODS – RANDOMISE LIST – FIX ORDER OF TWO FISH ITEMS**

Biscuits, pastries and cakes  
Sweets and chocolate  
Savoury snacks (e.g. crisps)  
Bread, rice, pasta, potatoes and other starchy foods  
Fried chips or roast potatoes  
Oily fish, like salmon, sardines, mackerel or fresh tuna  
Fruit and vegetables

### **H2\_16Info**

#### **SHOW CARD H3**

Please tell me how much you agree or disagree with the following statements.

### **H2\_16**

#### **SCALE**

Definitely agree  
Tend to agree  
Neither agree nor disagree  
Tend to disagree  
Definitely disagree  
Don't know **CODE NOT SHOWN**

### **RANDOMISE LIST**

The tastiest foods are the ones that are bad for you  
I get confused over what's supposed to be healthy and what isn't  
If you are not overweight you can eat whatever you like  
Small dietary changes, such as eating less fat or cutting down on sugar, can lead to benefits for my future health  
As long as you take enough exercise you can eat whatever you want  
The main reason for people to eat a more healthy diet is to lose weight  
Good health is just a matter of good luck  
The experts contradict each other over what foods are good or bad for you  
What you eat makes a big difference to how healthy you are

### **H2\_17**

It is recommended that people should eat a balanced diet. A balanced diet is made up of a variety of different types of food:

#### **RANDOMISE ORDER OF CATEGORIES**

Fruit and vegetables  
Potatoes, bread, rice, pasta and other starchy carbohydrates  
Oil and spreads  
Dairy and alternatives  
Beans, pulses, fish, eggs, meat and other proteins

**READ OUT CODES THEN PRESS CONTINUE (NO NEED TO SELECT ANY CODES TO MOVE ON)**

**InfoH2\_17\_2**

**SHOW CARD H4**

This card shows a blank circle, divided into 5 sections, representing a guide to the proportions that different food groups should make towards the whole of a recommended balanced diet. Some foods are not recommended as part of a balanced diet, and should be eaten less often and in small amounts. There is a separate section for these foods, outside of the circle.

INTERVIEWER: PLEASE SHUFFLE CARDS BETWEEN INTERVIEWS TO RANDOMISE ORDER

INTERVIEWER: HAND OVER SHUFFLE CARDS

These cards show the different food groups.

Thinking of all the food a person would eat in a day, please place each card a section, to show how much of this food group you think there should be in a recommended balanced diet. Please also place the foods that you think are not part of a recommended balanced diet, in the section outside of the circle labelled 'eat less often and in small amounts'.

NOTE: we are focusing on all food eaten over the course of the day rather than in one meal

**INTERVIEWER – RECORD FOOD TYPE FOR EACH SECTION**  
**RESPONSES FOR EACH OF THE 5 FOOD TYPES**

**H2\_17a - H2\_17f**

**INTERVIEWER – RECORD FOOD TYPE PLACED IN [SECTION A – SECTION F]**

Fruit and vegetables

Potatoes, bread, rice, pasta and other starchy carbohydrates

Oil and spreads

Dairy and alternatives

Beans, pulses, fish, eggs, meat and other proteins

Foods high in fat, salt and sugars

Don't know **CODE NOT SHOWN**

**H2\_18**

**SHOW CARD H5**

Thinking about adults, how important do you think the following are for a healthy lifestyle?

**SHOW FOOD**

Is this...

**SINGLE CODE**

**SCALE**

Very important

Fairly important

Neither important nor unimportant

Fairly unimportant

Very unimportant

Don't know **CODE NOT SHOWN**

**RANDOMISE ORDER**

Eating foods such as bread, rice, pasta and potatoes  
Eating fruit and vegetables  
Eating fish, including oily fish  
Limiting foods high in saturated fat  
Limiting foods high in total fat  
Limiting food and drinks high in sugar  
Eating less salt  
Keeping to a healthy weight  
Drinking plenty of water  
Eating breakfast every day  
Eating white meat such as chicken or turkey  
Eating dairy produce such as cheese, milk or yoghurt  
Eating pulses such as soya beans, lentils or chickpeas  
Eating the right amount of calories each day

**H2\_19**

**SHOW CARD H6**

Thinking about the last 6 months, that is between (**INSERT NAME OF MONTH 6 MONTHS AGO**) and now, what, if any, changes have you personally made to the food you eat over the last 6 months?

CODE ALL THAT APPLY

1. Eating more bread, rice, potatoes, pasta and other starchy foods
2. Eating less bread, rice, potatoes, pasta and other starchy foods
3. Eating more fruit and vegetables
4. Eating more fish, including oily fish
5. Eating less food high in saturated fat
6. Eating less food high in fat in general
7. Eating less food high in sugar
8. Eating less meat
9. Eating less salt, for example eating less salty food, not adding salt during cooking or to a meal before eating
10. Eating fewer calories
11. Eating more calories
12. Eating larger portions
13. Eating smaller portions
14. None of these

A Other

**IF ANY CHANGES MADE AT H2\_19, OTHERS GO TO H2\_22**

**H2\_21**

Why have you made THIS/THESE CHANGE/S to the food you eat in the last 6 months?

SPONTANEOUS – DO NOT READ OUT, CODE ALL THAT APPLY

PROBE: Anything else?

**MULTICODE**

To increase / gain weight

To lose weight / maintain / stop gaining weight  
To be more healthy / have a healthier lifestyle  
For health reasons  
Improve diet/start eating healthily  
Keep fit/exercise  
Reduce salt intake  
Reduce cholesterol  
Due to age/getting older  
Publicity / awareness (from experts / media)  
Other (**SPECIFY**)  
DK

**ASK ALL**

**H2\_22**

Some people may find it difficult to eat more healthily. Can you tell me please, what do you think would be the difficulties, if any, for you in trying to eat more healthily?

SPONTANEOUS – DO NOT READ OUT, CODE ALL THAT APPLY

PROBE: Anything else?

**MULTICODE**

No difficulties / already eat healthily **EXCLUSIVE**

Money / cost of healthy food

Time constraints

Time to prepare / cook food

Healthy foods are too expensive

Work commitments / hours

Already eat healthily

Giving up/cutting out sugar

Don't like healthy food

Giving up/cutting out chocolate

Other (**SPECIFY**)

DK **CODE NOT SHOWN**

**H2\_24**

**SHOW CARD H7**

How much do you agree or disagree with the following statement –

I do not need to make any changes to the food I eat, as it is already healthy enough

**SINGLE CODE**

Definitely agree

Tend to agree

Neither agree nor disagree

Tend to disagree

Definitely disagree

Don't know **CODE NOT SHOWN**

**H2\_25N AND H2\_26N –ASK QUESTIONS IN ORDER OF RESPONDENT'S OWN GENDER –  
I.E. MEN ASKED H2\_26 FIRST, THEN ASKED H2\_25N; WOMEN ASKED H2\_25N FIRST,  
THEN H2\_26N.**

## H2\_25N

Health experts make recommendations about the number of calories the average person should eat. Can you tell me what you think is the recommended number of calories average women should eat a day?

**SPONTANEOUS – DO NOT READ OUT**

**WRITE IN (0 – 9995)**

Don't know **CODE NOT SHOWN**

## H2\_26N

Health experts make recommendations about the number of calories the average person should eat. Can you tell me what you think is the recommended number of calories average men should eat a day?

**SPONTANEOUS – DO NOT READ OUT**

**WRITE IN (0 – 9995)**

Don't know **CODE NOT SHOWN**

**QUESTION H2\_27N IS GENDER SPECIFIC I.E. MEN ARE ASKED HOW MUCH FAT, MEN SHOULD EAT IN A DAY, AND WOMEN ASKED HOW MUCH WOMEN SHOULD EAT**

## H2\_27N

It is recommended that we should eat no more than a certain amount of fat each day. How much fat – in grams – do you think an average **CHANGE TEXT DEPENDING ON GENDER OF RESP.** man/women should eat per day?

**SPONTANEOUS – DO NOT READ OUT**

**WRITE IN (UPPER RANGE 995)**

Don't know **CODE NOT SHOWN**

## H2\_28N

It is recommended that the average man/woman should eat no more than **CHANGE WORDING DEPENDING ON GENDER OF RESPONDENT** 70g/95g of fat a day. How much of this, in grams, do you think is the maximum recommended amount of saturated fats?

**IF A RESPONDENT GIVES A FRACTION, PLEASE CALCULATE THE APPROXIMATE GRAMS AND ENTER RELEVANT ANSWER, E.G. IF A MAN SAYS HALF, THEN THEIR ANSWER WOULD BE 47-48G**

**SPONTANEOUS – DO NOT READ OUT**

**WRITE IN (UPPER RANGE 95 FOR MEN AND 70 FOR WOMEN)**

Don't know **CODE NOT SHOWN**

## H2\_29

What effects do you think eating too much saturated fat can have on your health?

**SPONTANEOUS – DO NOT READ OUT, CODE ALL THAT APPLY**

**PROBE: Which others?**

**MULTI CODE**

Makes you unfit

Shorter life expectancy

“Clogging” of arteries and veins

Increases risk of heart disease/attack

Affects blood pressure  
Increases blood pressure  
Increases risk of a stroke  
Affects cholesterol  
Increases cholesterol  
Stomach cramps  
Reducing/relieving cramps (e.g. leg cramps)  
Prevents dehydration  
Makes you thirsty  
Makes you fat\overweight\obese  
Lose weight  
Bad for hair and/or skin  
Other effect (**SPECIFY**)  
Don't know **CODE NOT SHOWN**  
None (**EXCLUSIVE**)

## H2\_30

It is recommended that we should eat no more than a certain amount of salt each day. How much salt do you think this is for adults? Please give your answer in grams if possible.

SPONTANEOUS – DO NOT READ OUT

**SINGLE CODE**

CODE CAREFULLY TO THE PRE-CODED LIST.

Up to 0.5g

0.6-1g

1g

2g

3g

4g

5g

6g

7g

8g

9g

10g

11g-15g

16g-20g

More than 20g

Something else (**SPECIFY**)

Don't know

## H2\_31

How much salt do you think this is, in teaspoons?

SPONTANEOUS – DO NOT READ OUT

**SINGLE CODE**

1 teaspoon

2 teaspoons

3 teaspoons

4 – 5 teaspoons

6 – 10 teaspoons

Over 10 teaspoons



Other answer **SPECIFY**  
Don't know

**ASK ALL**

**H2\_32**

What effects do you think eating too much salt can have on your health?

SPONTANEOUS – DO NOT READ OUT, CODE ALL THAT APPLY

**MULTICODE**

Makes you unfit  
Shorter life expectancy  
“Clogging” of arteries and veins  
Increases risk of heart disease/attack  
Affects blood pressure  
Increases blood pressure  
Increases risk of a stroke  
Affects cholesterol  
Increases cholesterol  
Stomach cramps  
Reducing/relieving cramps (e.g. leg cramps)  
Prevents dehydration  
Makes you thirsty or dehydrated  
Makes you fat\overweight\obese  
Lose weight  
Bad for hair and/or skin  
Other effect (**SPECIFY**)  
Don't know **CODE NOT SHOWN**  
None (**EXCLUSIVE**)

**H2\_39**

**SHOW CARD H8**

In your opinion, when you eat out, how healthy would you say the food that you eat is, compared to when you eat at home?

**SINGLE CODE**

A lot more healthy when I eat out  
A bit more healthy when I eat out  
About the same  
A bit less healthy when I eat out  
A lot less healthy when I eat out  
It varies too much to say **CODE NOT SHOWN**

**H2\_40**

**SHOW CARD H9**

In which, if any, of these places would you like to see more information displayed about how healthy different options are?

CODE ALL THAT APPLY

IF RESPONDENT QUERIES: FOR EXAMPLE, INFORMATION SHOWING THE CALORIE CONTENT OF DIFFERENT OPTIONS OR HOW MUCH FAT, SUGAR OR SALT THEY CONTAIN

**MULTICODE**

Restaurants

Pubs

Cafes, Coffee shops and sandwich shops

Fast food restaurants

Workplace canteens

Food outlets in cinemas, bowling alleys, theme parks or other leisure facilities

Takeaway outlets e.g. Indian, Chinese, Pizza, fish and chips

None of these

## PART 8: HEALTH

### Q6Info

Now I am going to ask you some questions about yourself.

#### ASK ALL

##### Q6\_1

How is your health in general? Would you say it was...

##### SHOW CARD H10

##### SINGLE CODE

1. Very good
2. Good
3. Fair
4. Bad
5. Very bad
6. Refused **CODE NOT SHOWN**

#### ASK ALL

##### Q6\_2

Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

1. Yes;
2. No.

Refusal **CODE NOT SHOWN**

#### IF Q6\_2 =YES, ASK Q6\_3, OTHERS GO TO Q6\_4

##### Q6\_3

Does your condition or illness reduce your ability to carry-out day-to-day activities?  
Would you say...(RUNNING PROMPT)...

1. Yes, a lot
2. Yes, a little
3. Not at all

### Mobil

Do you have any mobility difficulties, for example moving about, walking, climbing stairs; or use special equipment or support services to help you to be mobile?

INTERVIEWER: INCLUDE WHEELCHAIRS AND CRUTCHES AS EQUIPMENT

1. Yes
2. No

### Dex

Do you have any dexterity difficulties, by that I mean lifting, grasping or holding objects, opening screw-top lids, using a tin opener or opening packaging, or do you use any special equipment to help you with these actions?

INTERVIEWER: INCLUDE THOSE WHO CANNOT LIFT, GRASP OR HOLD AT ALL

1. Yes
2. No

## Eye

### SHOW CARD H10

At the present time, how would you rate your eyesight using both eyes (with glasses or contact lenses, if you wear them)?

1. Very good
2. Good
3. Fair
4. Bad
5. Very bad
6. Completely blind (SPONTANEOUS ONLY)

## ASK ALL

### Q6\_4Intro

Next, I would like to ask you some questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of nought to ten, where nought is 'not at all' and 10 is 'completely'.

### Q6\_4a

On a scale of 0-10, where 0 is not at all satisfied and 10 is completely satisfied, overall, how satisfied are you with your life nowadays?

PLEASE SELECT ONE ANSWER.

(SCALE: 0 (Not at all satisfied) to 10 (completely satisfied))

### Q6\_4b

On a scale of 0-10, where 0 is not at all worthwhile and 10 is completely worthwhile, overall, to what extent do you feel the things you do in your life are worthwhile?

PLEASE SELECT ONE ANSWER.

(SCALE: 0 (not at all worthwhile) to 10 (completely worthwhile))

### Q6\_4c

On a scale of 0-10, where 0 is not at all happy and 10 is completely happy, overall, how happy did you feel yesterday?

PLEASE SELECT ONE ANSWER.

(SCALE: 0 (not at all happy) to 10 (completely happy))

### Q6\_4d

On a scale of 0-10, where 0 is not at all anxious and 10 is completely anxious, overall, how anxious did you feel yesterday?

PLEASE SELECT ONE ANSWER.

(SCALE: 0 (not at all anxious) to 10 (completely anxious))

<b>PART 10    DEMOGRAPHICS</b>
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**DemogIntro**

Finally I'd like to ask you some general questions about (TEXTFILL if HHSize=1 yourself/ HHSize>1 your household)...

**Q7\_2****SHOW CARD I1**

Do you (or your household) own or rent this accommodation?

1. Own it outright
2. Buying it with the help of a mortgage or loan
3. Part own and part rent (shared ownership)
4. Rent it (includes all those who are on Housing Benefit or Local Housing Allowance)
5. Live here rent-free (including rent-free in relative's/friend's property but excluding squatters)
6. Squatting

Ref **CODE NOT SHOWN**

**IF RENT OR RENT-FREE AT Q7\_2 ASK Q7\_3, OTHERS GO TO 7\_5**

**Q7\_3**

Does the accommodation go with the job of anyone in the household?

INTERVIEWER INSTRUCTIONS: IF THE ACCOMMODATION GOES WITH THE JOB OF SOMEBODY WHO IS TEMPORARILY NOT A MEMBER OF THE HOUSEHOLD, CODE YES. IF THE ACCOMMODATION USED TO GO WITH THE JOB OF SOMEONE IN THE HOUSEHOLD, BUT THIS IS NO LONGER THE CASE, CODE NO.

Yes

No

Ref **CODE NOT SHOWN**

**IF RENT OR RENT-FREE AT 7.2**

**Q7\_4****SHOW CARD I2**

WHO IS YOUR LANDLORD?

CODE FIRST THAT APPLIES

**ORGANISATIONS**

1. THE LOCAL AUTHORITY / COUNCIL / ALMO / HOUSING EXECUTIVE (N IRELAND)
2. A HOUSING ASSOCIATION, RSL, CHARITABLE TRUST OR LOCAL HOUSING COMPANY
3. EMPLOYER (ORGANISATION) OF A HOUSEHOLD MEMBER
4. ANOTHER ORGANISATION

**INDIVIDUALS**

5. RELATIVE/ACQUAINTANCE OF ANY CURRENT HOUSEHOLD MEMBER FROM BEFORE THIS TENANCY STARTED
6. EMPLOYER (INDIVIDUAL) OF A HOUSEHOLD MEMBER
7. ANOTHER INDIVIDUAL PRIVATE LANDLORD?

Ref **CODE NOT SHOWN**

**EDIT: SOFT CHECK IF Q7\_2=5 AND Q7\_4=1**

– YOU SAID THAT THE ACCOMMODATION IS RENT-FREE AND THAT THE LANDLORD IS THE COUNCIL. COUNCIL ACCOMMODATION IS NOT NORMALLY RENT FREE.

**IF MORE THAN ONE PERSON IN HOUSEHOLD WITH AGE>=16, OTHERS GO TO Q7\_7**

**Q7\_5**

In whose name or names is the accommodation owned or rented?

**SHOW LIST OF NAMES OF PEOPLE IN HOUSEHOLD OVER 16 FROM Q1\_1**

Ref **CODE NOT SHOWN**

**IF THERE ARE JOINT HOUSEHOLDERS, OTHERS GO TO Q7\_7**

**Q7\_6**

You have told me that (**NAMES**) jointly own or rent the accommodation. Which of them has the highest income (from earnings, benefits, pensions and any other sources)?

**SHOW NAMES FROM Q7\_5**

IF TWO OR MORE JOINT HOUSEHOLDERS HAVE THE SAME INCOME, SELECT THE ELDEST.

IF RESPONDENT ASKS FOR PERIOD TO AVERAGE OVER - LAST 12 MONTHS, AS CONVENIENT.

PROMPT AS NECESSARY

IS ONE JOINT HOUSEHOLDER THE SOLE PERSON WITH:

- PAID WORK?
- OCCUPATIONAL PENSION?

**IF HIGHEST INCOME QUESTION NOT ANSWERED FOR JOINT HOUSEHOLDERS  
ASSUME THE HRP IS THE ELDEST JOINT HOUSEHOLDER.  
INTERVIEWER CODE HRP**

**IF AGE >= 16**

**IF HRP IS THE RESPONDENT, INSERT THE WORD 'YOU' RATHER THAN THE NAME IN THE FOLLOWING QUESTIONS**

**COLLECT OCCUPATION DETAILS FOR HRP ONLY**

**Q7\_7**

**SHOW CARD I3**

Which of these best describes what YOU/HRP were doing in the seven days ending Sunday the (N)?

CODE ONE ONLY

1. Going to school or college full-time (including on vacation)
2. In paid employment (or temporarily away)
3. Self-employed (or temporarily away)
4. On a government scheme for employment training
5. Doing unpaid work for a business that you own, or that a relative owns
6. Waiting to take up paid work already obtained
7. Looking for paid work or a government training scheme
8. Temporarily unable to work because of short-term illness or injury
9. Permanently unable to work because of long-term sickness or disability

- 10. Retired from paid work
- 11. Looking after home or family
- 12. Doing something else **(PLEASE GIVE DETAILS)**

Ref **CODE NOT SHOWN**

**IF Q7\_7=GOING TO SCHOOL OR COLLEGE FULL-TIME**

**Q7\_8**

Did YOU/HRP do any paid work in the seven days ending Sunday the (N), either as an employee or self-employed?

- 1. Yes
- 2. No

Ref **CODE NOT SHOWN**

**IF NOT IN EMPLOYMENT**

**(ANY OF THE FOLLOWING ANSWERS AT Q7\_7:**

**“DOING UNPAID WORK FOR A BUSINESS THAT YOU OWN, OR THAT A RELATIVE OWNS”,**

**“WAITING TO TAKE UP PAID WORK ALREADY OBTAINED”,**

**“LOOKING FOR PAID WORK OR A GOVERNMENT TRAINING SCHEME”,**

**“TEMPORARILY UNABLE TO WORK BECAUSE OF SHORT-TERM ILLNESS OR INJURY”,**

**“PERMANENTLY UNABLE TO WORK BECAUSE OF LONG-TERM SICKNESS OR DISABILITY”,**

**“RETIRED FROM PAID WORK”,**

**“LOOKING AFTER HOME OR FAMILY”,**

**“DOING SOMETHING ELSE” OR**

**“REF”**

**OR “NO” OR “REF” AT Q7\_8)**

**Q7\_9**

HAVE YOU/HAS HRP ever been in paid employment or self-employed, apart from casual or holiday work?

- 1. Yes
- 2. No

Ref **CODE NOT SHOWN**

**IF YES, GO TO Q7\_9B, IF “NO OR “REF” GO TO Q7\_18**

**ASK Q7\_9B IF GIVEN THE FOLLOWING ANSWERS**

**“ON A GOVERNMENT SCHEME FOR EMPLOYMENT TRAINING” AT Q7\_7**

**“YES” AT Q7\_8**

**“YES” AT Q7\_9**

**Q7\_9b**

ARE/WERE/WAS you/HRP working as an employee or ARE/WERE/WAS you/HRP self employed?

**SINGLECODE**

- 1. Employee
- 2. Self-employed

**ALL IN EMPLOYMENT/EVER WORKED**

**(“IN PAID EMPLOYMENT (OR TEMPORARILY AWAY)” OR “SELF-EMPLOYED (OR TEMPORARILY AWAY)” OR “ON A GOVERNMENT SCHEME FOR EMPLOYMENT TRAINING” AT Q7\_7 OR “YES AT Q7\_8 OR “YES” AT Q7\_9)**

**Q7\_10**

Thinking about your CURRENT/MOST RECENT job, what DOES/DID the firm/ organisation YOU/HRP WORK/WORKED/WORKS for mainly make or do (at the place where YOU/THEY WORK/WORKED/WORKS)?

DESCRIBE FULLY - PROBE MANUFACTURING OR PROCESSING OR DISTRIBUTING ETC. AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE OR RETAIL ETC. IT SHOULD BE NOTED THAT INFORMATION ON INDUSTRY IS NECESSARY TO DISTINGUISH BETWEEN SOME OCCUPATIONS AT THE DETAILED LEVEL.

**(OPEN)**

**Q7\_11**

What IS/WAS YOUR/HRP'S (main) job ?

**(OPEN)**

**Q7\_12**

What DO/DID YOU/ DID/DOES HRP mainly do in YOUR/THEIR job?  
CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

**(OPEN)**

**IF EMPLOYEE (“EMPLOYEE” AT Q7\_9B OR “IN PAID EMPLOYMENT (OR TEMPORARILY AWAY)” AT Q7\_7), GO TO Q7\_13, IF SELF EMPLOYED GO TO Q7\_15**

**Q7\_13**

In your job, DO/DID YOU/ DOES/DID HRP have formal responsibility for supervising the work of other employees?

DO NOT INCLUDE PEOPLE WHO ONLY SUPERVISE:  
CHILDREN (E.G. TEACHERS, NANNIES, CHILDMINDERS),  
ANIMALS,  
SECURITY OR BUILDINGS (E.G. CARETAKERS, SECURITY GUARDS)

1. Yes

2. No

Ref **CODE NOT SHOWN**

**Q7\_14**

How many people WORK/WORKED for YOUR/HRP'S employer at the place where YOU/THEY WORK/WORKED?  
ARE/WERE THERE ...(RUNNING PROMPT)...

1. 1-24

2. 25 – 499

3. or 500 or more employees?

Ref **CODE NOT SHOWN**



**IF SELF EMPLOYED (“SELF-EMPLOYED” AT Q7\_9B OR “SELF-EMPLOYED (OR TEMPORARILY AWAY)” AT Q7\_7)**

**Q7\_15**

ARE/WERE YOU/IS/WAS HRP working on YOUR/THEIR own or DO/DID YOU/THEY have employees?

ASK OR RECORD

1. On own/with partner(s) but no employees
2. With employees

Ref **CODE NOT SHOWN**

**IF WITH EMPLOYEES, GO TO Q7\_16, OTHERS GO TO Q7\_17**

**Q7\_16**

How many people DO/DID YOU/DOES/DID HRP employ at the place where YOU/THEY WORK/WORKED/WORKS?

ARE/WERE THERE ...(RUNNING PROMPT)...

1-24

25 to 499, or

500 or more employees

Ref **CODE NOT SHOWN**

**ALL IN EMPLOYMENT/EVER WORKED**

**Q7\_17**

In YOUR/HIS/HER (main) job ARE/WERE YOU/IS/WAS HRP working:

...READ OUT...

NOTE: Full-time = More than 30 hours, Part-time = 30 hours or less

1. full time
2. or part-time?

Ref **CODE NOT SHOWN**

**OCCUPATION QUESTIONS CODED IN-OFFICE TO SOC AND NS-SEC**

**INCOME & BENEFITS QUESTIONS ASKED ABOUT HOUSEHOLD IF RESPONDENT IS HIH OR SPOUSE/PARTNER OF HIH ONLY, OTHERWISE ASKED FOR RESPONDENT ONLY**

**Q7\_18**

**SHOW CARD I4**

This card shows various possible sources of income. Can you please tell me which kinds of income you (AND YOUR HUSBAND/WIFE/PARTNER) receive?

- A Earnings from employment or self-employment
- B State retirement pension
- C Pension from former employer
- D Personal pensions
- E Child Benefit
- F Employment Support Allowance (ESA)

- G Jobseeker's Allowance
- H Pension Credit
- I Income Support
- J Working Tax Credit (excluding any childcare tax credit)
- K Child Tax Credit (including any childcare tax credit)
- L Housing benefit
- M Guardian's Allowance
- N Carer's Allowance
- O Incapacity Benefit
- P Disability Living Allowance
- Q Attendance Allowance
- R Other state benefits
- S Universal Credit
- T Personal Independence Payment
- U Interest from savings and investments (e.g. stocks and shares)
- V Other kinds of regular allowance from outside your household (e.g. maintenance, student's loans, rent)
- W No source of income **EXCLUSIVE**

Ref **CODE NOT SHOWN**

(logic checks added on benefits selected)

#### Q7\_19

#### SHOW CARD I5

Will you please look at this card and tell me which group represents (YOUR/YOU AND YOUR HUSBAND/WIFE/PARTNER'S COMBINED) total income from all these sources before deductions for income tax, National Insurance etc.? Please just tell me the letter next to the category that applies.

**RESPONSE LIST ON-SCREEN SHOULD ONLY SHOW THE LETTERS IN ALPHABETICAL ORDER**

WEEKLY	MONTHLY	ANNUAL
U UP TO £49	UP TO £216	UP TO £2,599
D £50 UP TO £99	£217 UP TO £432	£2,600 UP TO £5,199
I £100 UP TO £199	£433 UP TO £866	£5,200 UP TO £10,399
M £200 UP TO £299	£867 UP TO £1,299	£10,400 UP TO £15,599
O £300 UP TO £399	£1,300 UP TO £1,732	£15,600 UP TO £20,799
B £400 UP TO £499	£1,733 UP TO £2,166	£20,800 UP TO £25,999
R £500 UP TO £599	£2,167 UP TO £2,599	£26,000 UP TO £31,199
G £600 UP TO £699	£2,600 UP TO £3,032	£31,200 UP TO £36,399
K £700 UP TO £799	£3,033 UP TO £3,466	£36,400 UP TO £41,599
Q £800 UP TO £899	£3,467 UP TO £3,899	£41,600 UP TO £46,799
E £900 UP TO £999	£3,900 UP TO £4,332	£46,800 UP TO £51,999
T £1,000 up to £1,038	£4,333 up to £4,499	£52,000 up to £53,999
V £1,039 up to £1,076	£4,500 up to £4,667	£54,000 up to £55,999
A £1,077 up to £1,115	£4,668 up to £4,833	£56,000 up to £57,999
N £1,116 up to £1,153	£4,834 up to £4,999	£58,000 up to £59,999
W £1,154 up to £1,249	£5,000 up to £5,416	£60,000 up to £64,999
X £1,250 up to £1,346	£5,417 up to £5,833	£65,000 up to £69,999
H £1,347 up to £1,442	£5,834 up to £6,249	£70,000 up to £74,999
P £1,443 up to £1,538	£6,250 up to £6,666	£75,000 up to £79,999

S	£1,539 up to £1,634	£6,667 up to £7,083	£80,000 up to £84,999
C	£1,635 up to £1,730	£7,084 up to £7,499	£85,000 up to £89,999
J	£1,731 up to £1,826	£7,500 up to £7,916	£90,000 up to £94,999
L	£1,827 up to £1,923	£7,917 up to £8,333	£95,000 up to £99,999
F	£1,924 or more	£8,334 or more	£100,000 or more

Ref **CODE NOT SHOWN****IF HOUSEHOLD CONTAINS MORE THAN TWO ADULTS OR TWO ADULTS WHO ARE NOT LIVING TOGETHER AS A COUPLE****Q7\_20**

Can I check, does anyone else in the household have an income from any source?

1. Yes
2. No

Ref **CODE NOT SHOWN****IF OTHERS IN HOUSEHOLD WITH SOURCE OF INCOME (IF 7.20 IS YES)****Q7\_21****SHOW CARD I5**

Thinking of the income of your household as a whole, which of the groups on this card represents the total income of the whole household before deductions for income tax, National Insurance etc. Please just tell me the letter next to the category that applies.

RESPONSE LIST ON-SCREEN SHOULD ONLY SHOW THE LETTERS IN ALPHABETICAL ORDER

WEEKLY	MONTHLY	ANNUAL
U UP TO £49	UP TO £216	UP TO £2,599
D £50 UP TO £99	£217 UP TO £432	£2,600 UP TO £5,199
I £100 UP TO £199	£433 UP TO £866	£5,200 UP TO £10,399
M £200 UP TO £299	£867 UP TO £1,299	£10,400 UP TO £15,599
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N £1,116 up to £1,153	£4,834 up to £4,999	£58,000 up to £59,999
W £1,154 up to £1,249	£5,000 up to £5,416	£60,000 up to £64,999
X £1,250 up to £1,346	£5,417 up to £5,833	£65,000 up to £69,999
H £1,347 up to £1,442	£5,834 up to £6,249	£70,000 up to £74,999
P £1,443 up to £1,538	£6,250 up to £6,666	£75,000 up to £79,999
S £1,539 up to £1,634	£6,667 up to £7,083	£80,000 up to £84,999
C £1,635 up to £1,730	£7,084 up to £7,499	£85,000 up to £89,999
J £1,731 up to £1,826	£7,500 up to £7,916	£90,000 up to £94,999
L £1,827 up to £1,923	£7,917 up to £8,333	£95,000 up to £99,999

F £1,924 or more  
Ref **CODE NOT SHOWN**

£8,334 or more

£100,000 or more

**ASK ALL**

**Q7\_22**

**SHOW CARD I6**

STARTING FROM THE TOP OF THE CARD, PLEASE LOOK DOWN THE LIST OF QUALIFICATIONS AND TELL ME THE NUMBER OF THE FIRST ONE YOU COME TO THAT YOU HAVE PASSED.

- 1 Higher degree or postgraduate qualifications
  - 2 Degree (undergraduate) (including B. Ed.), Postgraduate diplomas or Certificates (inc. PGCE), Professional qualifications at degree level (e.g. chartered accountant / surveyor), NVQ / SVQ Level 4 or 5
  - 3 Diplomas in higher education or other HE qualifications, HNC / HND / BTEC Higher, Teaching qualifications for schools or further education (below degree level), Nursing or other medical qualifications (below degree level), RSA Higher Diploma
  - 4 A/AS levels / SCE Higher / Scottish Certificate 6th Year Studies, NVQ / SVQ / GSVQ level 3 / GNVQ Advanced, ONC / OND / BTEC National, City and Guilds Advanced Craft / Final level / Part III / RSA, Advanced Diploma
  - 5 Trade apprenticeships
  - 6 O level / GCSE grades A-C / SCE Standard / Ordinary grades 1-3, CSE grade 1, NVQ / SVQ / GSVQ level 2 / GNVQ intermediate, BTEC / SCOTVEC first / General diploma, City and Guilds Craft / Ordinary level / Part II / RSA Diploma
  - 7 O level / GCSE grades D-G / SCE Standard / Ordinary below grade 3, CSE grades 2-5, NVQ / SVQ / GSVQ level 1 / GNVQ foundation, BTEC / SCOTVEC first / General Certificate, City and Guilds part 1 / RSA Stage I-III, SCOTVEC modules / Junior certificate
  - 8 Other qualifications (including overseas) (**SPECIFY**)
  - 9 None of these
- Ref **CODE NOT SHOWN**

**ASK IF ENGLAND SAMPLE**

**Q7\_23Eng**

**SHOW CARD I7**

What is your ethnic group?

Choose one option that best describes your ethnic group or background

**White**

1. English / Welsh / Scottish / Northern Irish / British
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background, please describe **SPECIFY**

**Mixed / Multiple ethnic groups**

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other Mixed / Multiple ethnic background, please describe **SPECIFY**

**Asian / Asian British**

9. Indian

10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background, please describe **SPECIFY**

**Black / African / Caribbean / Black British**

14. African
15. Caribbean
16. Any other Black / African / Caribbean background, please describe **SPECIFY**

**Other ethnic group**

17. Arab
18. Any other ethnic group, please describe **SPECIFY**

Ref **CODE NOT SHOWN**

**ASK IF WALES SAMPLE**

**Q7\_23Wal**

**SHOW CARD I8**

What is your ethnic group?

Choose one option that best describes your ethnic group or background

**White**

1. Welsh / English / Scottish / Northern Irish / British
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background, please describe

**Mixed / Multiple ethnic groups**

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other Mixed / Multiple ethnic background, please describe

**Asian / Asian British**

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background, please describe

**Black / African / Caribbean / Black British**

14. African
15. Caribbean
16. Any other Black / African / Caribbean background, please describe

**Other ethnic group**

17. Arab
18. Any other ethnic group, please describe

Ref **CODE NOT SHOWN**

**ASK IF NORTHERN IRELAND SAMPLE**

**Q7\_23Nlr**

**SHOW CARD I9**

What is your ethnic group?

Choose one option that best describes your ethnic group or background

1. White
2. Irish Traveller

**Mixed / Multiple ethnic groups**

3. White and Black Caribbean
4. White and Black African
5. White and Asian
6. Any other Mixed / Multiple ethnic background, please describe

**Asian / Asian British**

7. Indian
8. Pakistani
9. Bangladeshi
10. Chinese
11. Any other Asian background, please describe

**Black / African / Caribbean / Black British**

12. African
13. Caribbean
14. Any other Black / African / Caribbean background, please describe

**Other ethnic group**

15. Arab
16. Any other ethnic group, please describe

Ref **CODE NOT SHOWN**

**ASK IF ENGLAND SAMPLE**

**Q7\_24**

**SHOW CARD I10**

What is your Religion, even if you are not currently practising?

CODE ONE ONLY

- 1.No religion
- 2.Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- 3.Buddhist
- 4.Hindu
- 5.Jewish
- 6.Muslim
- 7.Sikh
- 8.Any other religion, please describe **OPEN BOX**

9. Would rather not say

**ASK IF WALES SAMPLE**

**Q7\_24b**

**SHOW CARD I11**

What is your Religion, even if you are not currently practising?

CODE ONE ONLY

- 1.No religion
- 2.Christian (all denominations)
- 3.Buddhist
- 4.Hindu
- 5.Jewish
- 6.Muslim
- 7.Sikh
- 8.Any other religion, please describe **OPEN BOX**
9. Would rather not say

**ASK IF NORTHERN IRELAND SAMPLE**

**Q7\_24d**

What is your Religion, even if you are not currently practising?

CODE ONE ONLY

SPONTANEOUS - DO NOT READ OUT

INTERVIEWER NOTE: IF RESPONDENT UNABLE TO SAY SPONTANEOUSLY, PROMPT AS NECESSARY

1. No religion
2. Catholic
3. Presbyterian
4. Church of Ireland
5. Methodist
6. Baptist
7. Free Presbyterian
8. Brethren
9. Protestant – Other, including not specified
- 10.Christian – Other, including not specified
- 11.Buddhist
- 12.Hindu
- 13.Jewish
- 14.Muslim
- 15.Sikh
- 16.Any other religion, please describe **OPEN BOX**
- 17.Would rather not say

**Q7\_25**

Do you, or any members of your household, at present own or have continuous use of any motor vehicles?

INCLUDE COMPANY CARS (IF AVAILABLE FOR PRIVATE USE)

1. Yes
2. No

Ref **CODE NOT SHOWN**

**Q8\_25b**

The following question is about your household access to the Internet.

By access I mean whether anyone in your household could use the Internet, at home, if they wanted to, even if just to send an e-mail.

Does your household have access to the Internet from home?

INTERVIEWER NOTE:

'RESPONDENT UNABLE TO ANSWER' SHOULD BE CHOSEN AT THE INTERVIEWER'S DISCRETION ONLY IF IT IS OBVIOUS THAT THE RESPONDENT DOES NOT KNOW WHAT THE INTERNET IS – CODE AS 3.

IF RESPONDENT KNOWS WHAT THE INTERNET IS BUT DOESN'T KNOW WHETHER THE HOUSEHOLD HAS ACCESS, CODE AS 4.

1. Yes
2. No
3. No - Respondent unable to answer
4. Don't know if the household has access

**ASK ALL**

**Q8\_26b**

And do you currently use the Internet for either work or for personal use?

**SINGLE CODE**

1. Work
2. Personal use
3. Both
4. Neither

Ref **CODE NOT SHOWN**

**IF CODE 2 OR 3 AT 8.26B**

**Q8\_27**

In which of these ways do you access the Internet for personal use?

READ OUT, CODE ALL THAT APPLY

**MULTI CODE**

1. Through a desktop computer
2. Through laptop or netbook
3. Through a tablet (e.g. an iPad)
4. Through a mobile phone
5. Through a games console
6. Through an Internet enabled TV/set-top box
7. Through any other electronic device with internet access (e.g. iPod touch, eBook reader, palmtop)

Ref **CODE NOT SHOWN**



**Q7\_30**

This is the end of the main questionnaire. This study is being funded by the Food Standards Agency (FSA), a central government department. Would you be willing for the FSA, or an organisation acting on their behalf, to re-contact you to ask further questions about the survey or invite you to take part in future research on this subject? There would be no obligation for you to take part.

1. Yes
2. No

**IF "YES" AT Q7\_30**

**Q7\_31**

In order to carry out this future research, your contact details may be linked to the answers you have given in this survey. Would you be willing for this information to be passed onto the FSA or an organisation acting on their behalf?

INTERVIEWER ADD IF NECESSARY: We would only pass your contact details and interview information onto the FSA or another research company doing legitimate research on behalf of the Agency, your interview data would never be passed to anyone else or used for commercial purposes.

1. Yes
2. No

**QUALITY**

Record following details

Name  
Address  
Landline telephone number  
Mobile telephone number  
Email

**Letter**

Have you given the thank you letter to the respondent?

- 1 Yes
- 2 No