

# **Food Standards Scotland Attitudes to diet and health in Scotland 2015**

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## **Executive summary**

### **Aims and objectives**

The main aim of the research was to complement the dietary monitoring and surveillance work that Food Standards Scotland (FSS) routinely collects which provides FSS and Scottish Government with a good understanding of food and nutrient intakes and dietary patterns across different sectors of the population in Scotland. This survey will provide baseline data and insights into consumer attitudes to diet and health. This will help to inform the development of FSS policy, including approaches to consumer messaging on healthy eating.

The specific research objectives were to investigate attitudes in relation to diet and health, including information on discretionary foods and willingness to make dietary changes.

### **Methods**

An online survey was undertaken using a Scottish online panel comprising approximately 20,000 adults (16+ years) from throughout Scotland.

Data were collected from the perspective of both adults and parents, where applicable, via two separate surveys (a main survey of adults aged 16+ years, and a boost survey of parents of children aged 2-15 years) employing the same questionnaire. A total of 1545 panellists (1238 in the main adult sample and 307 in the boost parents sample) were surveyed.

Weightings were applied to ensure that the sample distribution was representative of the Scottish population in terms of age, gender and socio-economic group.

### **Summary of main results**

#### **Self-assessment of own weight**

- 56% of adults classified themselves as overweight and 10% of parents classified their children as overweight. Older people and those from more deprived areas were more likely to classify themselves as overweight.

#### **Consumer understanding of healthy eating**

- Unprompted understanding of 'healthy eating' focused on having a balanced diet, including food that is fresh rather than processed, and fruit and vegetables. Around 30% of the samples made specific reference to eating less sugar(y) foods and less fat. Surprisingly few (4%) made any mention of starchy carbohydrates.
- On prompting, over 60% agreed strongly that the following were important to a healthy diet: eating plenty of fruit and vegetables, limiting food and drinks that are high in sugar, limiting food that is high in salt, and limiting snacks between meals.

- The greatest level of uncertainty related to the importance of consuming a lot of, versus limiting, starchy carbohydrates and fruit juice.
- Only a third of adults viewed eating healthily as a high priority for themselves, with figures significantly lower amongst 16-24 year olds compared with older respondents, and those in C2DE socio-economic groups compared with ABC1s.
- Parents viewed the healthiness of their children's diets as significantly more important, with two thirds saying that it was very important to them to ensure that their child eats healthily. Whilst almost all parents felt that parents should assume full responsibility for the diets of 2-5 year olds, this figure drops as the child gets older, with 70% saying full responsibility lies with parents of 13-15 year olds.

### **Perception of healthiness of own diet**

- Over three quarters of each of the samples felt that their / their child's current diet was healthy, although the majority of these respondents recognised that there was scope to increase the levels of healthiness (68/69% respectively saying 'quite healthy' as opposed to 'very healthy').
- Perceptions of healthiness of adults' own diets were significantly higher amongst the ABC1 socio-economic groups than the C2DEs<sup>1</sup>. The youngest age segment (16-24 years) was more likely to view their diet as unhealthy (40% compared with between 12% and 26% of the other age groups). This trend is also reflected in the lower level of reported consumption of a healthy diet amongst 13-15 year old children (67% vs 80+% for younger children).
- 71% of each sample felt there are things they could do to make their / their children's diets healthier. Amongst the adult sample, this perception was significantly higher amongst women, ABC1s and those who perceived themselves to be over/underweight.

### **Influences on healthy eating inside and outside of home**

- The majority of both samples (78% of all adults and 83% of parents) felt it was easy for themselves / their children to eat healthily at home, with a quarter saying it was very easy. However, those living in the most deprived areas were significantly less likely to say that it is easy.
- Lack of willpower and the fact that unhealthy food is hard to resist were the main reasons offered by all adults with regards why it can be difficult to eat healthily at home. However, inability to afford healthy food was a primary reason provided by those living in the most deprived areas (based on SIMD quintiles<sup>2</sup>). The main reason offered by parents was the fact that their child would not eat healthy food.

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<sup>1</sup> Groups A, B, C1, C2, D and E are based on employment status as follows:

A: HIGHER MANAGERIAL/ADMINISTRATIVE  
 B: INTERMEDIATE MANAGERIAL/ADMINISTRATIVE  
 C1: SUPERVISORY/CLERICAL, JUNIOR MANAGERIAL  
 C2: SKILLED MANUAL WORKERS  
 D: SEMI-SKILLED/UNSKILLED MANUAL WORKERS  
 E: ON STATE BENEFIT/UNEMPLOYED

<sup>2</sup> Scottish Index of Multiple Deprivation <http://www.gov.scot/Topics/Statistics/SIMD>

- Eating healthily outside the home was felt to be significantly harder compared with eating at home, with around half of both adults and parents saying it was quite/very difficult. As with eating healthily in the home, higher levels of perceived difficulty were evident amongst those from the most deprived areas and amongst 16-24 year olds in the adults sample. Amongst the parents sample, it was felt to be significantly more difficult for teenagers to eat healthily outside the home compared with younger children.
- Primary reasons for difficulties relating to outside the home for adults were perceived limited availability and convenience of healthy options. Parents put this down primarily to peer pressure and lack of parental control over what is eaten outside the home. Better availability and lower prices, and for parents better promotion of healthier foods/snacks foods, were thought to be the key facilitators.

### **Discretionary foods**

- From a list of snack foods high in fat, sugar and/or salt, for both adults and their children, the most commonly consumed items were crisps and savoury snacks (significantly higher amongst children), chocolate bars and other sweets, and biscuits. The drinks most commonly consumed were squashes/ cordials/ diluting juice, pure fruit juice (both significantly higher amongst children) and fizzy drinks with added sugar (significantly higher amongst adults). The highest reported consumption of fizzy drinks with added sugar was amongst 13-24 year olds.
- The majority of snack consumption for adults appeared to be linked to habit (e.g. while watching TV) and emotional factors such as stress and boredom, whilst for children it was more focused on refuelling when hungry.
- Regularity of consumption of both snack foods and drinks was significantly higher amongst children as compared with adults (averaging 65% of children having a snack drink/food at least once a day, with 50% of adults doing so). In both cases, there was a link between consuming snacks regularly and consuming drinks regularly.
- Over half of participants felt that they would like to reduce the amount of snack foods they/their children consumed.
- The majority of participants felt that these types of snacks high in fat, sugar and/or salt should be placed away from check-outs. The finding was particularly strong amongst adult women and parents.

### **Barriers and facilitators to dietary change**

- The majority of both samples (over 80%) claimed that they had made/ encouraged their child to make some dietary change over the past year. These focused primarily on eating more fruit and vegetables, and cutting down on sugary foods/drinks and snacks (crisps, sweets, chocolates etc.). The main reasons offered for these dietary changes related to weight loss (adults) and health benefits (adults and children).
- The key factors that both adults and parents felt would help them make future dietary changes related to lower prices, and increased convenience and availability of healthier foods/snacks.

### **Key sources of information**

- Most information on healthy eating came from websites (57%) and the media (35%).

### **Societal and fiscal measures**

- 75% thought that obesity was a big problem in Scotland.
- Over half of the adults (across all socio-economic profiles) claimed that they would be happy with unhealthy foods being taxed in order to enable a decrease in the price of healthy foods, and that they would be likely to buy and eat less of these types of food as a consequence.

### **Conclusions**

The majority of adults believed that they and their children currently have a relatively healthy diet, and whilst there was openness to making dietary changes, there may not be a strong sense of urgency in this regard.

There were good levels of awareness of many of the key messages relating to healthy eating (e.g. eating plenty of fruit and vegetables, limiting sugary foods and snacks between meals). However, the message relating to eating plenty of starchy carbohydrates had very low recognition, with almost half of the adults disagreeing that this was important to eating healthily. There was also confusion as to the healthiness of drinking lots of fruit juice.

Lack of will power was a key reason offered by adults as to why it can be difficult to eat at healthily, particularly inside the home. Consumers felt that eating healthily outside the home was more difficult, and highlighted a need for healthy food options to be more easily available, convenient, and quick and easy to recognise.

The perceived higher price point of healthy foods was perceived to constitute a further barrier to eating healthily both inside and outside the home, with consumers believing that lower prices and more offers on healthy foods, alongside fewer offers on high fat and high sugar foods would facilitate dietary change.

There was wide recognition that limiting snacks between meals was important, with over half of respondents claiming that they would like to reduce their/their child's consumption of these foods. However, for adults snacking was very much part of habitual behaviour (e.g. when watching TV) or linked to emotional factors, whilst for children it was strongly associated with refuelling.

A large majority of respondents thought that obesity was a big problem in Scotland.

Over half of the adults claimed they would be happy with unhealthy foods being taxed in order to decrease the price of healthy foods, and said this would encourage them to buy and eat less unhealthy foods.

# 1. Introduction

## 1.1 Background and policy context

Food Standards Scotland (FSS) is the new, independent public sector body to provide Scotland with food safety, food standards, nutrition, food information and meat hygiene advice and regulation. It became independent from the UK Food Standards Agency on 1 April 2015.

FSS's core remit is to ensure that information and advice on food safety and standards, nutrition and food labelling is independent, consistent, evidence-based and consumer-focused. Its primary concern is consumer protection, both in the context of risks to health that may stem from the consumption of food, and in providing advice to ensure good health and nutrition. The organisation's vision is 'to deliver a food and drink environment in Scotland that benefits, protects and is trusted by consumers' by developing policies, providing advice, keeping consumers informed, and ensuring the enforcement of food regulations.

At present, diet and health policy in Scotland is underpinned by the Scottish Dietary Goals (SDG) which comprise a range of evidence based food and nutrient goals and set out the key dietary outcomes required for the Scottish population<sup>3</sup>. Health inequalities exist in terms of dietary intake, the prevalence of obesity and diet related disease, with those living in the most deprived areas more likely to have the poorest diets.

Progress towards the SDGs is monitored by FSS using a combination of surveys, but principally from secondary analysis of the Living Costs and Food Survey. The latest results suggest that there has been little progress towards meeting the goals, even amongst the least deprived SIMD segments. For example, there was no significant increase in the intake of fruit and vegetables in Scotland, with intakes reported at 269g per day in 2012, equating to just over three portions per day - considerably lower than the current target of 400g or five portions per day<sup>4</sup>.

The results presented in this report will be used to support work by FSS to facilitate improvements to the diets of children and adults in Scotland as described in the National Food and Drink Policy, Recipe for Success<sup>5</sup>, Preventing Overweight and Obesity Route Map<sup>6</sup>, Becoming a Good Food Nation<sup>7</sup> and Supporting Healthy Choices<sup>8</sup>.

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<sup>3</sup> The Scottish Government. (2013). "Revised Dietary Goals for Scotland." Edinburgh. Available:

<http://www.scotland.gov.uk/Topics/Health/Healthy-Living/Food-Health/DietaryGoalsScot>

<sup>4</sup> [http://www.foodstandards.gov.scot/sites/default/files/749-1-1634\\_LCF\\_Survey\\_Interim\\_Report\\_for\\_2012\\_.pdf](http://www.foodstandards.gov.scot/sites/default/files/749-1-1634_LCF_Survey_Interim_Report_for_2012_.pdf)

<sup>5</sup> Scottish Government (2009). Recipe for Success: Scotland's National Food and Drink Policy. Edinburgh, The Scottish Government.

<sup>6</sup> Scottish Government (2010). Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight. Edinburgh, The Scottish Government. <http://www.gov.scot/Publications/2010/02/17140721/0>

<sup>7</sup> <http://www.gov.scot/Publications/2014/06/1195>

<sup>8</sup> Scottish Government and Food Standards Agency in Scotland (2014). Supporting Healthy Choices: A Framework for Voluntary Action. <http://www.scotland.gov.uk/Resource/0045/00454204.pdf>

## **1.2 Aims and objectives**

The main aim of the research was to complement the dietary monitoring and surveillance work that FSS routinely collects which provides FSS and Scottish Government with a good understanding of food and nutrient intakes and dietary patterns across different sectors of the population in Scotland. This survey will provide baseline data and insights into consumer attitudes to diet and health. This will help to inform the development of FSS policy, including approaches to consumer messaging on healthy eating.

Specific research objectives were to:

- establish what consumers understand by a healthy diet
- determine the main influences on healthy eating
- ascertain views on the ease/difficulty of eating healthily inside and outside the home
- gather information on the use and consumption of discretionary high fat/sugar/salt foods and drinks
- explore willingness to make dietary changes
- ascertain sources of information on healthy eating and weight loss
- determine the level of support attached to improving health in Scotland through fiscal means.

## **1.3 Report structure**

The results of the research are presented by topic. For each topic, the findings from the main adults survey are detailed first as these are representative of the Scottish population aged 16+ years. The findings from the parents' survey are subsequently separately covered.

The report will initially examine consumer understanding of 'healthy eating' and the factors that they believe influence their food choices. It will go on to discuss perceptions of the healthiness of the foods normally consumed and the importance of personally eating healthily or ensuring their child eats healthily.

Perceptions in respect of the ease of eating healthily inside and outside the home will subsequently be considered, and the frequency of consumption of discretionary foods and drinks that are high in sugar, salt and fat examined.

The report will then go on to discuss attitudes to making dietary changes and the factors that are believed to facilitate this. Finally, it will determine perceptions of the extent of the obesity problem in Scotland and reactions to using fiscal means to help improve health in Scotland.

## **2. Methodology**

### **2.1 Study design**

A key consideration in the design of the study was the need to establish a reliable benchmark, thereby enabling robust comparability of the data over time. The restricted timeframe available for conducting the fieldwork was also taken into account when selecting the most time efficient methodology which would also ensure a sample that is representative of the Scottish population.

As part of the development of the survey questionnaire, cognitive testing was undertaken. This took the form of in-depth, semi-structured interviews with a small sample of respondents (8) across the socio-economic spectrum. This enabled researchers to verify the effectiveness of the phrasing of the questions in eliciting the required information and in enabling equality of access across the target audience.

The questionnaire wording was amended to reflect the results of the cognitive testing, with the resultant questionnaire undergoing a second level of testing in its online format via a short pilot with 50 panellists to ensure it was clear and easy to complete.

### **2.2 Methods**

A quantitative methodology was adopted, comprising an online survey undertaken amongst a dedicated Scottish online panel comprising approximately 20,000 adults (16+ years) throughout Scotland. Key profiling information held on panel members enabled targeting of panellists in line with quota requirements, with invitations to participate in the study sent out accordingly.

The survey<sup>9</sup> was undertaken amongst a total of 1545 panellists (1238 in the main sample and 307 in the boost sample). The questionnaire was 15 minutes in duration and comprised primarily closed questions (see Appendix 1).

Full analysis was conducted at the end of the fieldwork period.

### **2.3 Data collection**

In order to collect diet and health data in respect of both adults and, where applicable, their children, two separate surveys were conducted:

- The main survey was designed to be demographically and geographically representative of all adults (16+ years) in Scotland and therefore naturally include parents / carers in numbers that reflect the penetration of adults with children under 18 in the population (26%). All questions were answered from the adult respondent's perspective. A quota sampling approach was adopted in order to fulfil the requirement for a nationally representative demographic and geographic sample.

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<sup>9</sup> Conducted between 5<sup>th</sup> and 24<sup>th</sup> August 2015

- The boost survey was conducted amongst parents and carers of children aged 2-15, and the demographic profile was matched to that of parents in the main sample.

The questionnaires used in both surveys were identical, with wording modified in the case of the boost survey to ask that parents / carers' replies be in respect of their child's behaviour. Those questions which referred to the parent's own attitude to their child's diet were answered from the respondent's own perspective.

In order to provide confidence in the comparability of the findings of the two surveys, five key questions identical to those in the boost survey were answered by parents in the main survey in respect of their child. At the analysis stage the data from these questions was merged, providing a larger base size for these key questions.

## **2.4 Sample composition**

The sample profile achieved for both surveys can be referenced in Appendix 3, Figures 35-42.

## **2.5 Analysis**

As online surveys cannot guarantee the exact profile of the returns received, any deviation from representativeness across key variables was adjusted by applying cell weightings to data to ensure that the sample distribution was representative of the Scottish population in terms of age, gender and socio-economic group. The weights were based on the 2011 Census/National Records of Scotland Mid-Year population estimates 2014. Details of the weighted and unweighted counts of the variables adjusted by weighting are provided in Appendix 2.

Postcode data was collected for all respondents and subsequently mapped against the SIMD postcode lookup<sup>10</sup> in order to provide the SIMD breakdown. SIMD results in this report are presented in quintiles, with quintile 1 representing the most deprived fifth of the population and quintile 5 the least deprived.

The findings discussed in the report are based on analysis of weighted data. The main survey and boost survey data was analysed separately, except in the case of the five common questions asked of parents in both the main and boost surveys.

Significance testing<sup>11</sup> of the data was conducted at a 95% confidence level, and thus all significant differences cited are statistically robust at this level.

Significant differences of particular interest are highlighted in colour in the figures and tables.

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<sup>10</sup> <http://www.gov.scot/Topics/Statistics/SIMD/SIMDPostcodeLookup>

<sup>11</sup> Based on two-sided tests, assuming equal variances with significance level 0.05. Tests are adjusted for all pairwise comparisons using the Bonferroni correction.

## **2.6 Limitations**

The online, self-completion methodology is likely to produce a degree of self-selection and may therefore introduce an element of bias into the sampling. The lack of a trained interviewer to clarify and probe fully on responses to the open-ended may result in comments which are not fully developed or clear, and to a lack of certainty as to how the questions were interpreted by respondents. The cognitive testing that was undertaken prior to launch of the survey sought to address the latter as far as possible. Nonetheless, the open ended questions were generally completed to a good standard.

In common with all surveys, as respondents progressed through the questionnaire, a degree of familiarity with the topic of interest is likely to have developed. This may have impacted on responses to questions in the latter part of the survey, with the potential for some contradictory findings.

Small base sizes for some of the sample groups (in particular on questions not answered by the full sample), has meant that statistically robust comparisons could not be made in these instances.

## **3. Results**

### **3.1 Consumer understanding of 'healthy eating'**

#### **3.1.1 Adults sample**

Respondents were asked to describe in their own words what 'healthy eating' meant to them. This was an open ended question<sup>12</sup> with respondents able to write freely; there is therefore multi-coding in the figures shown in Figure 1 below. The data in this figure is presented as a summary of respondent verbatims, with similar mentions shown grouped under the summary codes. Details of how these codes are composed are provided in Appendix 4, Table 20.

Over 30% of respondents interpreted the term in relation to each of: eating fruit and vegetables, food that is fresh and unprocessed, a balanced diet. Reference to food that is fresh and unprocessed ('food source' in Figure 1) and a balanced diet was significantly higher amongst adults in SIMD quintiles 3-5 (36% versus 29%, and 34% vs 28% respectively).

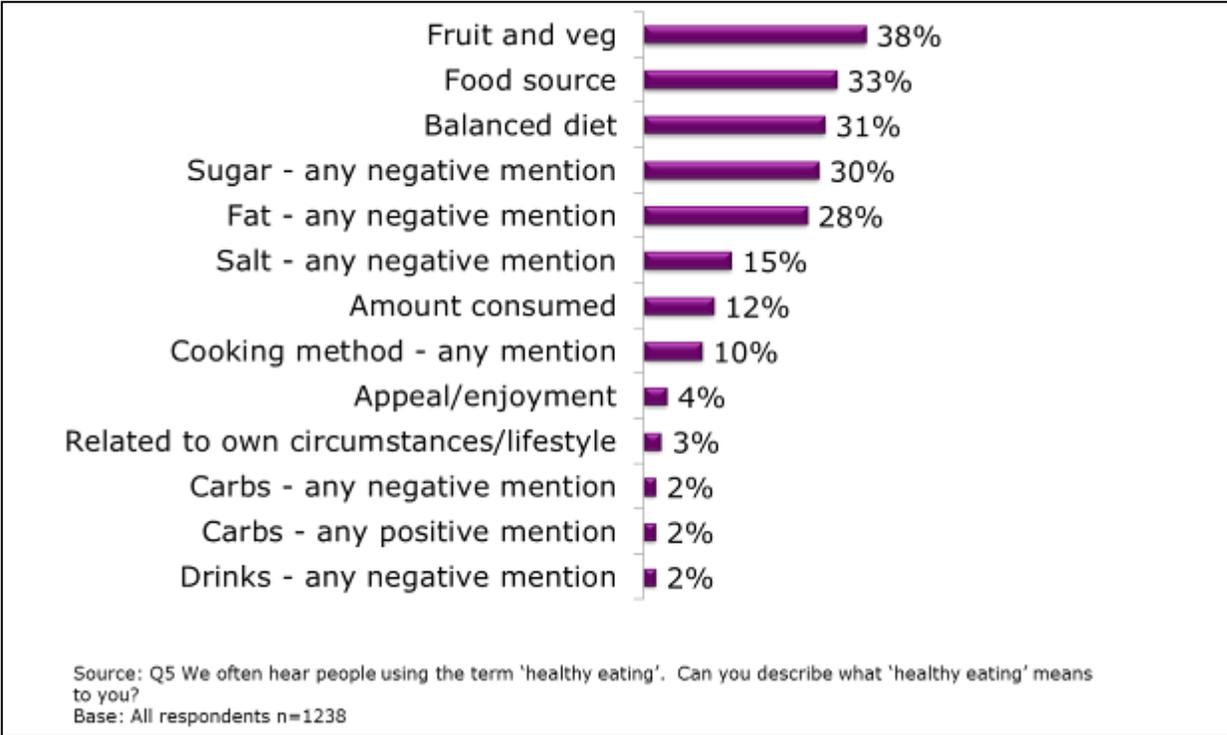
Around 30% of each of the samples also made reference to limiting or cutting out sugar/sugary foods, with around a quarter mentioning the reduction of fats, with significantly fewer (15%) citing low salt levels as constituting 'healthy eating'.

A minority of adults made any mention of carbohydrates or drinks (whether positively or negatively) in this context.

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<sup>12</sup> All but 9 respondents provided an answer to this open-ended question

**Figure 1: Understanding of 'healthy eating' (adults)**

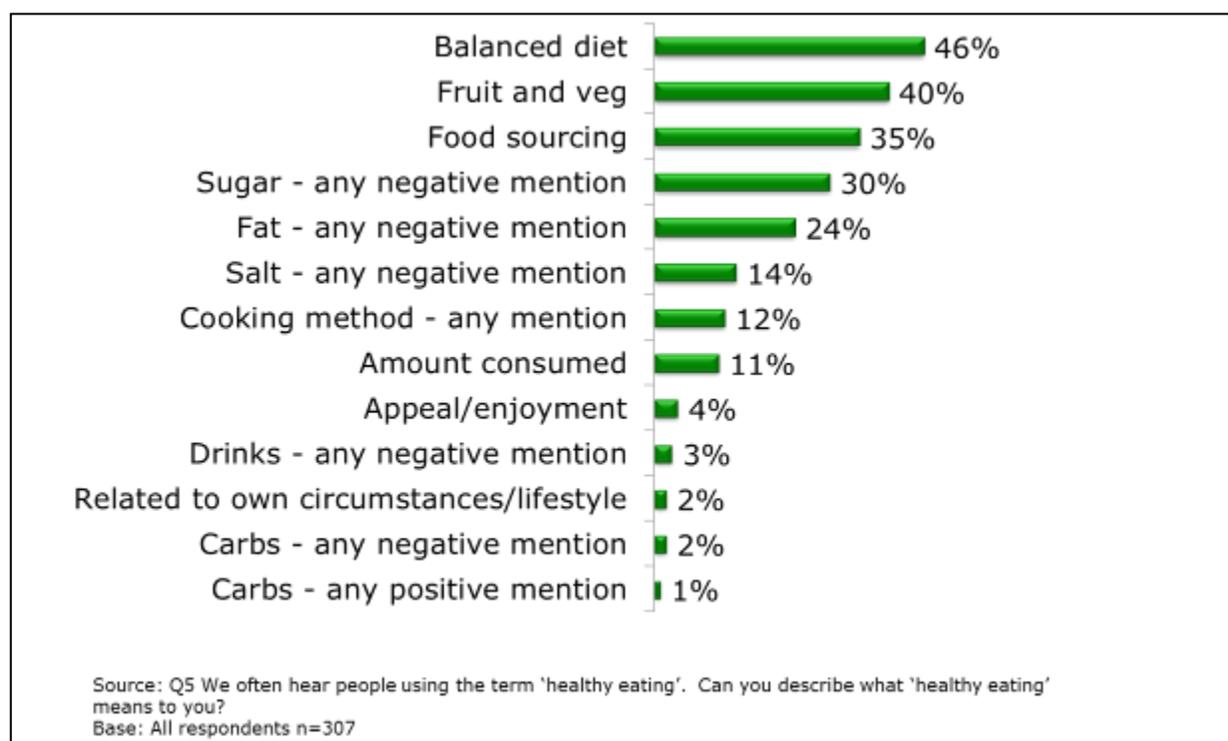


### 3.1.2 Parents sample

Understanding of 'healthy eating' was consistent with the adults sample, but revealed a different top of mind association when considered in relation to the diets of children: the top mention was 'a balanced diet', with a significantly higher proportion of respondents mentioning this (46% as compared with 31% of adults).

As with the adults sample, eating fruit and vegetables, the quality of the food, low sugar, fat and salt levels were the other main associations with 'healthy eating'. Again, carbohydrates and drinks received very low levels of mention in this context (see Figure 2).

**Figure 2: Understanding of 'healthy eating' (parents)**



Details of specific mentions under each of the codes shown in Figures 1 and 2 can be found in Appendix 4, Tables 20 and 21.

## 3.2 Food choices

### 3.2.1 Adults sample

Respondents were asked to indicate from a pre-coded list the main factors that influenced the choice of foods they buy and eat both inside and outside the home. 97% of the sample mentioned more than one influence; these are listed on the right hand side of Table 1. They were then asked which of these was the primary influence – this is shown on the left hand side of Table 1. Adults cited the quality or freshness of the food, their own attempts to eat healthily, price and taste as the main influences on their choice of food to buy and eat.

**Table 1: Influences on choice of food to buy and eat (adults)**

Primary influence - main mentions	1226 %	All influences mentioned	Total 1238 %
Quality or freshness of the food	18	Taste	70
Trying to eat a healthy diet myself	17	Quality or freshness of the food	69
Price	15	Price	65
Taste	12	Trying to eat a healthy diet myself	60
What my family will eat	7	Food I know how to prepare	43
Fat, sugar, salt or calorie content	4	On promotion	38
Food I know how to prepare	4	Fat, sugar, salt or calorie content	38
Food that I am used to	4	Food that I am used to	38
		Convenience/quick to prepare	32
		Habit	32
		What my family will eat	31
		Food that I've grown up with	31
		What's available in the shops I usually go to	29
		Whether it is processed food	20
		Encouraging my children to eat a healthy diet	19
		Special dietary needs	11
		Additives or preservatives it contains	16
		Presentation / packaging	9
		Advertising	4
		Other	3

Source: Q1/Q2 Which of these would you say is the main influence on the choice of foods you buy to eat inside and outside the home?  
Base: Adults sample – all those who identified a particular influence n=1226

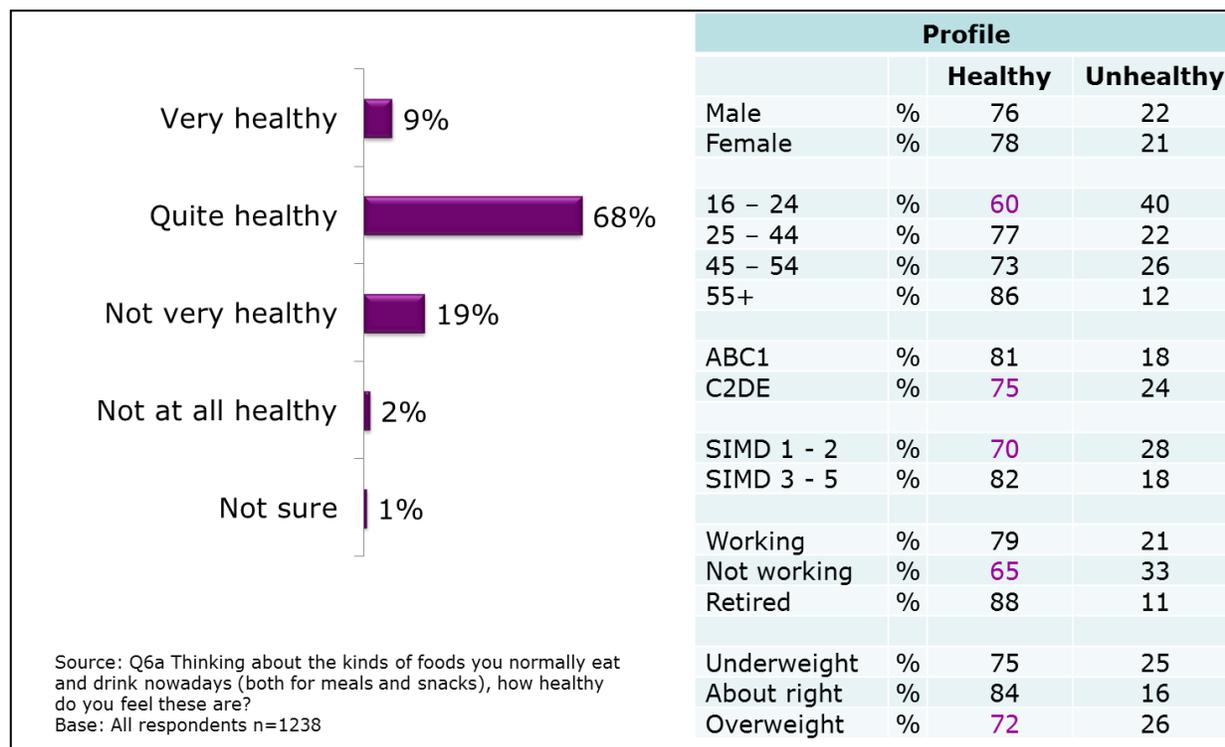
Source: Q1 Looking at the list below, which would you say are the main things that influence the choice of foods you buy and eat both inside and outside the home?  
Base: All respondents n=1238

Over 55 year olds, those with no children, and those living in SIMD quintiles 3-5 were more likely to cite quality/freshness and attempts to eat healthily as their primary influences, whilst 16-24 year olds and those living in SIMD quintiles 1-2 were more likely to cite price as the key influencer. In terms of overall mentions however, a significantly higher proportion of adults mentioned taste (70%) and quality or freshness of the food (69%) as an influence than mentioned attempts to eat healthily (60%). Specific mentions of the fat, sugar, salt or calorie content of foods was only mentioned by 38% of the sample as an influencer of food choice, with mentions significantly higher amongst SIMD quintiles 3-5 (41%) than SIMD 1-2 (34%).

Over three quarters of the adults sample felt that the foods they normally ate and drank (including meals and snacks) were healthy, with the majority (68%) saying

that they were 'quite healthy' as opposed to 'very healthy' (Figure 3 below). Perceptions of the healthiness of their own diets were significantly higher amongst the ABC1 socio-economic groups compared with the C2DEs. The 16-24 year olds (60% compared with 86% of over 55s), and SIMD quintiles 1-2 (70% versus 82% of SIMD 3-4), were significantly less likely to consider their diets to be healthy.

**Figure 3: Perceived healthiness of foods normally eat and drink (adults)**

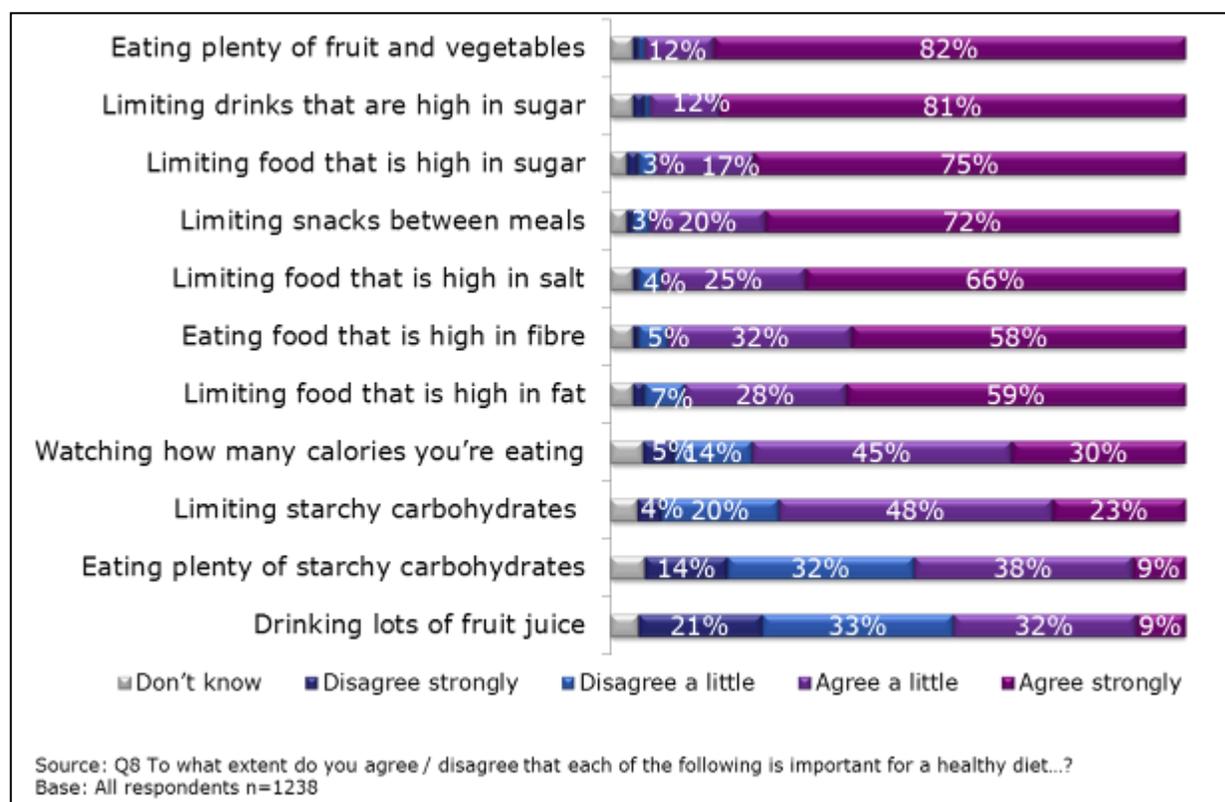


Respondents were provided with a range of statements relating to various dietary aspects and asked the extent to which they agreed or disagreed that each was important for a healthy diet. Over 70% of the sample agreed strongly that eating plenty of fruit and vegetables, limiting drinks and foods that are high in sugar, and limiting snacks between meals are important for maintaining a healthy diet (Figure 4).

The youngest age group – 16-24 year olds – registered significantly lower levels of agreement with statements related to limiting drinks that are high in sugar and limiting food that is high in salt or fat compared with the older age groups.

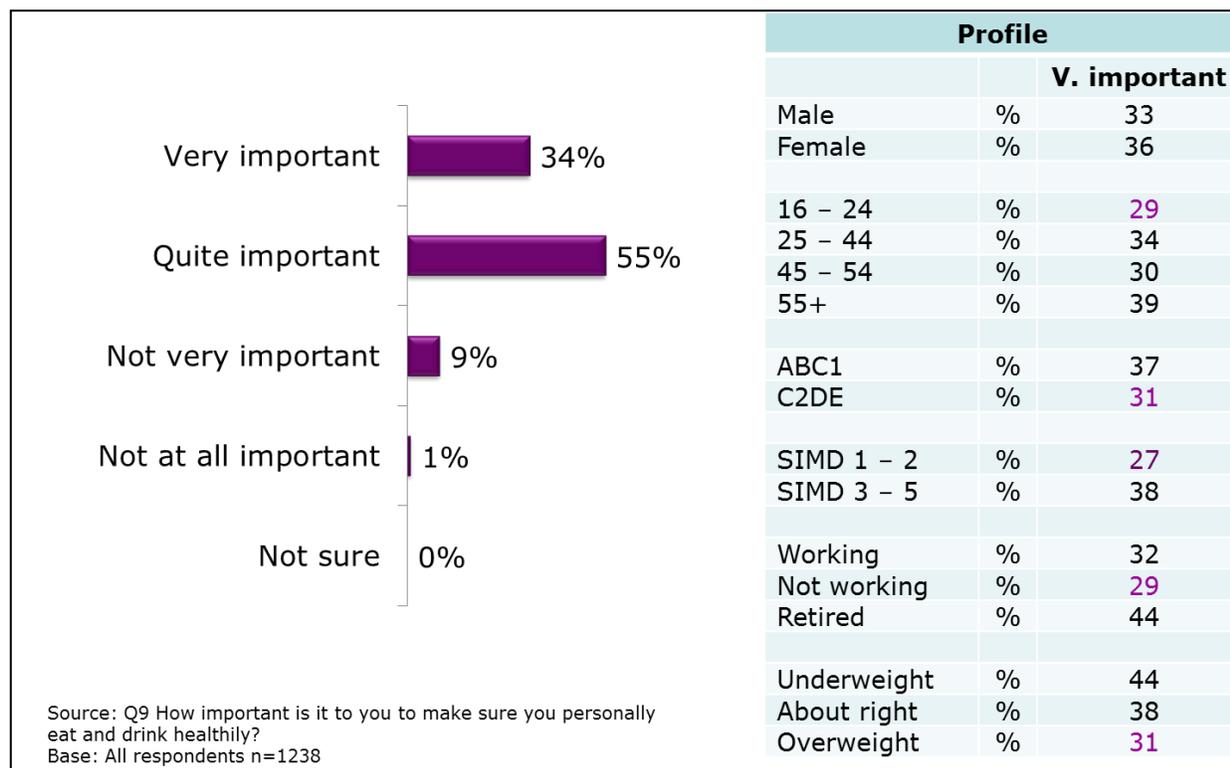
The greatest levels of uncertainty were over the importance of eating or limiting starchy carbohydrates and drinking lots of fruit juice in this context.

**Figure 4: A healthy diet: perceived importance of elements (adults)**



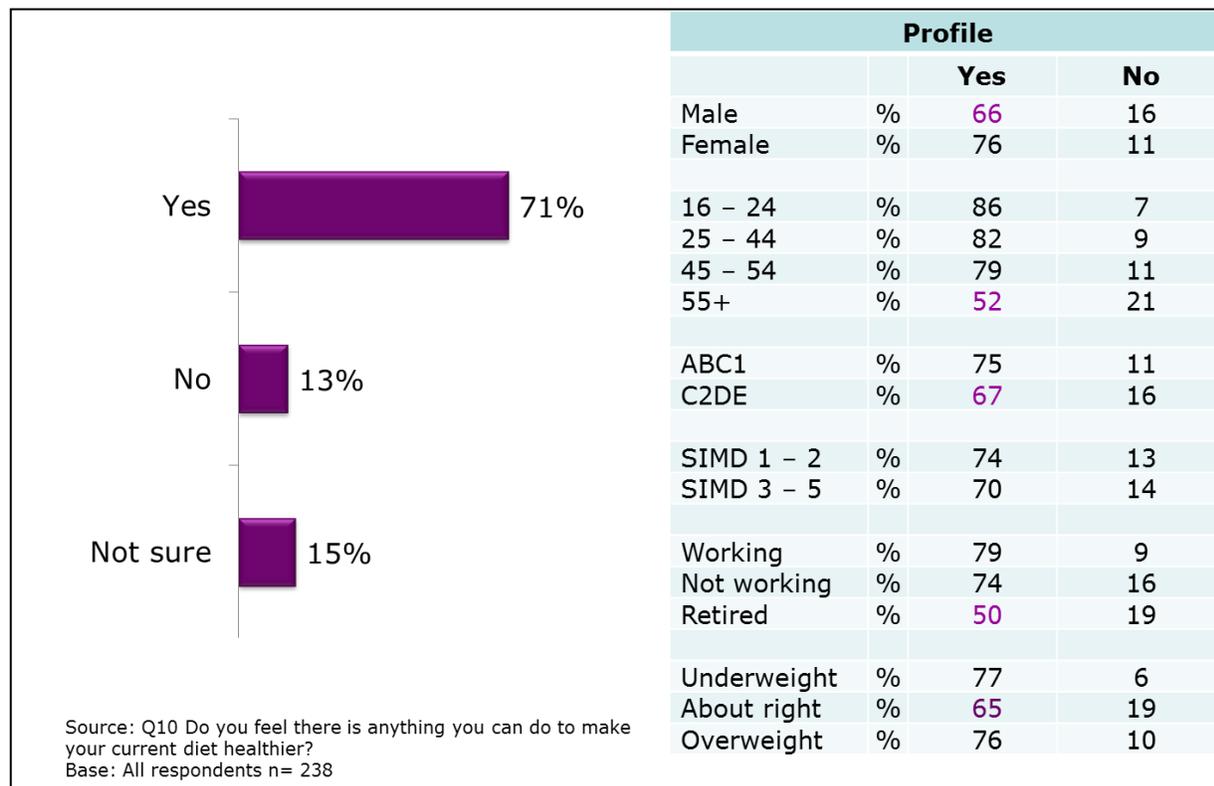
Over three quarters of the adults sample claimed that it was important to them to personally eat healthily, with 34% say that it was very important to them (Figure 5). This figure is significantly lower amongst 16-24 year olds (29% versus 39% of over 55s, those in the C2DE socio-economic groups (31% versus 37% of ABC1s), and those in SIMD quintiles 1-2 (27% versus 38% of SIMD 3-4).

**Figure 5: Importance of personally eating healthily (adults)**



A set of questions was then asked around whether adults felt that they could do anything to make their current diet healthier, and if so, what changes they would like to make. The vast majority (71%) felt that there were things they could do to make their diet healthier (Figure 6).

**Figure 6: Perceptions as to whether can make own diet healthier (adults)**



This view was expressed by significantly more of the females (76% compared with 66% of males) and ABC1s (75% versus 67% of C2DEs) in the sample. 76% of those who viewed themselves as overweight felt that they could do something to make their diet healthier, with 10% saying there was not anything they could do.

The over 55s were the least likely to feel that there was anything they could do to make their current diet healthier.

The main change that adults claimed they wanted to make was eating fewer sweets, chocolates and cakes (19%), followed by eating smaller portions (14%) and eating more fruit and vegetables (11%). See Table 2 overleaf.

**Table 2: Main changes would like to make to own diet (adults)**

	<b>883 %</b>
Eat fewer sweets, chocolates and cakes	19
Eat smaller portions	14
Eat more fruit and veg	11
Eat less sugary foods	9
Eat fewer things like crisps and savoury snacks	8
Eat less processed foods	6
Eat more foods cooked from scratch	5
Eat less calories	5
Eat less fatty foods	4
Eat less starchy food, e.g. bread, potatoes, pasta	4
Drink less sugary drinks	4
Eat food with more fibre	3
Eat less salt in my food	2
Eat more protein e.g. meat, chicken, fish, milk products, soya	2
Eat less red meat	1

Source: Q11 What is the **main** thing you would like to change about your diet to make it healthier?  
Base: Those who feel they can make current diet healthier n=883

Those who felt there was something they could do to make their current diet healthier were also asked if there were any of the listed changes that they were not prepared to make. 58% claimed that they would consider any of them, with 16% saying that they would not consider eating more starchy carbohydrates. See Table 3 for more details.

**Table 3: Changes *not* prepared to make to own diet (adults)**

	<b>883 %</b>
Would consider any of these changes	<b>58</b>
Eat more starchy carbohydrates e.g. bread, potatoes, pasta	16
Eat fewer sweet snacks	7
Eat more foods high in fibre e.g. wholemeal bread & wholegrain cereals	7
Drink less sugary drinks	5
Eat more fruit and vegetables	5
Not stated	6

Source: Q11 Which, if any, of the following changes would you not be prepared to make to your diet?  
Base: Those who feel there is something they can do to make their current diet healthier n=883

Respondents who felt that they could not, or were not sure if they could, make their current diet any healthier (28% of the sample) mostly claimed that this was due to the fact that they already had a healthy diet (67%). A further 14% of these adults said simply that they did not want to make any changes, with 10% saying that it was too expensive, 6% that they would not know what to change and 3% that it would be too difficult to make changes. There were no significant differences.

### 3.2.2 Parents sample

Parents claimed that their choice of food for their children to eat inside and outside the home was driven primarily by the desire to encourage their children to eat a healthy diet, but also by what they knew their family would eat (Table 4, left hand side). Significantly fewer parents cited the price or quality/freshness of the food specifically as the main influence.

**Table 4: Influences on choice of food to buy and eat (parents)**

<b>Primary influences - main mentions</b>	<b>304 %</b>	<b>All influences</b>	<b>Total 307 %</b>
Encouraging my children to eat a healthy diet	29	Encouraging my children to eat a healthy diet	73
What my family will eat	21	What my family will eat	62
Price	14	Quality or freshness of the food	57
Quality or freshness of the food	11	Price	56
Taste	6	Taste	56
Fat, sugar, salt or calorie content	3	Trying to eat a healthy diet myself	40
		Food I know how to prepare	37
		On promotion	36
		Convenience/quick to prepare	35
		Fat, sugar, salt or calorie content	35
		Food that I've grown up with	30
		Food that I am used to	27
		Habit	26
		What's available in the shops I usually go to	20
		Whether it is processed food	18
		Additives or preservatives it contains	17
		Special dietary needs	9
		Presentation / packaging	6
		Advertising	2
		Other	2

Source: Q1/2 Which of these would you say is the main influence on the choice of foods you buy for you and your children to eat inside and outside the home?  
Base: All those who have identified a particular influence n=304

Source: Q1 Looking at the list below, which would you say are the main things that influence the choice of foods you buy and eat both inside and outside the home?  
Base: All respondents n=307

ABC1s were significantly more likely to refer to encouraging healthy eating as the main influence (34% versus 20% of C2DEs), with C2DE socio-economic groups more likely to cite price (24% versus 8%).

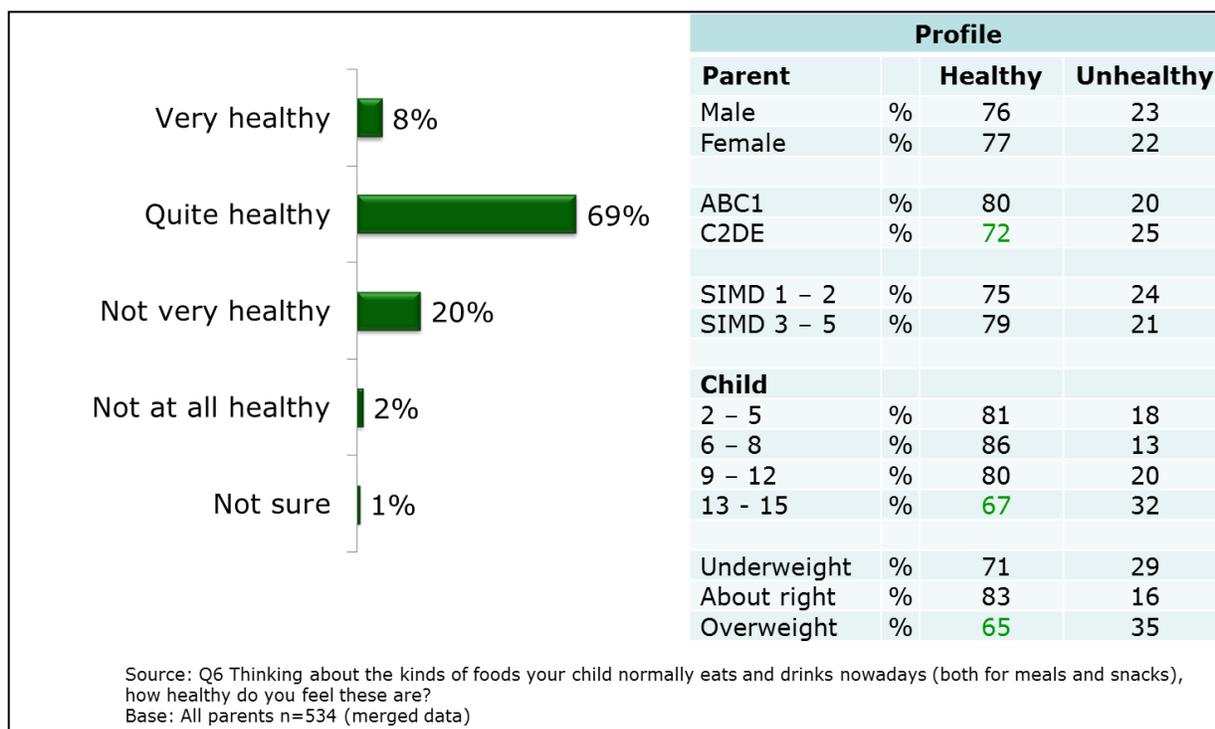
In terms of overall mentions, 'encouraging my children to eat a healthy diet' was mentioned by 73% of the parents sample (with no noteworthy differences by demographics), significantly more than any other factor.

As in the adults sample, specific reference to the fat, sugar, salt or calorie content of foods was only mentioned by 35% of the sample as an influencer of food choice.

Over three quarters of the sample felt that their child's diet (including meals and snacks) was healthy, although as with the adults sample, the majority of these recognised that there was scope to increase the levels of healthiness (69% saying 'quite healthy' as opposed to 'very healthy'). A quarter of those in the C2DE socio-demographic groups felt that their diet was unhealthy, compared with 20% of ABC1s.

Parents of 13-15 year olds were significantly more likely to say that they felt that their child's diet was unhealthy (32%), with 35% of parents with a child they felt was overweight saying this (Figure 7).

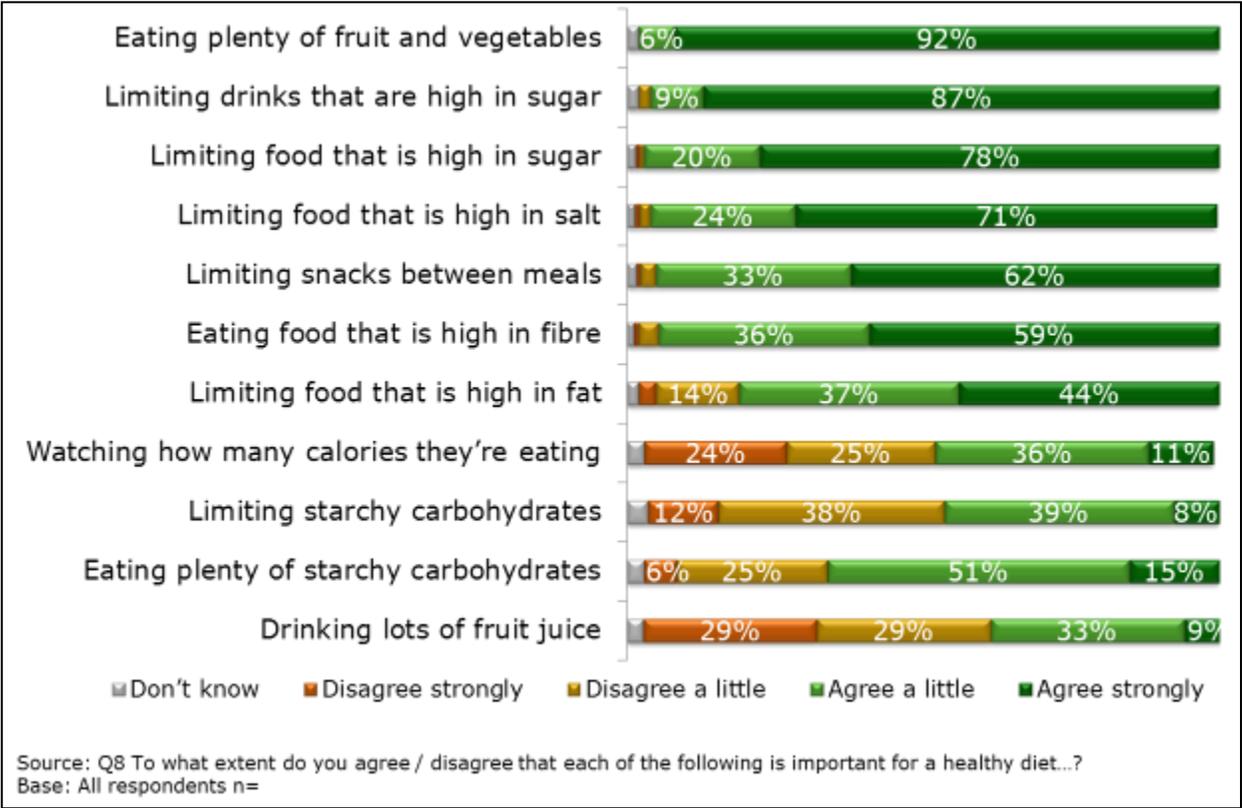
**Figure 7: Perceived healthiness of foods child normally eats and drinks (parents)**



Parents were provided with a range of statements relating to various dietary aspects and asked the extent to which they agreed or disagreed that each was important for a child’s healthy diet. 92% of the sample agreed strongly that eating plenty of fruit and vegetables was important, with 87% agreeing strongly that limiting drinks that are high in sugar was important for a healthy diet. Whilst still high, levels of strong agreement with statements on limiting snacks between meals and food that is high in salt were significantly lower at 62% and 71% respectively (Figure 8).

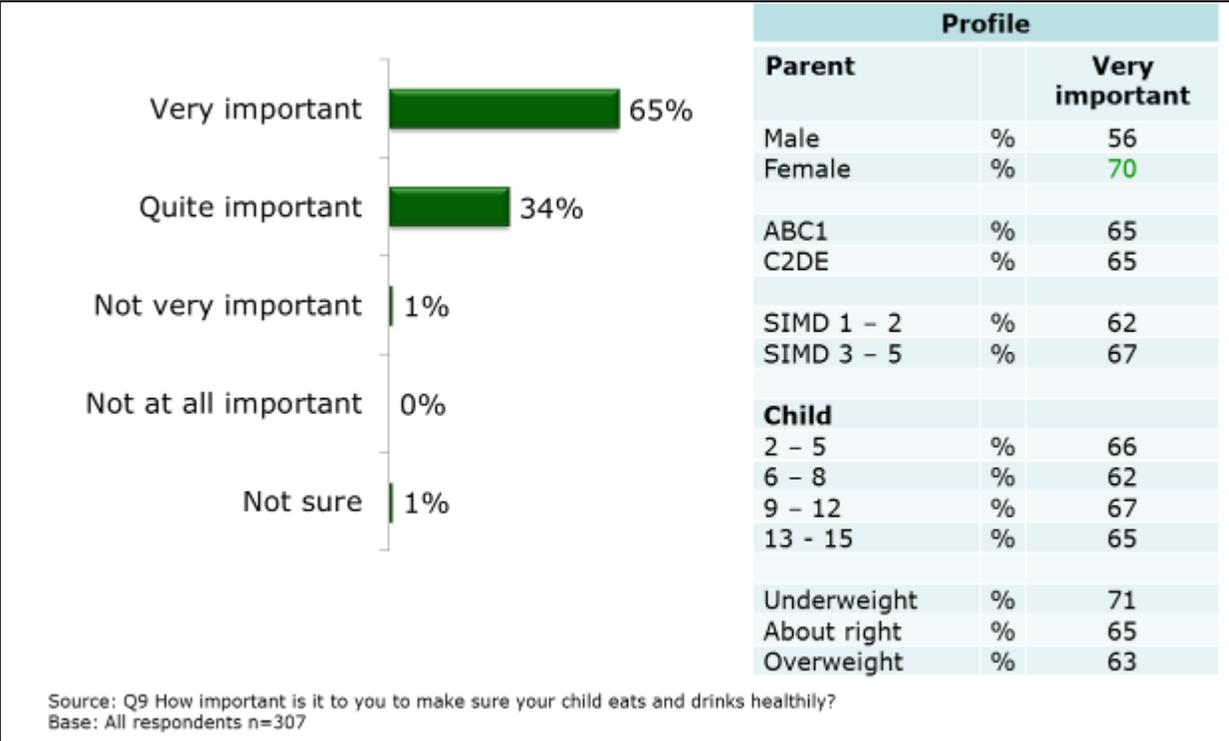
As with the adults sample, there was uncertainty over the importance of eating or limiting starchy carbohydrates and drinking lots of fruit juice when maintaining a healthy diet.

**Figure 8: A child’s healthy diet: perceived importance of elements**



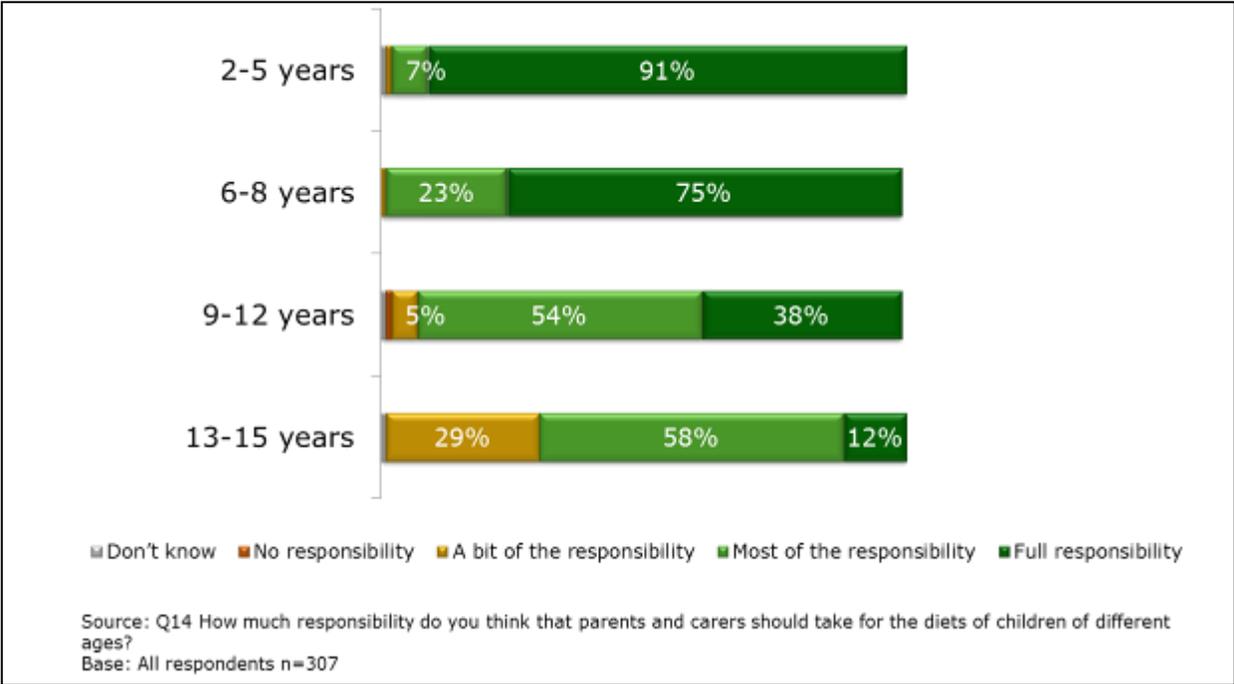
Parents were significantly more likely than those in the adults sample to claim that making sure their child – irrespective of age - eats healthily was important, with 65% saying it is very important. The strength of feeling is significantly higher amongst women, but no other significant differences were evident across the sample.

**Figure 9: Importance of making sure child eats healthily (parents)**



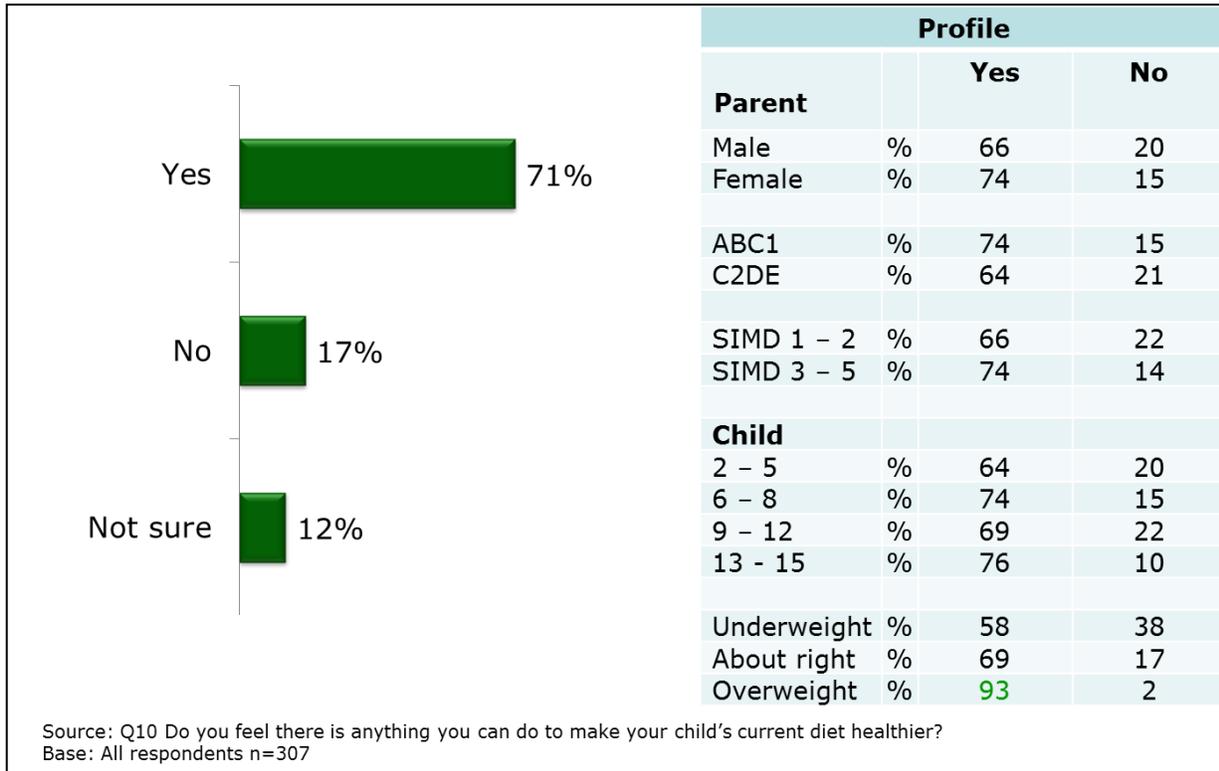
Perceived levels of parental responsibility for the diet of their child varied significantly by the age of the child: 98% saying parents should take full/most of the responsibility for the diets of 2-5 year olds, dropping to 70% saying this in relation to the diets of 13-15 year olds (Figure 10). This pattern is consistent across all of the demographic groups.

**Figure 10: Parents’ perceived level of responsibility for diets of children (parents)**



The majority of parents (71%) felt that they could do something to make their child’s diet healthier, rising to 93% of parents who perceived their child to be overweight. There were no significant differences by socio-economic group (Figure 11).

**Figure 11: Perceptions as to whether can make child’s diet healthier (parents)**



The main changes that parents claimed they would like to make to their child's diet were reducing the amount of sweets, chocolates and cakes eaten (24%) and increasing their consumption of fruit and vegetables (17%). Reducing the number of crisps and savoury snacks and sugary drinks consumed was mentioned by a significantly lower proportion of parents as their main priority (9% and 7% respectively). Table 4 below lists all of the changes parents highlighted.

**Table 5: Main changes would like to make to child's diet (parents)**

	<b>217 %</b>
Eat fewer sweets, chocolates and cakes	24
Eat more fruit and veg	17
Eat less processed foods	10
Eat more foods cooked from scratch	10
Eat fewer things like crisps and savoury snacks	9
Eat less sugary foods	8
Drink less sugary drinks	7
Eat more protein e.g. meat, chicken, fish, milk products, soya	4
Eat smaller portions	2
Eat food with more fibre	2
Drink less alcohol	2
Eat less calories	1
Eat less fatty foods	1
Eat less starchy food, e.g. bread, potatoes, pasta	1
Eat less salt in his/her food	1
Eat more calories	1

Source: Q11 What is the **main** thing you would like to change about your child's diet to make it healthier?  
Base: Those who feel they can make current diet healthier n=217

Over two thirds of parents said that they were prepared to consider any of the listed potential changes to their child’s diet. A minority claimed that they were not prepared to increase the amount of fruit and vegetables and starchy carbohydrates their child ate, and some were not prepared to reduce the amount of sweet snacks or sugary drinks consumed (Table 6).

**Table 6: Changes *not* prepared to make to child’s diet (parents)**

	<b>217 %</b>
Would consider any of these changes	<b>69</b>
Eat more fruit and vegetables	10
Eat more starchy carbohydrates e.g. bread, potatoes, pasta	9
Eat fewer sweet snacks	9
Eat more foods high in fibre e.g. wholemeal bread & wholegrain cereals	8
Drink less sugary drinks	4
Not stated	5

Source: Q12 Which, if any, of the following changes would you not be prepared to make to your child’s diet?  
 Base: Those who feel there is something they can do to make current diet/their child’s current diet healthier n=217

As in the adults sample, respondents who felt that they could not, or were not sure if they could, make their child’s current diet any healthier (29% of the sample) mostly claimed that this was due to the fact that they felt that their child already had a healthy diet (Table 7).

However, 10% of these parents said that it was because they could not keep track of everything the child ate, with a further 7% putting it down to the fact that the child made his/her own decisions about what he/she ate. There were no significant differences.

**Table 7: Reasons why feel can’t make child’s diet healthier (parents)**

	<b>90 %</b>
He/she already has a reasonably healthy diet	69
I can't keep track of everything he/she eats	10
I don't want to make any changes	4
It's too expensive	5
I wouldn't know what to change	2
It would be too difficult make changes	2
He/she makes his/her own decisions about what he/she eats	7
Not stated	1

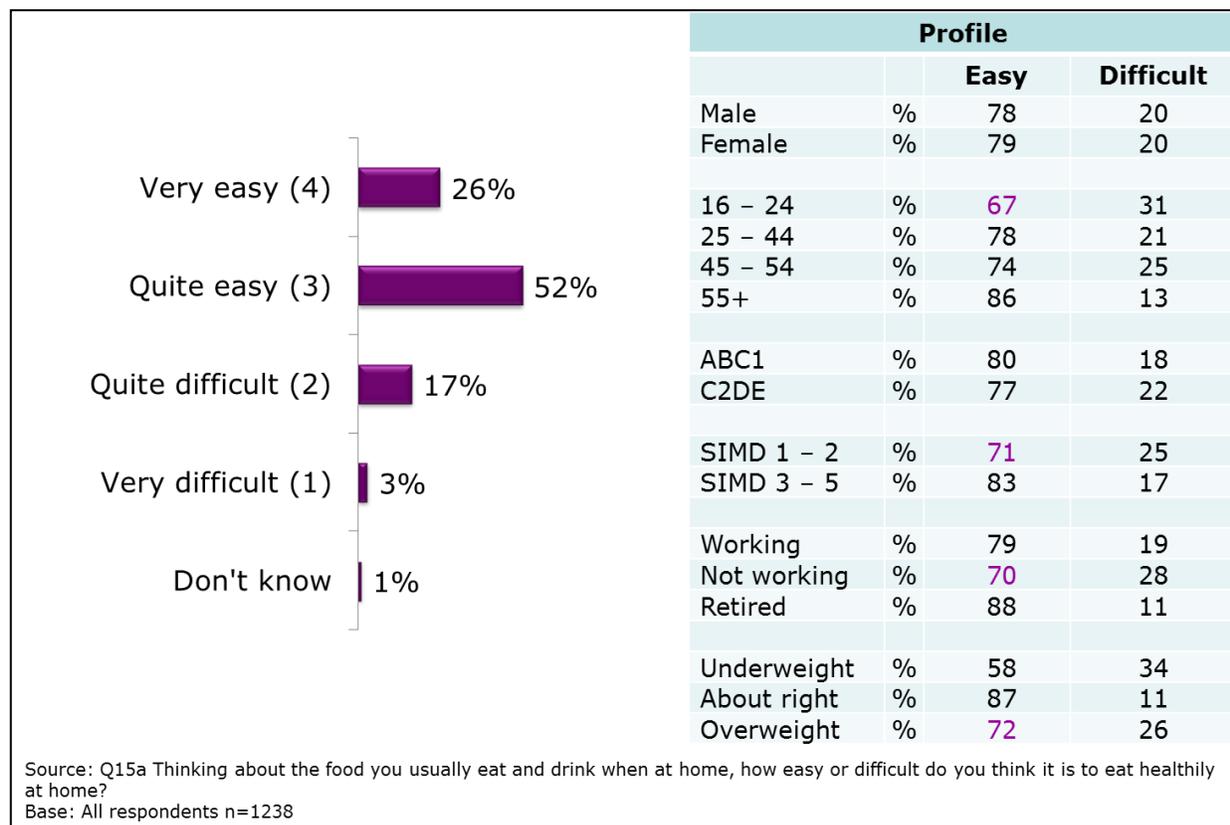
Source: Q13 Why do you feel you can’t make your own/your child’s diet healthier?  
 Base: Those unsure or who don't feel there is something they can do to make their child's current diet healthier n=90

### 3.3 Eating healthily inside the home

#### 3.3.1 Adults sample

The majority of the sample (78%) felt it was easy for them to eat healthily at home, with a quarter saying it was very easy (Figure 12). Those living in SIMD quintiles 1-2 were significantly less likely to say that it was easy (71% versus 83% of those in SIMD 3-5). The 16-24 year olds were also significantly less likely to say they found it easy to eat healthily in the home (67% compared with 74+% of other age groups). A quarter of those who felt that they were overweight said that they found it difficult to eat healthily at home.

**Figure 12: Perceived ease/difficulty of eating healthily inside the home (adults)**



Lack of willpower and the fact that unhealthy food is hard to resist were viewed as the hardest difficulties to overcome when trying to eat healthily at home (Table 8a). However, inability to afford healthy food was the first equal primary difficulty (alongside lack of willpower) provided by those living in SIMD quintiles 1 and 2.

In terms of total mentions, 60% of respondents made reference to the difficulty of resisting unhealthy foods, with 54% linked their difficulty in eating healthily at home to a lack of willingness to make changes or give up the foods they like (Table 8b).

A quarter of the sample said that they had no difficulty eating healthily at home. There were significantly more adults in the 55+ age group who said this.

**Table 8a: Primary reasons why it can be difficult to eat healthily at home (adults)**

Primary reasons - main mentions	933 %
Lack of willpower	20
I can't afford healthy food	12
Unhealthy food is hard to resist	10
Busy lifestyle	9
I want to be able to have snacks and treats	7
I don't want to give up food that I like	7
Irregular working hours	7
The advice about what's healthy keeps changing	6
My partner / family wouldn't eat it	5

Source: Q16/17 Why do you think it can be difficult for you to eat healthily at home?  
 Base: Those who identified a particular difficulty n=933

**Table 8b: Reasons for why it can be difficult to eat healthily at home – all mentions (adults)**

All mentions	Total 1238 %
Lack of willpower	33
Unhealthy food is hard to resist	27
Busy lifestyle	23
I want to be able to have snacks and treats	19
The advice about what's healthy keeps changing	19
I don't want to give up food that I like	18
Irregular working hours	16
I can't afford healthy food	16
I don't want to feel like I'm dieting	10
My partner / family wouldn't eat it	9
Healthy food takes too long to prepare	9
I don't want to change my eating habits	7
Eating healthily is not convenient	6
Healthy food isn't tasty	6
Healthy food doesn't fill you up	6
It would take too long to check the labels	5
Don't know how to cook healthy food	5
I don't know enough about healthy eating	5
Lack of availability locally	1
Other	2
<b>I have no difficulty eating healthily at home</b>	<b>25</b>

Source: Q16 Why do you think it can be difficult for you to eat healthily at home?  
Base: All respondents n-1238



The main reason (and the hardest to overcome) offered by parents for why it could be difficult for their child to eat healthily at home was the fact that he/she would not eat healthy food (Table 9a).

In terms of total mentions, the reasons provided focused not only on the child’s perceived unwillingness to eat healthy food, but on the parent’s perceived inability or unwillingness to counter this and factors such as pester power, together with a view that they would not want to limit snacks and treats. There was also a sense that healthy foods were spontaneously associated with dieting (14% saying ‘I don’t want him/her to feel like he/she is dieting’). See Table 9b.

A little over a quarter of parents felt that they had no difficulty encouraging their child to eat healthily at home.

**Table 9a: Reasons why it can be difficult for child to eat healthily at home (parents)**

<b>Primary reasons</b>	<b>215 %</b>
My child wouldn’t eat it	25
I can’t afford healthy food	11
Unhealthy food is hard to resist	9
Busy lifestyle	9
Pester power	9
Irregular working hours	8

Source: Q16/17 Why do you think it can be difficult for your child to eat healthily at home?  
Base: Those who identified a particular difficulty n=215

**Table 9b: Reasons why it can be difficult for child to eat healthily at home (parents)**

All mentions	Total 307 %
My child wouldn't eat it	25
Busy lifestyle	22
Unhealthy food is hard to resist	21
The advice about what's healthy keeps changing	15
Pester power	15
Irregular working hours	14
He/she wouldn't want to give up food he/she likes	14
I don't want him/her feel like he/she's dieting	14
I can't afford healthy food	12
I want him/her to be able to have snacks and treats	12
I can't influence his/her eating habits very much	7
Healthy food takes too long to prepare	4
It would take too long to check the labels	3
Eating healthily is not convenient	3
Healthy food isn't tasty	3
Healthy food doesn't fill him/her up	3
Don't know how to cook healthy food	1
I don't know enough about healthy eating	1
Other	2
No difficulty trying to encourage my child to eat healthily at home	29

Source: Q16 Why do you think it can be difficult for your child to eat healthily at home?  
Base: All respondents n=307

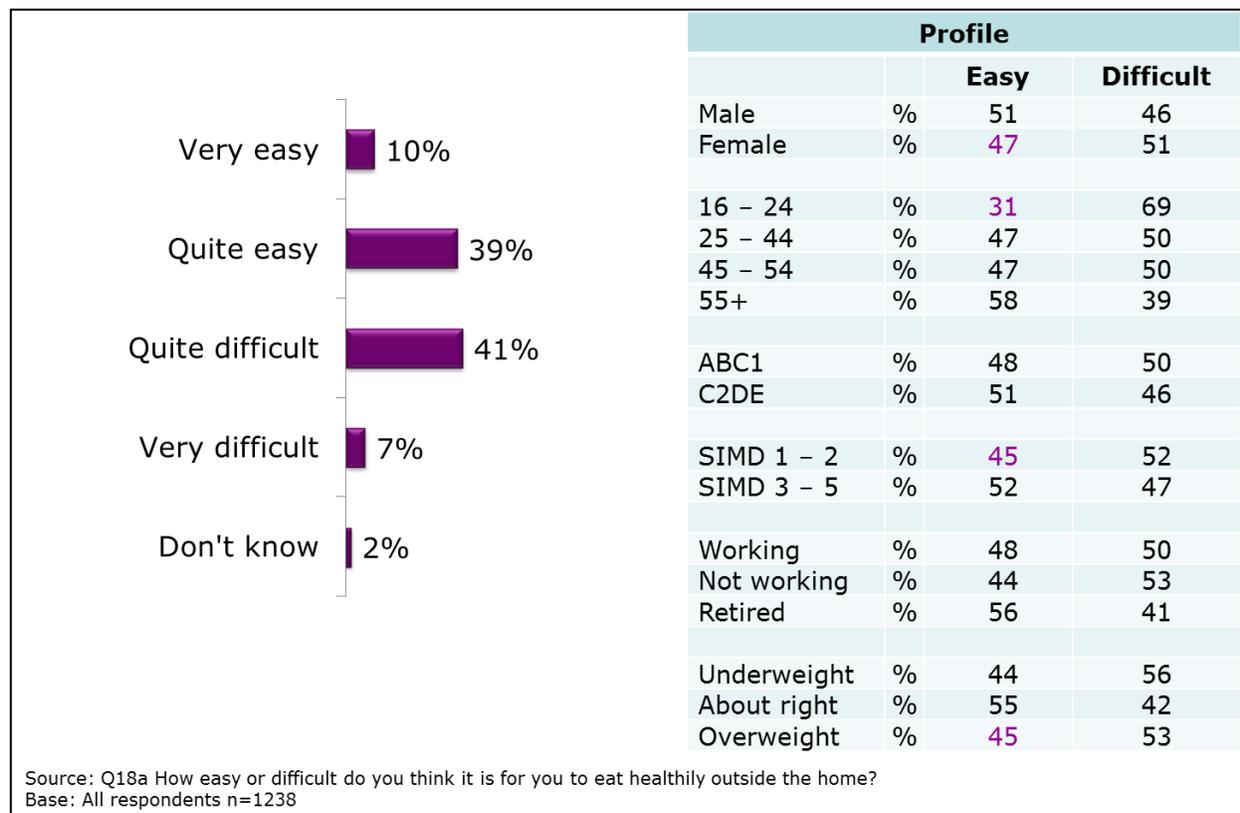
### 3.4 Eating healthily outside the home

#### 3.4.1 Adults sample

Respondents were asked about the food they usually eat outside the home e.g. at work, when out and about or when eating out.

Eating healthily outside the home was felt to be significantly harder, with around half of the sample saying it was quite/very difficult (Figure 14). As with eating healthily in the home, higher levels of perceived difficulty were evident amongst those in SIMD quintiles 1-2 and amongst 16-24 year olds. Women were significantly more likely than men to find it difficult. Over half of those who felt that they were overweight said that they found eating healthily outside the home difficult (with 17% saying it was very difficult).

**Figure 14: Perceived ease/difficulty of eating healthily outside the home (adults)**



The primary reasons (and the most difficult to overcome) for the difficulty of eating healthily when outside the home 'on the go', out and about or at work (but not in the canteen) related both to personal preferences ('I want to eat what I like when I go out'), and to the perceived limited availability and convenience of healthy options (Table 10a). Total mentions focused very strongly on these latter two points, but a significant proportion of respondents also highlighted an unwillingness to change current behaviour when eating outside the home ('I don't want to give up food that I like' and 'I want to be able to have snacks and treats') - see Table 10b. The perceived high cost of healthy food was mentioned as a barrier by 21% of the adults sample, and significantly more so by the C2DE socio-economic groups.

**Table 10a: Reasons can be difficult to eat healthily outside the home (adults)**

Primary reasons - main mentions	1007 %
I want to eat what I like when I go out	17
Not enough healthy choices	11
Lack of willpower	11
Less healthy options are more convenient	11
Healthy food is too expensive	10
Healthy options not easily available	9
Hard to find healthy meal deals	7
Unhealthy food is hard to resist	6

Source: Q19/20 Why do you think it can be difficult for you to eat healthily outside the home?  
Base: Those who identified a particular difficulty n=1007

**Table 10b: Reasons can be difficult to eat healthily outside the home (adults)**

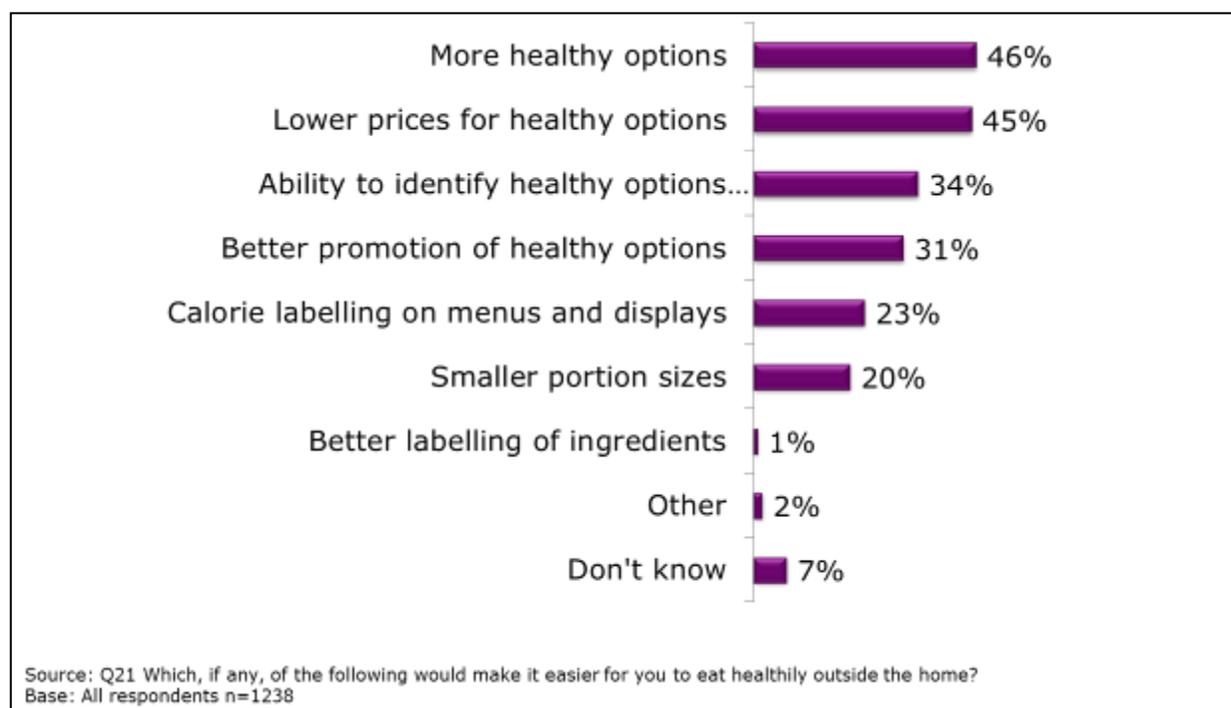
All mentions	Total 1238 %
Healthy options not easily available	29
Not enough healthy choices	27
I want to eat what I like when I go out	26
Hard to find healthy meal deals	23
Lack of willpower	22
Less healthy options are more convenient	21
Healthy food is too expensive	21
Unhealthy food is hard to resist	18
I don't want to give up food that I like	13
I want to be able to have snacks and treats	12
The advice about what's healthy keeps changing	11
Not enough information on healthy options	9
Eating healthily is not convenient	8
I don't want to feel like I'm dieting	6
Healthy food doesn't fill you up	5
I don't want to change my eating habits	5
Healthy food isn't tasty	4
I would feel self-conscious amongst other people	3
I don't know enough about healthy eating	2
Limited choice of options - vegan, gluten free, lactose free, etc.	1
Other	3
<b>I have no difficulty trying to eat healthily outside the home</b>	<b>18</b>

Source: Q19 Why do you think it can be difficult for you to eat healthily outside the home?  
Base: All respondents n=1238

Respondents were subsequently asked if any of the listed factors would make it easier for them to eat healthily outside the home. The main factors that would facilitate this were felt to be the availability of more healthy options, lower prices for healthy options and the ability to identify healthy options quickly and easily (Figure 15).

Female respondents were significantly more likely than males to say that increased availability of healthy options (52% versus 40%), the ability to identify these options quickly and easily (37% versus 31%) and better promotion of healthy options (34% versus 28%) would make it easier to eat healthily outside the home. Lower prices were a greater priority for the 16-24 years age group and SIMD quintiles 1-2.

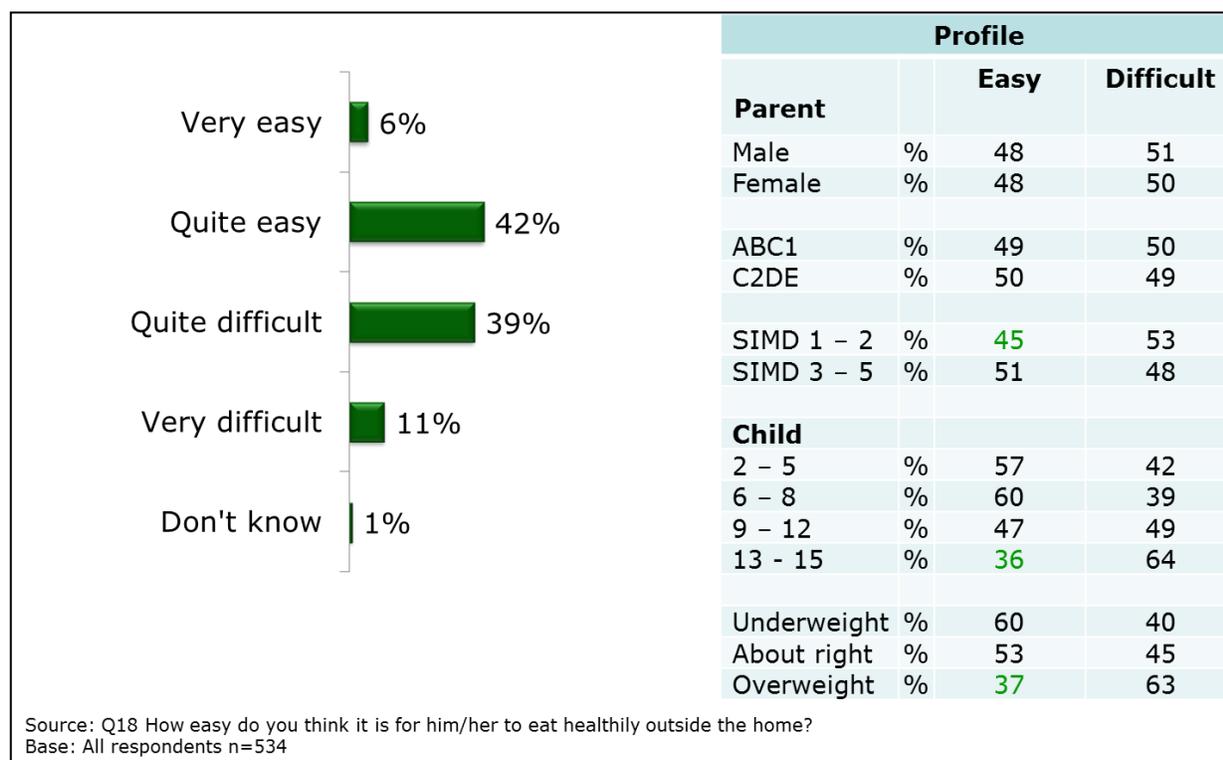
**Figure 15: Factors that would make it easier to eat healthily outside the home (adults)**



### 3.4.2 Parents sample

Parents also felt that eating healthily outside the home was significantly harder, with half of the sample saying it was quite/very difficult (Figure 16). It was felt to be significantly more difficult for teenagers to eat healthily outside the home compared with younger children.

**Figure 16: Perceived ease/difficulty for child of eating healthily outside the home (parents)**



Parents put this difficulty down primarily to peer pressure and lack of parental control over what is eaten outside the home (Table 11a overleaf). Peer pressure was perceived to be a particular barrier to overcome for 9-15 year old children, with the inability of parents to control eating behaviour outside the home a significantly higher barrier for parents with 13-15 year old children.

**Table 11a: Reasons can be difficult for child to eat healthily outside the home (parents)**

<b>Primary reasons - main mentions</b>	<b>212 %</b>
Peer pressure	18
I can't control what he/she eats outside the home	13
He/she doesn't want to give up food that he/she likes	9
Less healthy options are more convenient	8
Unhealthy food is hard to resist	8
Healthy options not easily available	7

Source: Q19/20 Why do you think it can be difficult for your child to eat healthily outside the home?  
Base: Those who identified a particular difficulty n=212

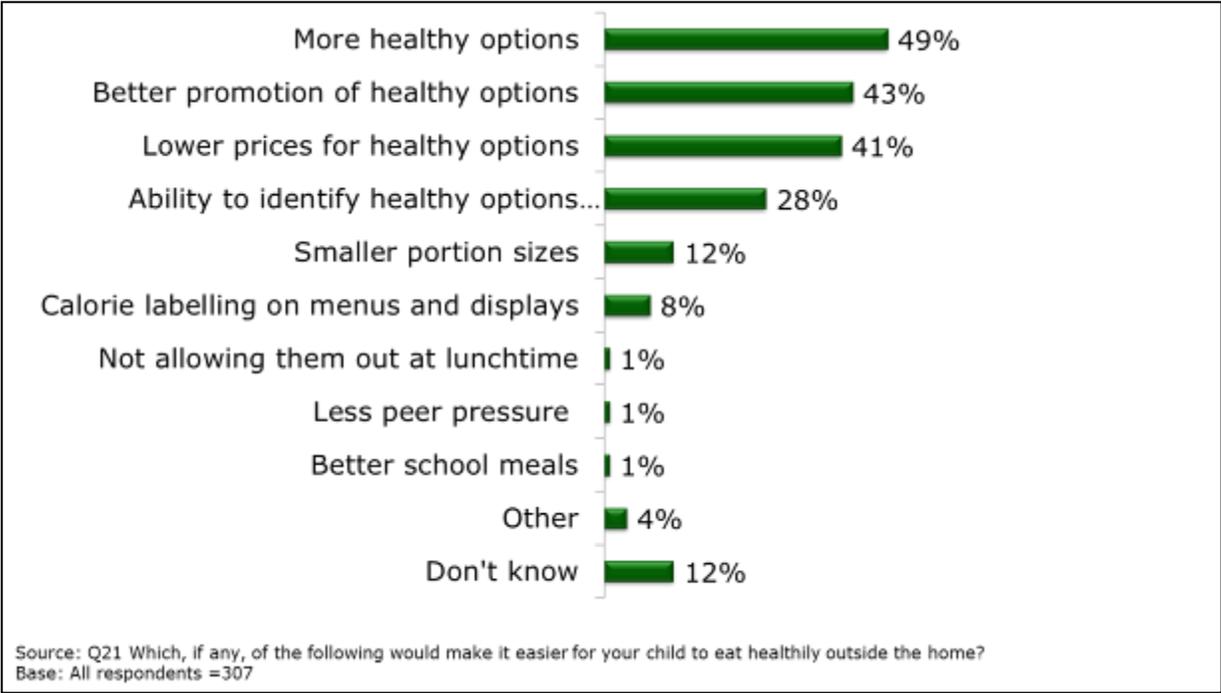
**Table 11b: Reasons can be difficult for child to eat healthily outside the home (parents)**

<b>All mentions</b>	<b>Total 307 %</b>
Peer pressure	33
Unhealthy food is hard to resist	29
He/she wants to be able to have snacks and treats	28
Healthy options not easily available	24
Less healthy options are more convenient	24
Not enough healthy choices	24
I can't control what he/she eats outside the home	23
Price of healthy food	18
He/she would feel self-conscious amongst friends	17
Hard to find healthy meal deals	16
He/she doesn't want to give up food that he/she likes	15
Healthy food is too expensive	12
Not enough information on healthy options	5
The advice about what's healthy keeps changing	5
Healthy food isn't tasty	2
Healthy food doesn't fill him/her up	2
School dinners aren't healthy	1
Allergy concerns limit choice	1
Other	1
No difficulty trying to eat healthily outside the home	11

Source: Q19 Why do you think it can be difficult for your child to eat healthily outside the home?  
Base: All respondents n=307

The main factors that parents felt would facilitate eating healthily outside the home were similar to those suggested by adults, namely the availability of more healthy options, lower prices for healthy options, and better promotion of healthy options. Lower prices was highlighted as a key facilitating factor by C2DE parents (51% compared with 35% of ABC1 parents).

**Figure 17: Factors that would make it easier for child to eat healthily outside the home**



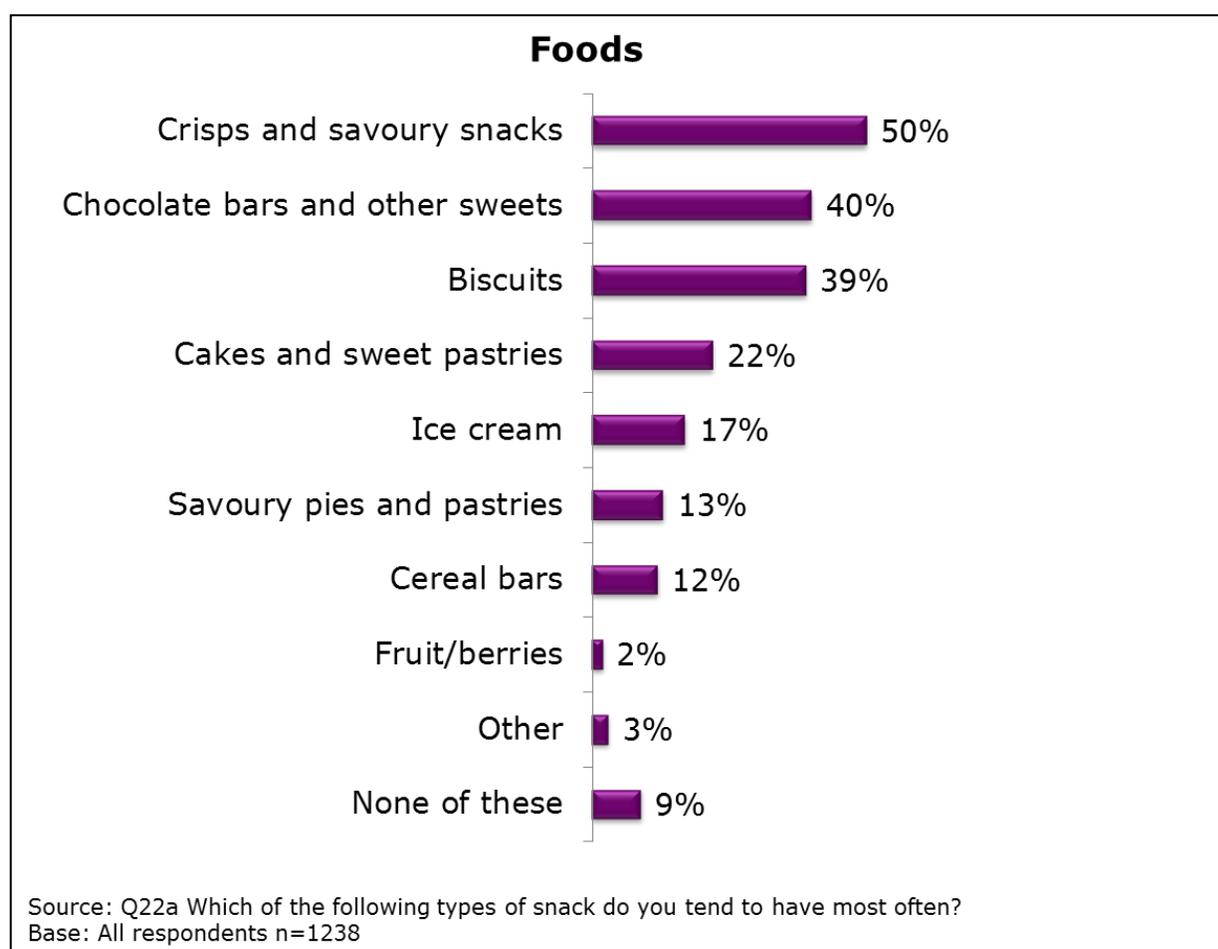
### 3.5 Consumption of discretionary foods

#### 3.5.1 Adults sample

Respondents were asked to select from a list, the types of discretionary foods and drinks (snacks) they tended to have most often. The pre-coded list itemised only those foods and drinks that are high in salt, sugar or fat. The question allowed respondents to add to the list or select 'none of these' if they wished to do so.

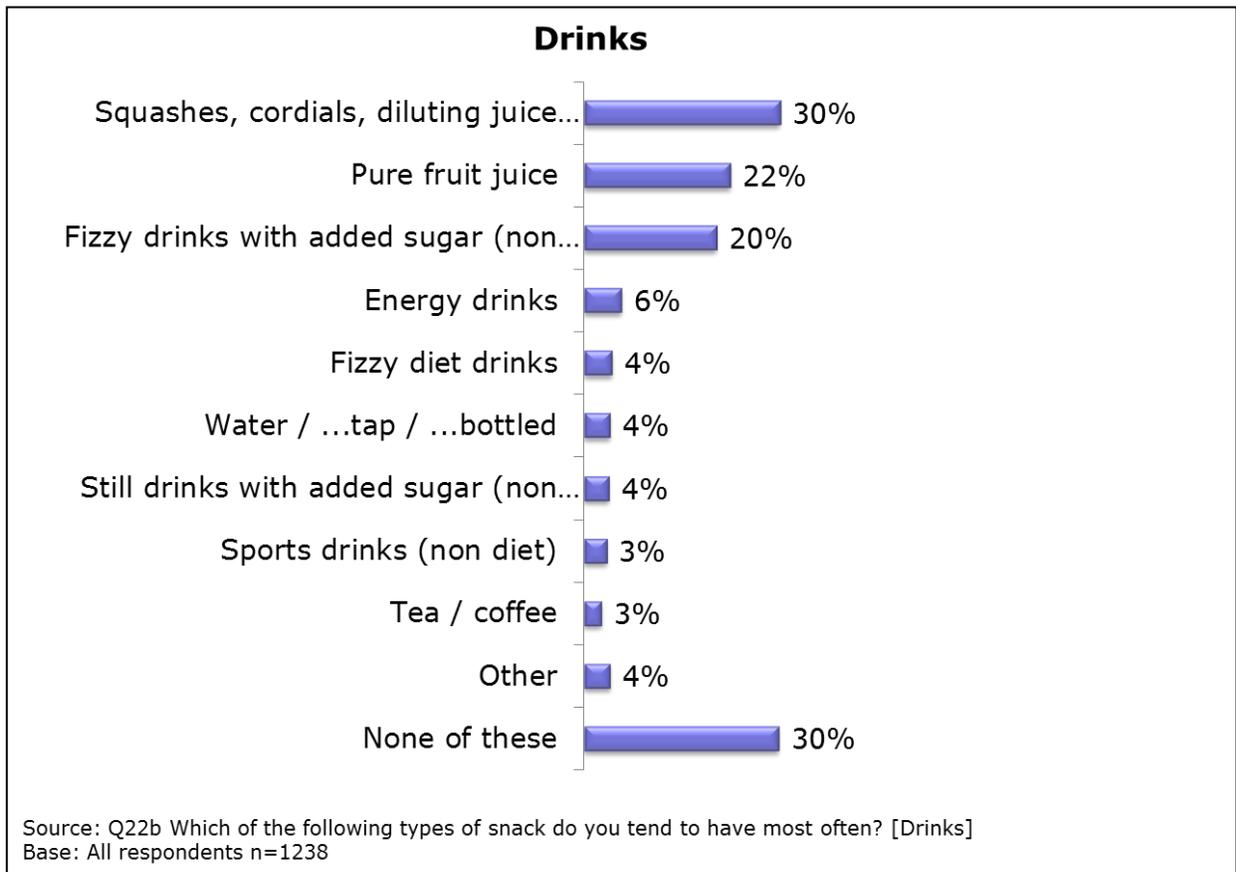
Crisps and savoury snacks (50% saying they have this most often), chocolate bars and other sweets (40%) and biscuits (39%) emerged as the most frequently consumed types of snack foods amongst adults in the sample (Figure 18a).

**Figure 18a: Types of snacks consumed most often – Foods (adults)**



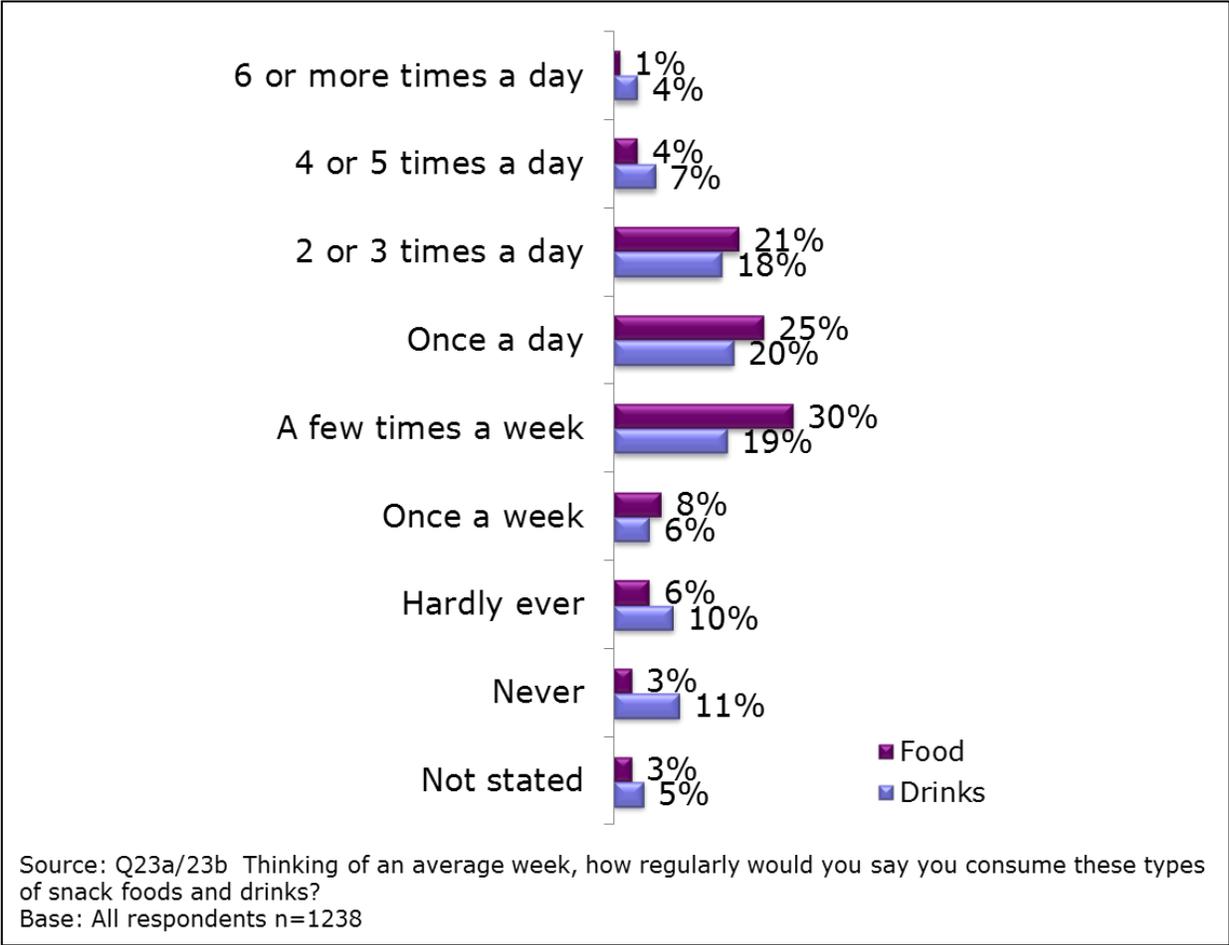
There was a strong correlation between regularity of consumption of snack foods and drinks (defined as 'food and drink that is consumed in addition to main meals, rather than as part of a meal, and excluding water, tea and coffee'). See Figure 18b.

**Figure 18b: Types of snacks consumed most often – Drinks (adults)**



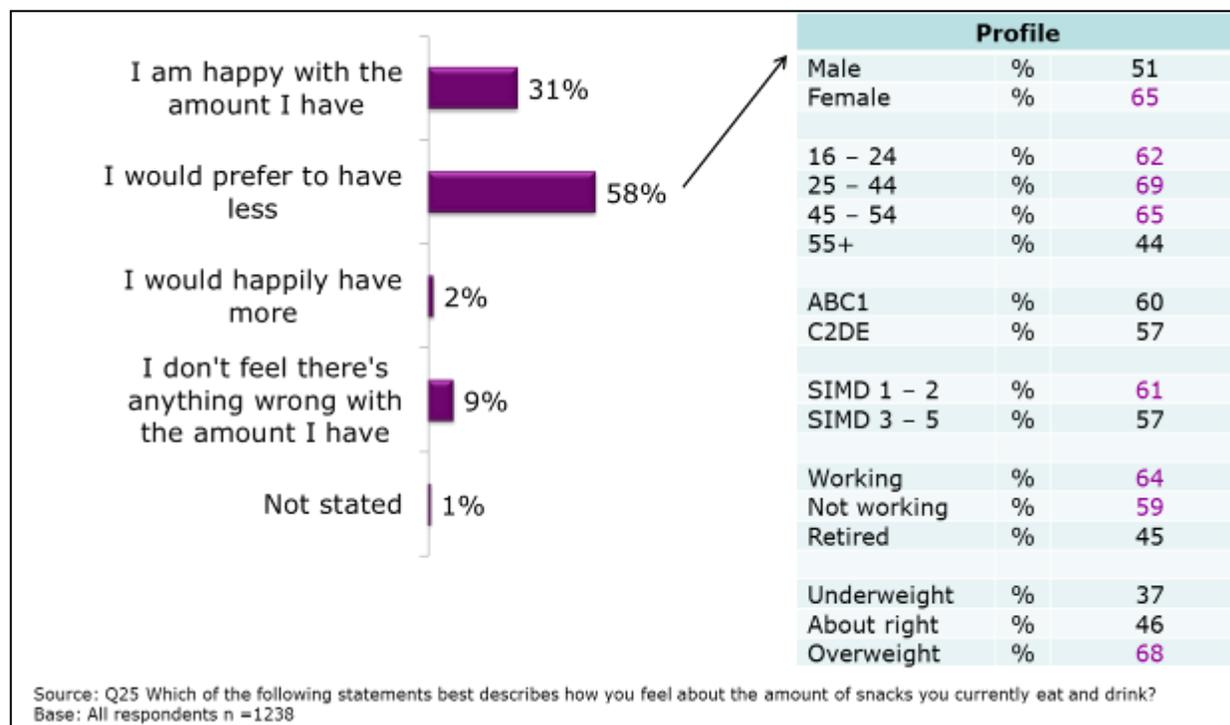
Respondents were provided with a pre-coded list of possible consumption frequencies and asked to indicate how regularly they consumed snack foods and drinks. Half of the sample claimed that they were consuming both snack foods and drinks at least once a day, with just over 25% doing so more than twice a day (Figure 19). Highest levels of consumption of snack foods was amongst 16-24 year olds (43% consuming 2+ times per day), particularly those in SIMD quintiles 1-2 (58% of the 16-24 year olds in these quintiles). The same was true of the frequency of consumption of snack drinks (46% consuming 2+ times per day), rising to 55% amongst this age group in SIMD quintiles 1-2.

**Figure 19: Regularity of consuming snack foods/drinks (adults)**



When asked to select which statement best describes how they felt about the amount of snacks they currently ate and drank, over half of the adults sample said that they felt that they would like to reduce the amount of snack foods they consumed. This figure was significantly higher amongst women, those in SIMD quintiles 1-2 and those who felt they were overweight. It was lowest amongst the over 55s (Figure 20).

**Figure 20: Reactions to own level of snack consumption (adults)**



The majority of snack consumption for adults appeared to be linked to habit (while watching television, just feeling like a snack) and emotional factors (boredom, stress, upset). The latter prompts were found significantly more amongst women, 16-34 year olds and SIMD quintiles 1-2. Whilst there was some 'time of day' based consumption, this appeared to be significantly less of a trigger than the factors mentioned above and simply feeling hungry between meals. See Table 12 for details.

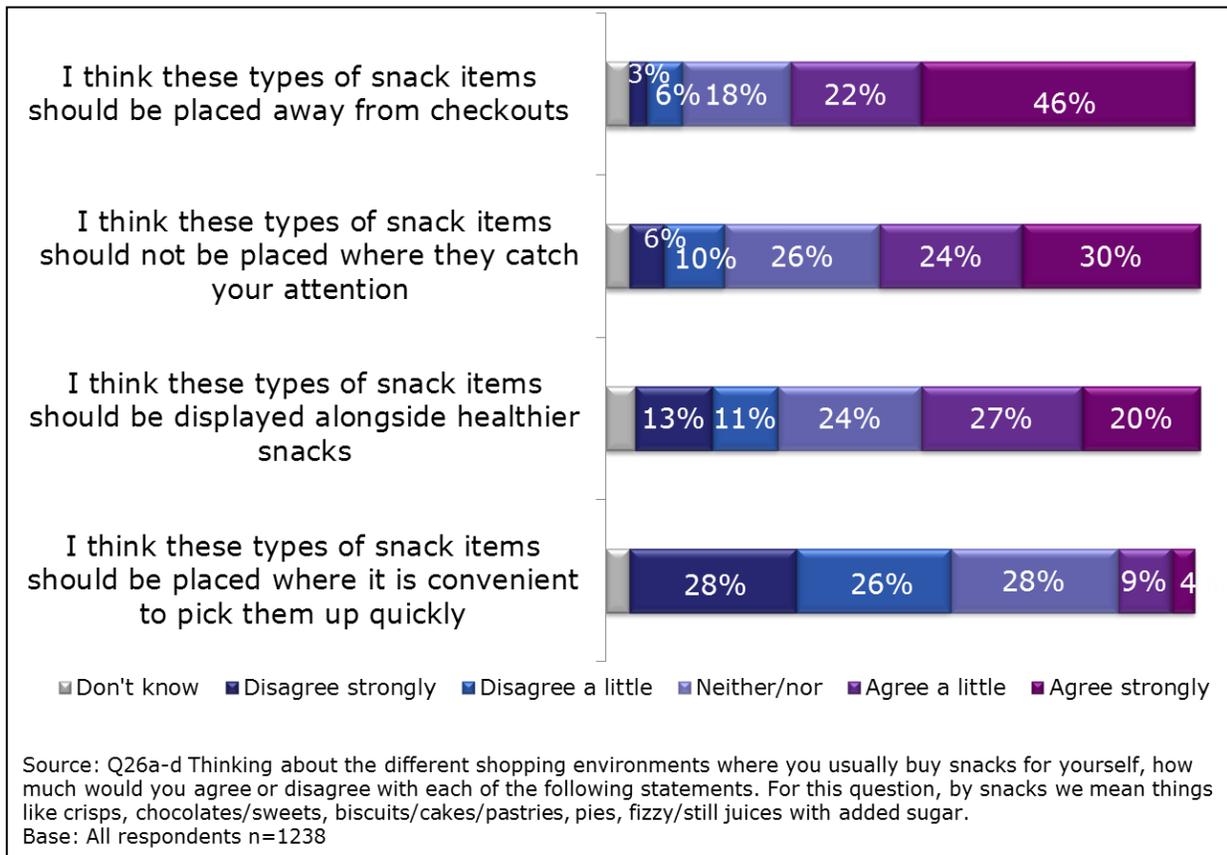
**Table 12: Situations in which consume snacks (adults)**

	<b>Total 1238 %</b>
In front of the TV	40
Just because I feel like something sweet, a snack	37
Between meals when I feel hungry	29
When I'm bored	28
When I'm stressed or upset	20
When I feel down	19
If I'm tempted when out and about	18
As a reward e.g. if I've had a hard day/week, been exercising	15
Mid afternoon	15
When I'm tired	14
As a treat e.g. if I've been eating healthily	13
When people around me are eating them	13
Mid morning	13
After work	13
Before bed	12
Other	5

Source: Q24 In what kinds of situations do you tend to have these kinds of foods?  
Base: All respondents n=1238

There was a strong consensus that these types of snacks should be placed away from check outs (46% agreeing strongly) or where they could not catch your attention (30% agreeing strongly). Female respondents in particular felt strongly about removing such items from checkout areas. See Figure 21 for details.

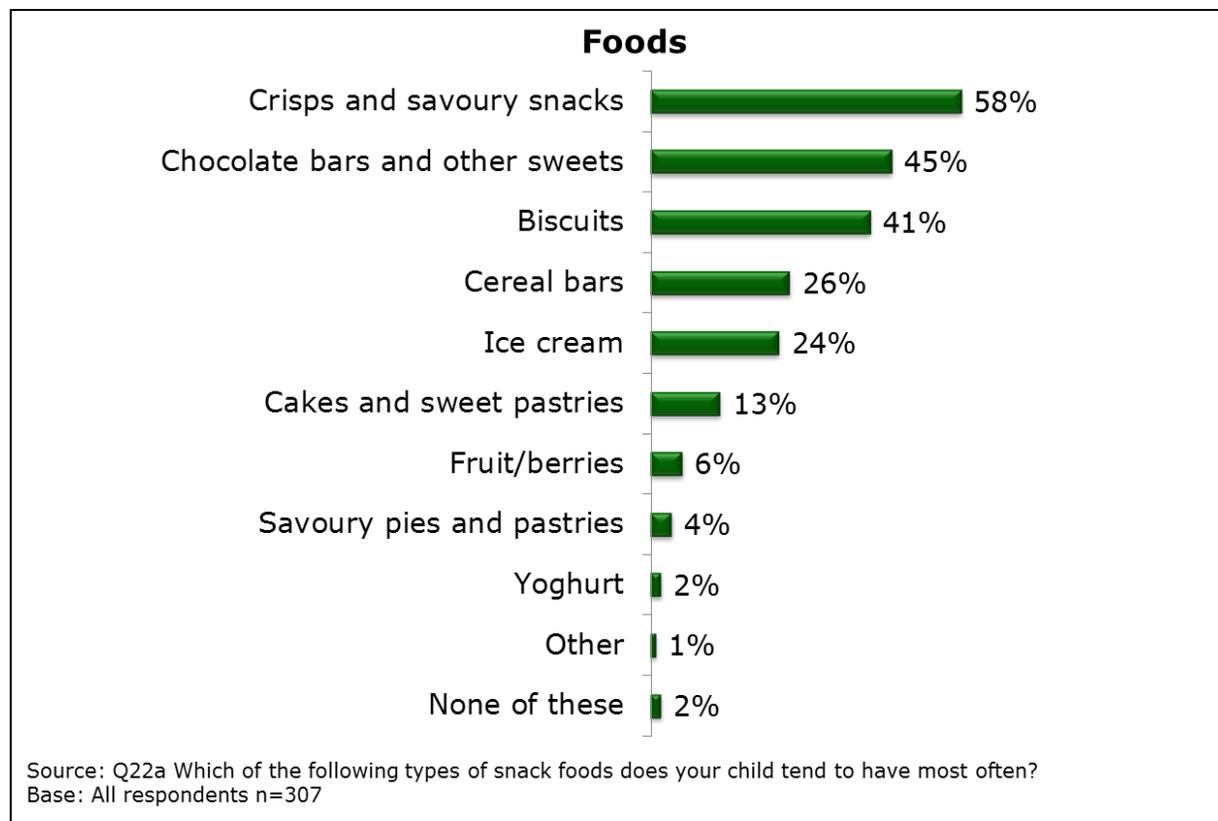
**Figure 21: Shopping environment: snacks (adults)**



### 3.5.2 Parents sample

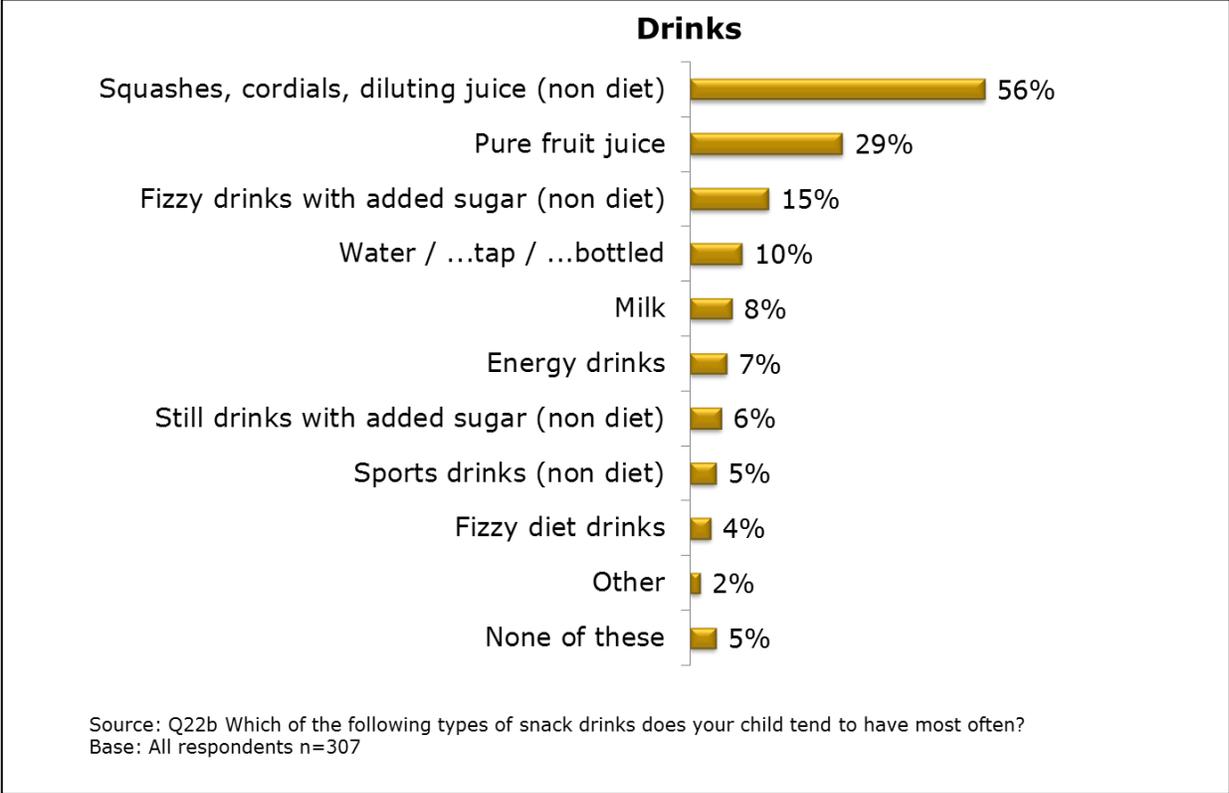
Parents' perceptions of the types of snack foods and drinks most frequently consumed by their children reflected the consumption behaviour of the adults: crisps and savoury snacks (58%), chocolate bars and other sweets (45%), and biscuits (41%). Whilst the popularity of crisps and savoury snacks was significantly higher amongst 13-15 year olds (72% of this age group), it was high across the age spectrum, including 2-5 year olds (43%). See Figure 22a.

**Figure 22a: Types of snacks consumed most often by child – Foods (parents)**



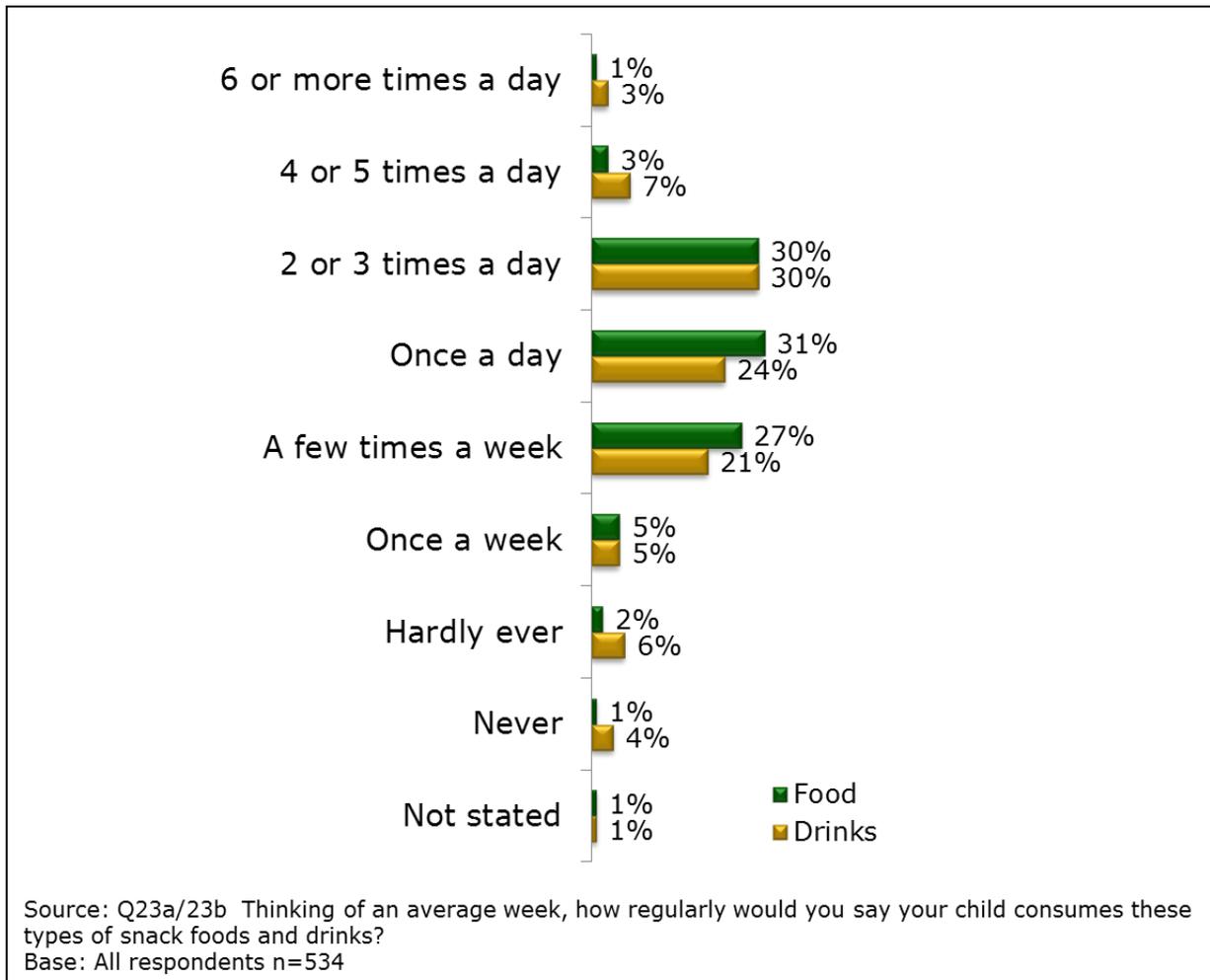
Squashes/cordials/diluting juices were the most frequently consumed discretionary drinks (56%), with pure fruit juice and fizzy drinks with added sugar being significantly less popular. The highest penetration of consumption of fizzy drinks with added sugar was amongst 13-15 year olds (35% of this age group), with younger children consuming more squashes, cordials and diluting juice (over 60%). See Figure 22b.

**Figure 22b: Types of snacks consumed most often by child – Drinks (parents)**



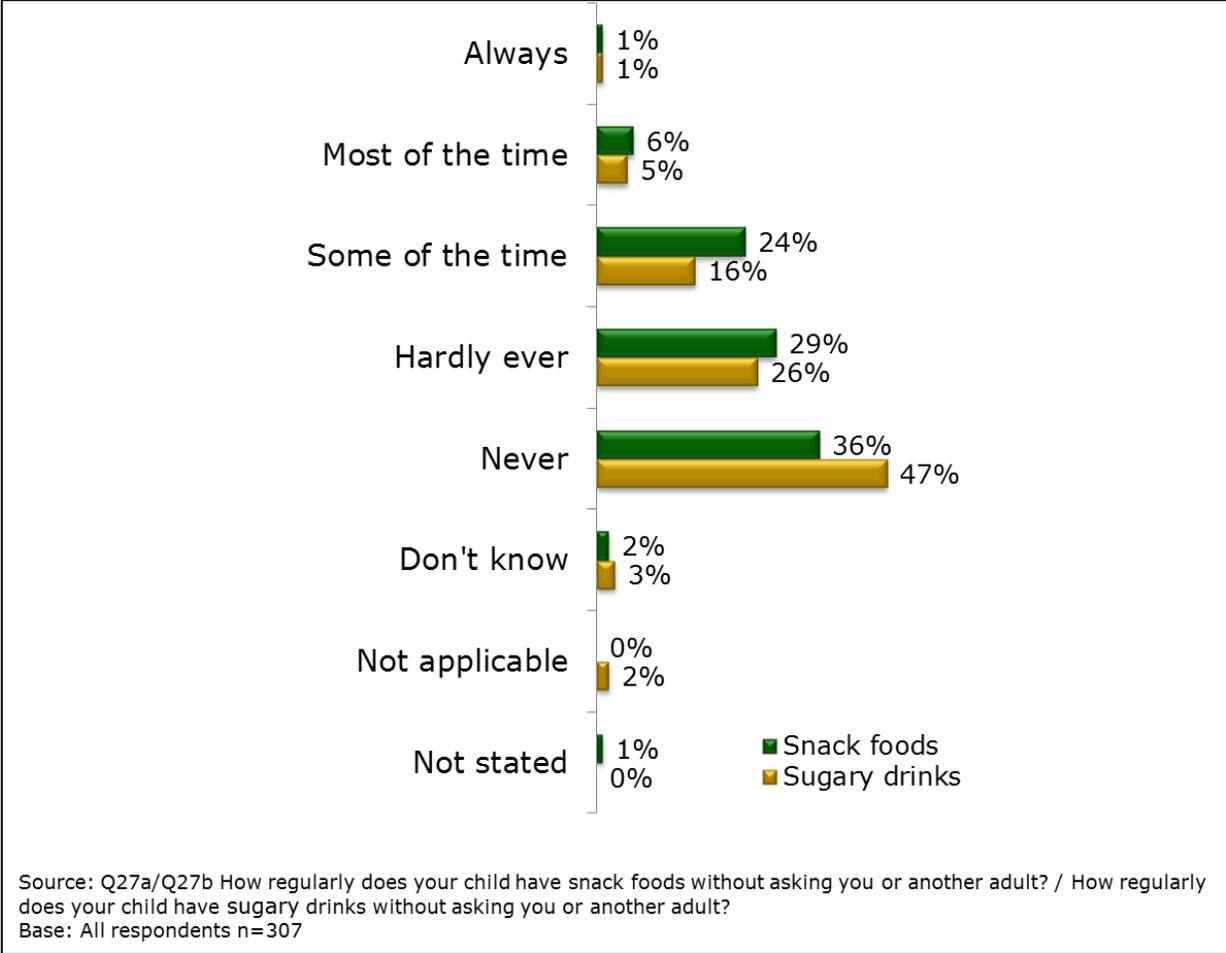
Regularity of consumption of both snack foods and drinks was significantly higher amongst children as compared with adults (averaging 65% of children having a snack drink/food at least once a day, compared with 50% of adults doing so). As with adults, there was a strong correlation between the regularity of consumption of snack foods and drinks (Figure 23).

**Figure 23: Regularity of child consuming snack foods/drinks (parents)**



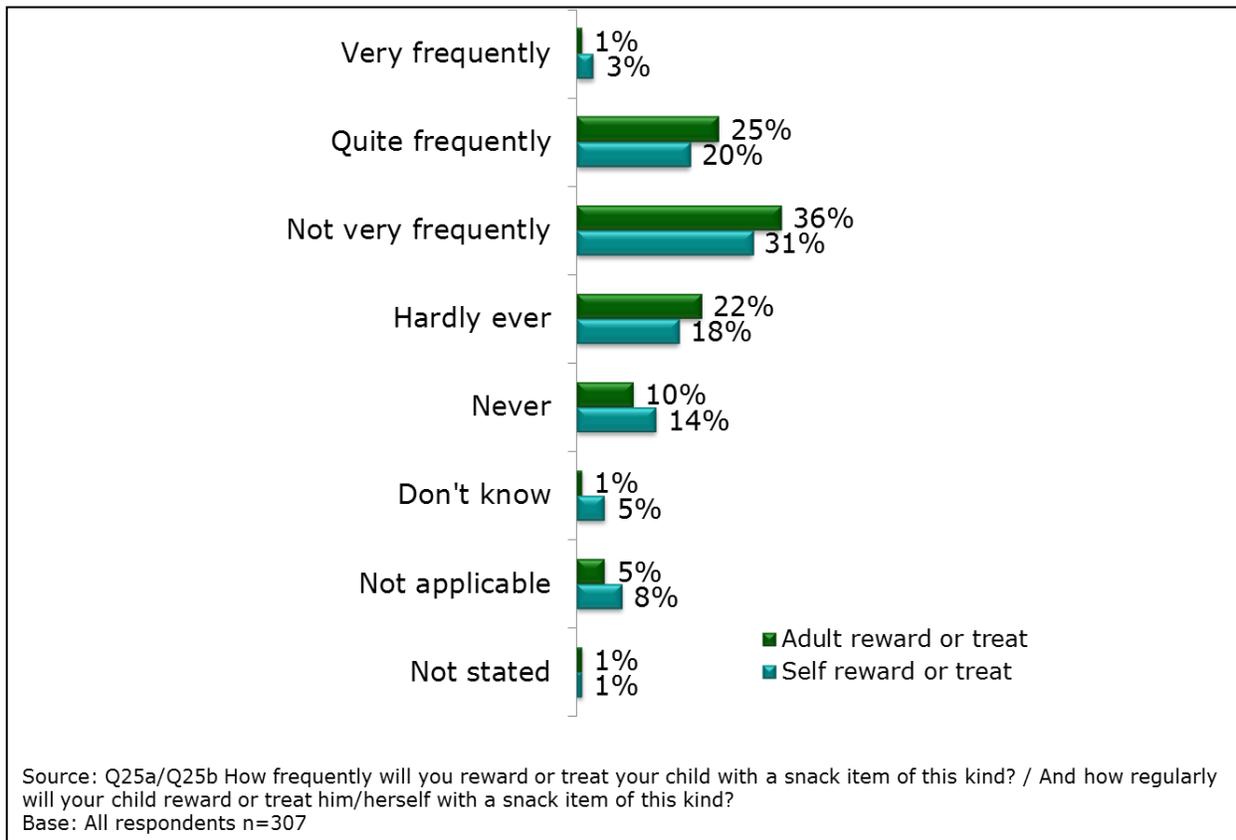
The majority of parents claimed that their children did not regularly help themselves to snack foods or sugary drinks without asking a parent or other adult (Figure 24). Where this was happening, children were significantly more likely to help themselves to snack foods than sugary drinks, with the behaviour significantly more evident amongst 13-15 year olds.

**Figure 24: Regularity with which child will help him/herself to a snack (parents)**



Around a quarter of the parents sample claimed to frequently (very/quite) use snacks as a reward or treat for their children, with a similar proportion saying their children rewarded themselves in this way (Figure 25). In the case of the latter, those in the C2DE socio-economic groups are significantly more likely to do so.

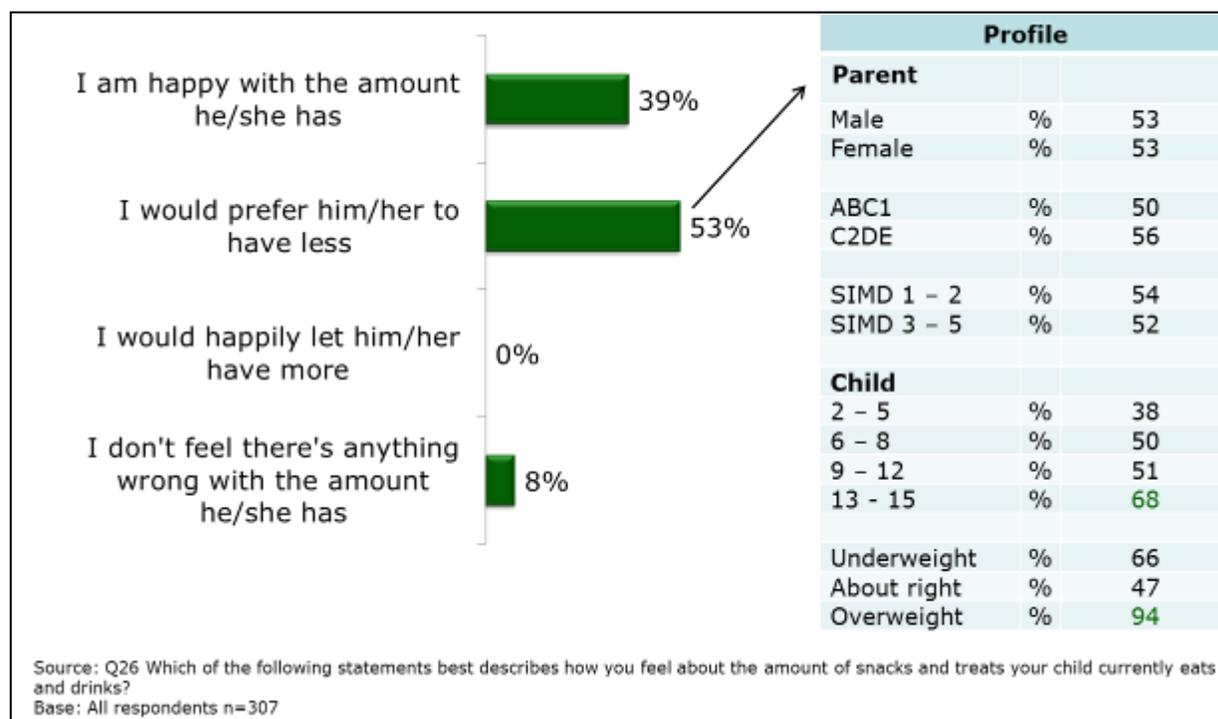
**Figure 25: Frequency of use of snacks as a reward for child**



Over half of the sample felt that they would like to reduce the amount of snack foods their children consumed (Figure 26). This view was significantly higher amongst parents of 13-15 year olds (68%) and those who felt that their child was overweight (94%).

Of those parents whose child was consuming more than 2 snack foods or drinks per day, 25% and 35% respectively claimed that they were happy with this, with a further 5% and 7% respectively saying they did not feel there was anything wrong with the amount consumed.

**Figure 26: Reactions to child’s level of snack consumption (parents)**



Parents believed that the main drivers of their child’s snack consumption related to refuelling when hungry. The majority of these occasions were associated with school (during and after), and with simply feeling hungry, for example between meals (Table 13). There was also attribution to temptation when around others or when out and about, and some acknowledgement of succumbing (as parents) to being pestered by their child.

**Table 13: Situations in which child consumes snacks (parents)**

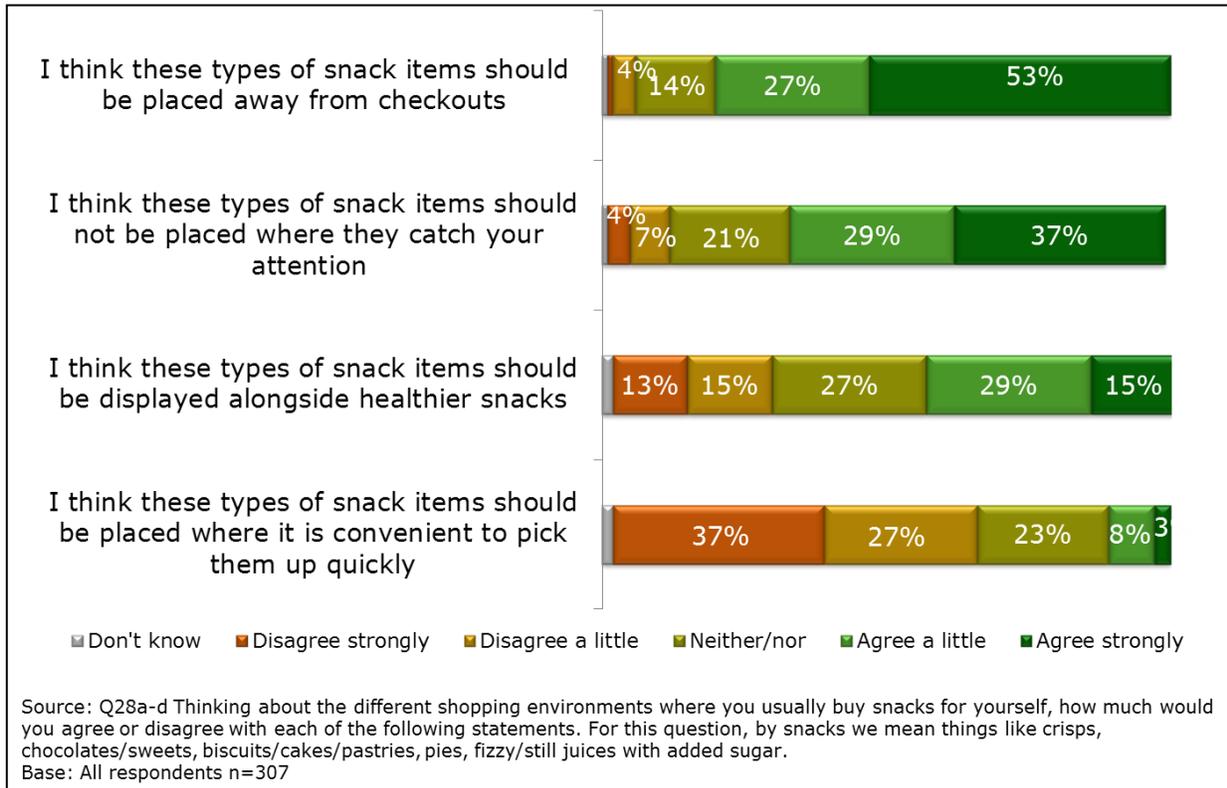
	<b>Total 307 %</b>
At school break/lunchtime	40
Just when he/she feels like a snack	39
After school	39
Between meals when he/she feels hungry	38
In front of the TV	20
When people around him/her are eating them	19
If he/she is tempted when out and about	16
When he/she is bored or tired	10
When he/she pesters me for them	9
After exercise	9
When I want to do something nice/loving for him/her	7
Before bed	6
When he/she is stressed or upset	3
When I want a bit of peace and quiet	3
Other	3

Source: Q24 In what kinds of situations does your child tend to have these kinds of foods?  
 Base: All respondents n=307

As in the adults sample, there was a strong feeling that these types of snack items should be placed away from checkouts (53% agreeing strongly, and particularly females) and areas where they can catch your attention (37% agreeing strongly).

See Figure 27 for a breakdown of responses.

**Figure 27: Shopping environment: snacks (parents)**



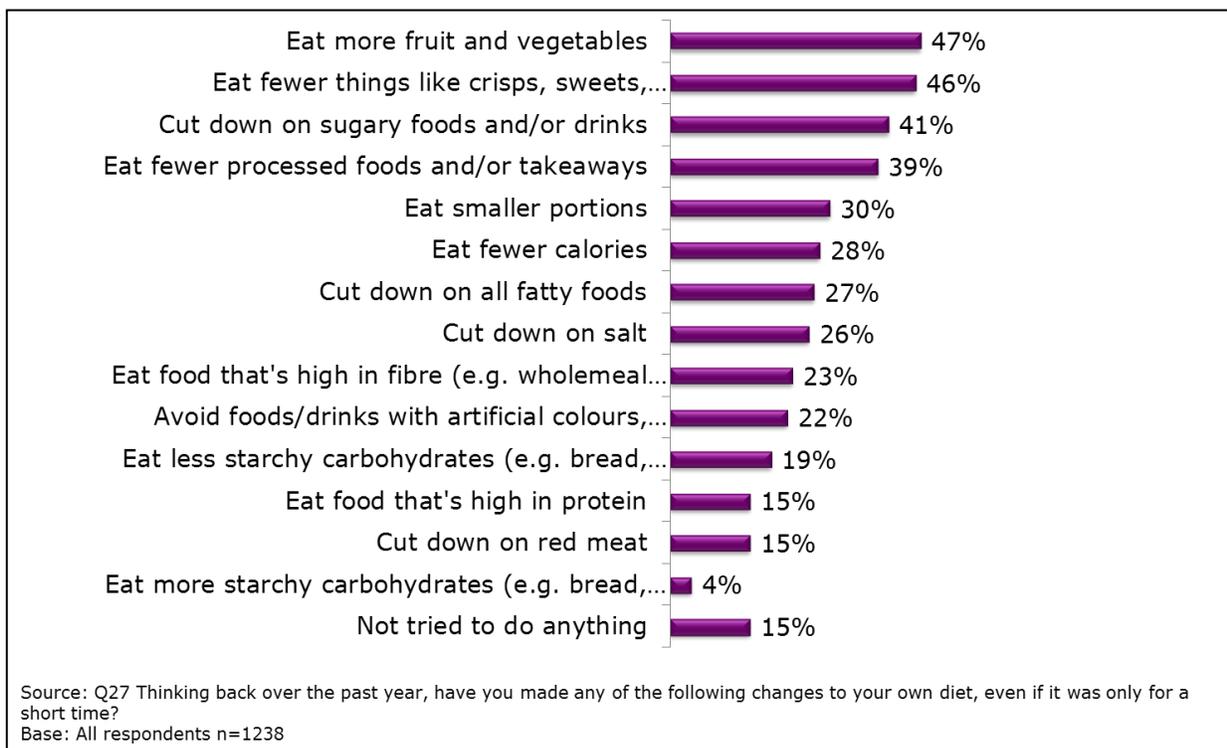
### 3.6 Dietary changes

#### 3.6.1 Adults sample

The majority of the sample (85%) claimed that they had made some change to their diet over the past year, even if it was only for a short time. Attempts at dietary change were significantly higher amongst females and those who considered themselves to be overweight.

These attempts focused primarily on eating more fruit and vegetables (47%), and cutting down on snacks such as crisps, sweets, chocolates etc. (46%) and sugary foods and drinks (41%). Around a third of the sample also said that they had tried to eat fewer processed foods/takeaways, and to reduce portion sizes and calorie intake (Figure 28).

**Figure 28: Changes made to diet over past year (adults)**



The main reasons offered for these dietary changes related to weight loss (particularly amongst females), and the health benefits associated with them, whether improving their own health (significantly more C2DE and SIMD 1-2 giving this as a reason) or maintaining it (significantly more significantly more males and SIMD 3-5 offering this reason). See Table 14.

**Table 14: Main reason for making change to diet (adults)**

	<b>1054 %</b>
Lose weight	31
Improve my health	17
To stay healthy	16
Feel fitter	6
Reduce the risk of a particular illness	6
Improve my appearance	5
Put on weight	4
Feel good (psychological)	4
Asked to by my doctor / health professional	3
I found out it wasn't good for me	3
Make healthier meals for the family	2
Save money	2
Other	2

Source: Q28a What was your main reason for deciding to make this change/these changes?  
Base: Those who attempted any change n=1054

Respondents in the adults sample were asked to select from a list the key factors that they felt would help them make future dietary changes. The main factors selected were lower prices for healthy foods (51%), convenience (39%) and availability of healthier foods/snacks (38%, and 21% for easily available options at work). See Table 15.

**Table 15: Facilitators to making dietary changes (adults)**

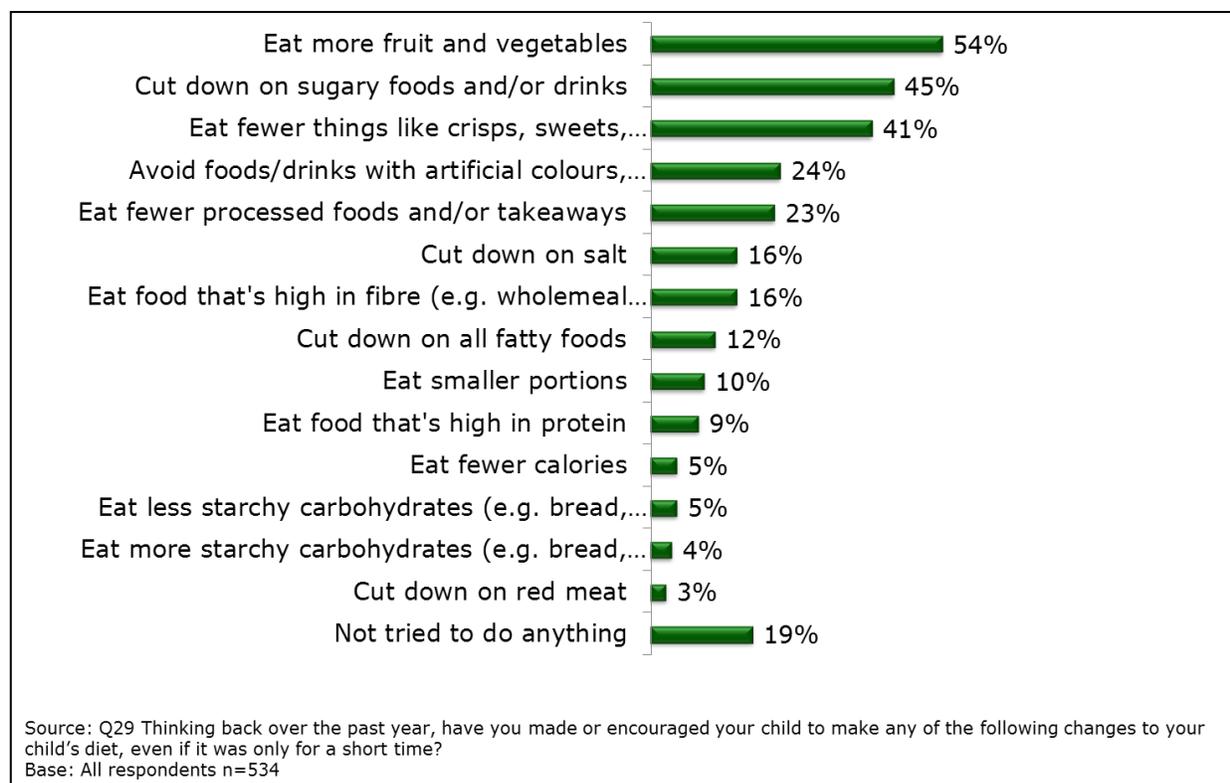
	<b>Total 1238 %</b>
Lower prices for healthy foods	51
More offers on healthy food	40
Healthy food that is convenient	39
Easily available healthy snacks	38
Healthy food that is easy to prepare	29
Ideas on how to cook the same meals in a healthier way	24
Fewer offers on high fat / high sugar food	23
Tips on how to avoid temptation	21
Easily available healthy options at work	21
Information on what is a healthy snack	20
Tips to make it easy to swap specific foods	18
More information about a healthy diet	15
None of these	5
Other	2
Don't think I'll make any changes	11

Source: Q32 Below is a list of things that people have said might make it easier for them to make changes to their diet. Which, if any do you feel might help you personally to make changes to your diet?  
Base: All respondents n=1238

### 3.6.2 Parents sample

Eighty-one percent of parents claimed that they had encouraged their child to make some dietary change over the past year. As with the adults sample, these changes focused primarily on eating more fruit and vegetables (54%, and particularly amongst 9-15 year olds), and cutting down on sugary foods/drinks (45%, again particularly amongst 9-15 year olds) and snacks such as crisps, sweets, chocolates etc. (41%). Very little change was attempted in relation to increase or decrease in the intake of starch carbohydrates.

**Figure 29: Changes made to child's diet over past year (parents)**



The main reasons offered for encouraging these dietary changes related to the health benefits for their children, particularly by establishing good habits (35%).

**Table 16: Main reason for making change to child’s diet (parents)**

	<b>252 %</b>
To get him/her into good habits	35
For him/her to stay healthy	23
Lose weight	8
Make healthier meals for him/her	6
Feel fitter	3
Put on weight	3
Improve his/her health	2
I found out it wasn't good for him/her	2
Improve his/her appearance	2
Reduce the risk of a particular illness	1
Feel good (psychological)	1
Asked to by doctor / health professional	1
Save money	1
Other	2

Source: Q30 What was your main reason for making this change/these changes to your child’s diet?  
Base: Those who attempted any change n=252

Like respondents in the adults sample, parents felt that the key factors that would help them/their child to make future dietary changes were lower prices (45%) or offers on healthy food (44%), easily available healthy snacks (43%) and healthy food that is convenient (35%).

**Table 17: Facilitators to making dietary changes (parents)**

	<b>Total 307 %</b>
Lower prices for healthy foods	45
More offers on healthy food	44
Easily available healthy snacks	43
Healthy food that is convenient	35
Easily available healthy options at nursery/school	29
Fewer offers on high fat / high sugar food	27
Healthy food that is easy to prepare	26
Ideas on how to cook the same meals in a healthier way	20
Information on what is a healthy snack	18
Tips to make it easy to swap specific foods	17
Tips on how to avoid temptation	15
More information about a healthy diet	11
None of these	7
Other	2
Don't think I'll make any changes	8

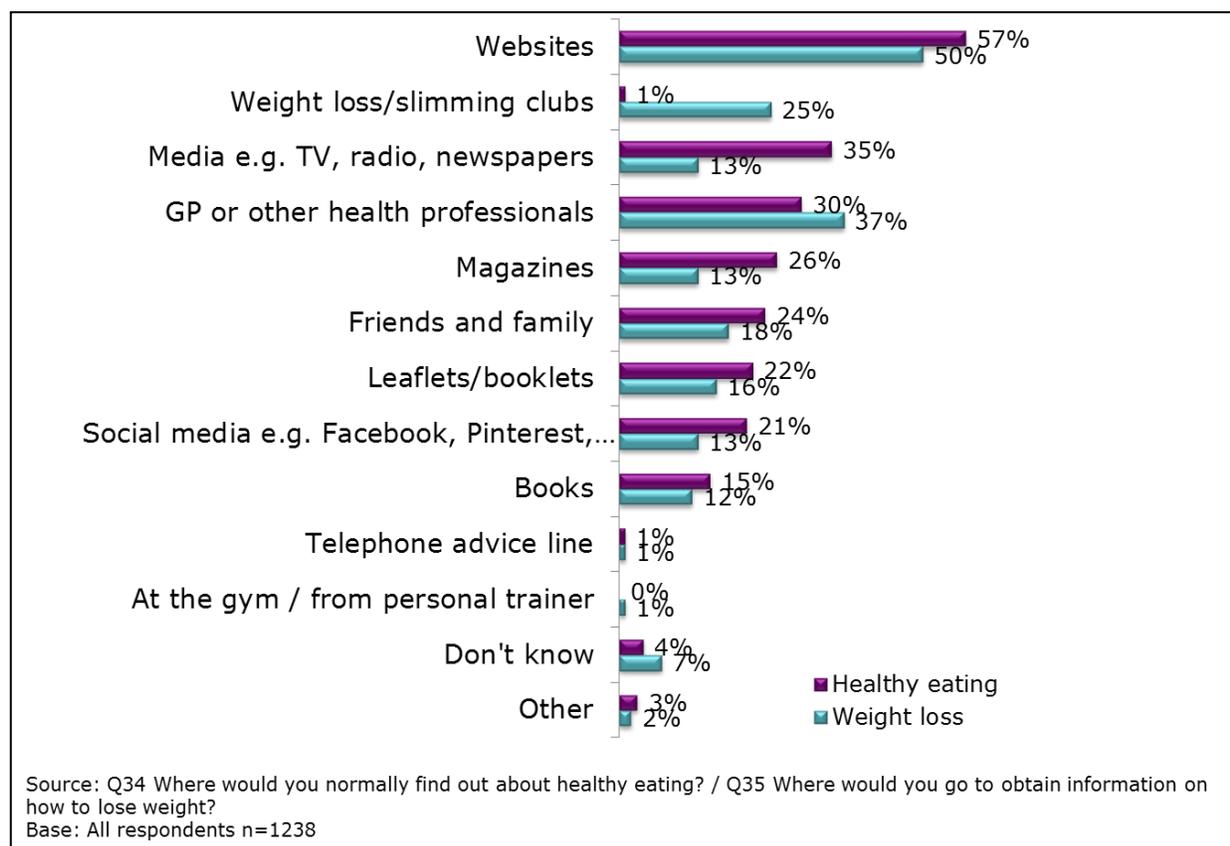
Source: Q34 Which, if any do you feel might help you/your child to make changes?  
Base: All respondents n=307

### 3.7 Accessing information on healthy eating and weight loss

#### 3.7.1 Adults sample

Respondents in the adults sample were asked where they would normally obtain information on healthy eating and how to lose weight. Websites were key channels for information on both topics, with a range of other sources cited for both. Media such as TV, radio, newspapers (35%) and magazines (26%) were key sources for information on healthy eating, with social media also featuring strongly (21%). Weight loss or slimming clubs and health professionals were key sources of information on weight loss.

**Figure 30: Sources of information for healthy eating and weight loss (adults)**

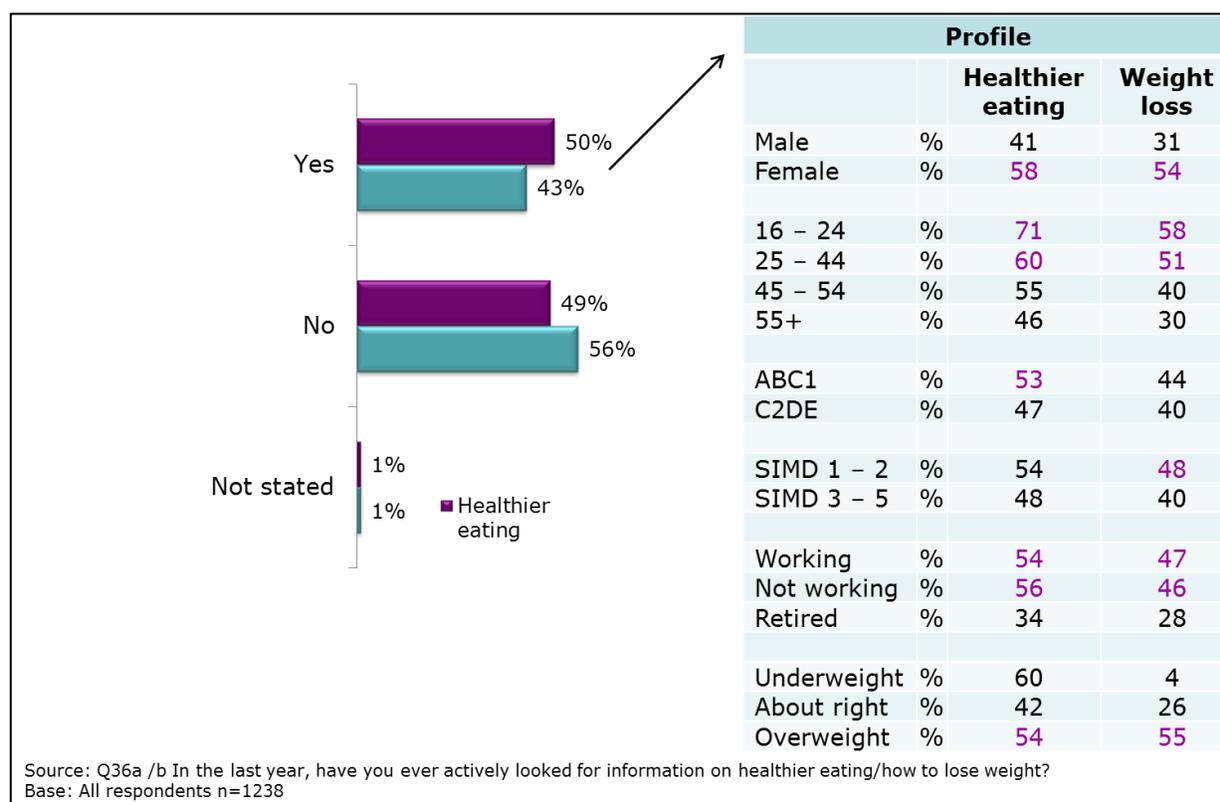


Half the sample claimed that they had sought information on healthier eating over the past year, with females significantly more so than males. The younger age groups (16-44 years) and ABC1 socio-economic groups were significantly more likely to have sought healthy eating information.

Information on weight loss was also more likely to have been accessed by 16-44 year olds, and by those living in SIMD quintiles 1-2.

In both cases, over half of those who felt they were overweight had sought information.

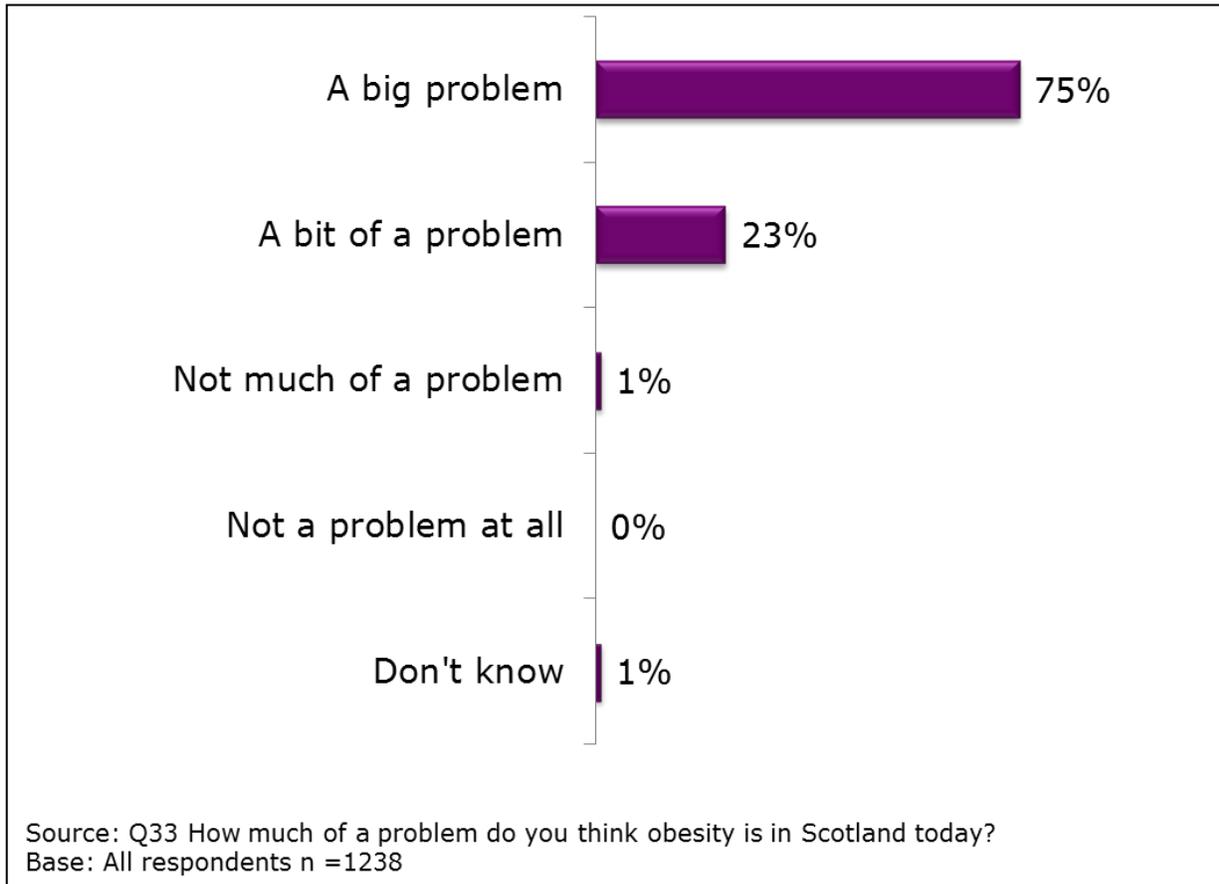
**Figure 31: Whether actively sought information in last year (adults)**



### 3.8 Societal and fiscal issues

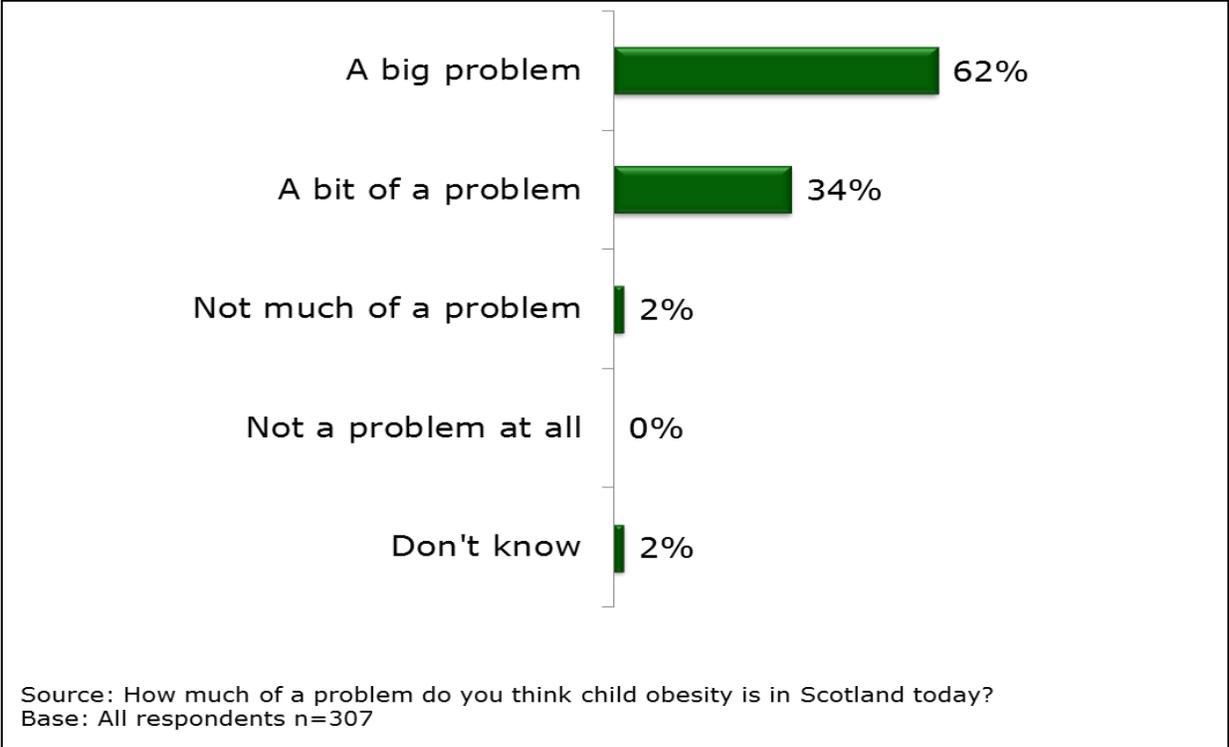
Three quarters of the adult sample felt that obesity was a big problem in Scotland today. This view is significantly more strongly held by those living in the more affluent SIMD quintiles 3-5 (77% compared with 72% of those in quintiles 1-2).

**Figure 32: Perceived extent of obesity problem in Scotland (adults)**



The majority of parents also felt that child obesity was a big problem in Scotland (62%). Again, this view was more strongly held amongst those in SIMD quintiles 3-4 (66% compared with 55% of those in quintiles 1-2).

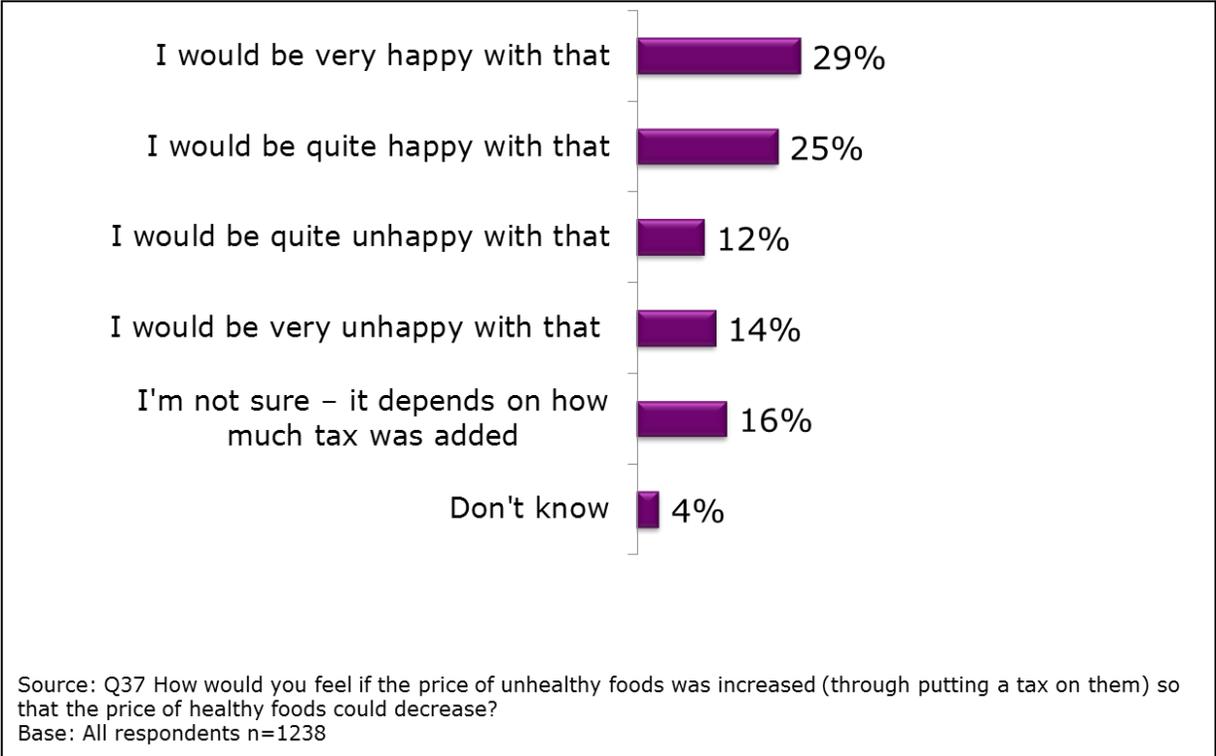
**Figure 33: Perceived extent of child obesity problem in Scotland (parents)**



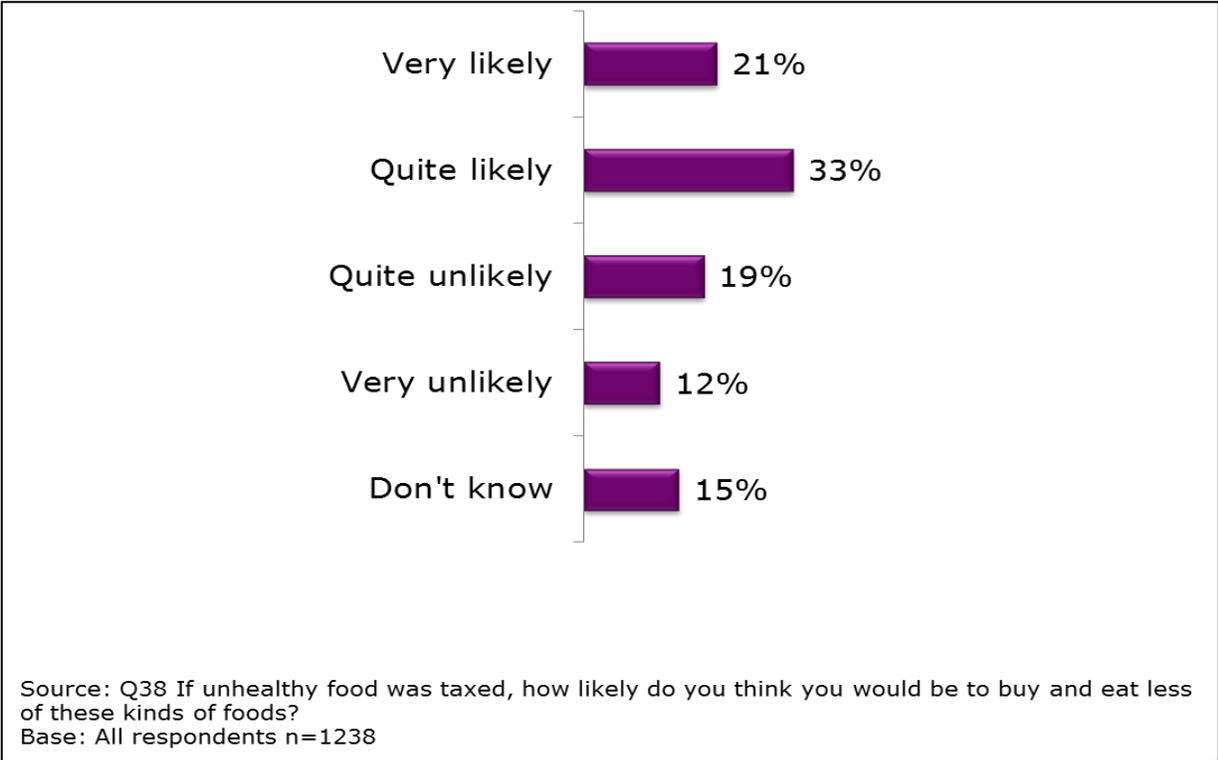
Finally, respondents in the adults sample were asked how they would feel if the price of unhealthy foods was increased (through putting a tax on them) so that the price of healthy foods could decrease. Over half of the sample said that they would be happy with this, with 29% saying they would be very happy (Figure 34). Whilst females and those with children were significantly more likely to say they would be very/quite happy with this, those living in SIMD quintiles 1-2 were less likely to say they would be very happy (24% versus 31%).

When asked how likely they would be to buy and eat less unhealthy foods if they were taxed, 54% claimed that they would be likely to do this (21% saying they would be very likely). There were no significant differences.

**Figure 34a: Reactions to a price increase for unhealthy foods (adults)**



**Figure 34b: Reactions to a price increase for unhealthy foods (adults)**



## 4. Discussion

The findings of this study indicate that, at a prompted level, there is good awareness of the main messages regarding healthy eating, and in particular those relating to eating plenty of fruit and vegetables, limiting foods and drinks that are high in sugar, limiting foods that are high in salt, and limiting snacks between meals. (Lack of clarity exists primarily in relation to consumption of starchy carbohydrates and fresh fruit juices, with confusion over the healthiness of these items.) Spontaneous understanding of healthy eating is however focused on broader parameters: eating a balanced diet, sourcing fresh/unprocessed foods, and the consumption of fruit and vegetables.

This broad focus, together with price (particularly for those in areas of highest deprivation), is strongly reflected in the factors that were identified as influencing the choice of foods bought and eaten. Specific consideration of the fat, sugar, salt or calories content of foods was cited by only 4% of the adults sample (3% of the parents sample) as a primary influence on food choice, with only a third of respondents in each sample mentioned this as a factor at all. This suggests that whilst there is claimed awareness of healthy eating messages, the majority of adults have not internalised the specific nutrient based messages or incorporated them into routine behaviour when making food choices for themselves or their children. This may be due to the fact that it requires more proactive consideration of information on labels (and therefore more time and effort) in order to regularly monitor the nutrient content of the food choices made, compared with the more generic healthy eating which may be made at a more intuitive level.

There was a clear view amongst the majority of respondents that both their own and their children's diets were currently healthy. However, only a minority felt they were 'very healthy', and there was wide acknowledgement that changes could be made to these diets in order to make them healthier. Indeed, over 80% said that they had made attempts at increasing the healthiness of their/their child's diet over the past 12 months.

Whilst this indicates openness to making changes in order to improve the healthiness of diets, maintenance appears to be difficult. This may be due in part to the fact that the key motivator of change for adults is weight loss (31%) rather than improving health (17%) and a sense that current diets are 'healthy enough'. In this context, there doesn't appear to be a strong motivation amongst most adults to eat *more* healthily, with the primary reason offered for the difficulty in eating healthily at home is the lack of willpower to resist unhealthy foods. Amongst SIMD quintiles 1-2 the perceived unaffordability of healthy food adds a further barrier. These difficulties may be further compounded by the fact that only a third of adults claimed that personally eating healthily was very important to them, with significantly lower levels of importance attributed by 16-24 year olds and the C2DE socio-economic groups.

Conversely, the majority of parents claimed that it was very important to them to make sure their children eat healthily. However, levels of perceived parental responsibility and ability to influence drops with a child's growing independence in teenage years, as does the perceived healthiness of the diets of 13-15 year olds in particular.

For parents, attempts at dietary changes were more strongly driven by the desire to establish good eating habits in their child (35%) and to maintain health (23%). It is evident however that many parents felt unable to overcome the child's unwillingness to eat healthier food or to resist their pestering, whilst others were unwilling to enforce dietary changes which may create conflict or may be perceived as imposed 'dieting'.

Amongst both adults and parents, there is a greater level of assumption of personal responsibility for (although not necessarily, control over) what is consumed within the home environment compared to outside the home where external factors are perceived to exert a stronger influence. The increased difficulty of eating healthily outside the home (a perception which is significantly stronger amongst SIMD quintiles 1-2 and 13-24 year olds) tends to be viewed as largely outwith the individual's control. Key barriers for adults were attributed to the poor availability, limited choice and perceived inconvenience of healthy options. Parents viewed the main sources of difficulty for their child eating healthily outside the home to be peer pressure and a sense of loss of parental control in this context (9-15 year olds).

The consumption of discretionary items high in sugar, fat or salt presents a particular challenge in the diets of both adults and children, with the regularity of consumption of snacks significantly higher amongst children of all ages, averaging 65% of children having a snack drink and/or food at least once a day (compared with 50% of adults). However, over 40% of both adults and parents said that they had attempted to reduce their own/their child's intake of such items over the past year, suggesting some recognition of the unhealthiness of high levels of consumption.

The situation in which these discretionary foods tend to be consumed is an important factor in seeking to address this issue. For adults, consumption is driven primarily by habit and emotional factors, be this stress or boredom (and thus likely to be associated with pleasure, relaxation or comfort), and at times when convenience is key and consideration of health not top of mind.

Parents believe their child's snack consumption is primarily linked to refuelling throughout the day (and possibly therefore, not discretionary), and to temptation from external sources. This suggests a sense of limited control of the level of consumption of snack, and perhaps a lack of clarity as to the impact on their child's health in the quantities currently consumed.

## 5. Conclusions

The majority of adults believed that they and their children currently have a relatively healthy diet, and whilst there was openness to making dietary changes, there may not be a strong sense of urgency in this regard.

There were good levels of awareness of many of the key messages relating to healthy eating (e.g. eating plenty of fruit and vegetables, limiting sugary foods and snacks between meals). However, the message relating to eating plenty of starchy carbohydrates had very low recognition, with almost half of the adults disagreeing that this was important to eating healthily. There was also confusion as to the healthiness of drinking lots of fruit juice.

Lack of will power was a key reason offered by adults as to why it can be difficult to eat at healthily, particularly inside the home. Consumers felt that eating healthily outside the home was more difficult, and highlighted a need for healthy food options to be more easily available, convenient, and quick and easy to recognise.

The perceived higher price point of healthy foods was perceived to constitute a further barrier to eating healthily both inside and outside the home, with consumers believing that lower prices and more offers on healthy foods, alongside fewer offers on high fat and high sugar foods would facilitate dietary change.

There was wide recognition that limiting snacks between meals was important, with over half of respondents claiming that they would like to reduce their/their child's consumption of these foods. However, for adults snacking was very much part of habitual behaviour (e.g. when watching TV) or linked to emotional factors, whilst for children it was strongly associated with refuelling.

A large majority of respondents thought that obesity was a big problem in Scotland.

Over half of the adults claimed they would be happy with unhealthy foods being taxed in order to decrease the price of healthy foods, and said this would encourage them to buy and eat less unhealthy foods.

## 6. References

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## **7. Appendices**

## Appendix 1: questionnaires

### Adult survey - online questionnaire

**FSS diet and health survey**  
**Adult survey - online questionnaire**  
Final 3<sup>rd</sup> August 2015

**INTRO FOR START PAGE**

Thank you for your interest in completing this short, confidential survey on behalf of Food Standards Scotland (FSS), a new public body for Scotland.

FSS is really interested in understanding what you think about the food and drink (excluding alcohol) that you *normally* eat. All responses are confidential and anonymous – please respond as openly/honestly as possible.

The survey should take no more than 15 minutes. Please just select the appropriate answer or write in your thoughts as per the instructions given.

PRESS THE ARROW BELOW TO PROCEED TO THE FIRST QUESTION>>  
(Plus instructions – use next & previous arrows, back button, etc.)

**MAIN QUESTIONNAIRE**  
**Section A –food choices**

1. There are many reasons why we choose the foods that we eat. Looking at the list below, which would you say are the main things that influence the choice of foods you buy and eat both inside and outside the home? **SELECT ALL THAT APPLY**

- Habit .....
- Price .....
- What my family will eat.....
- Quality or freshness of the food .....
- Taste .....
- On promotion .....
- Convenience/quick to prepare.....
- Presentation / packaging .....
- Trying to eat a healthy diet myself .....
- Encouraging my children to eat a healthy diet..
- Special dietary needs.....
- Fat, sugar, salt or calorie content .....
- Additives or preservatives it contains .....
- Whether it is processed food.....
- What's available in the shops I usually go to....
- Advertising .....
- Food I know how to prepare .....
- Food that I've grown up with .....
- Food that I am used to.....
- Other .....
- No particular influences.....

ASK THOSE WHO SELECT MORE THAN ONE INFLUENCE

2. And which of these would you say is the **main** influence on the choice of foods you buy to eat inside and outside the home? *ONE CODE ONLY*

- Habit .....
- Price .....
- What my family will eat.....
- Quality or freshness of the food .....
- Taste .....
- On promotion .....
- Convenience/quick to prepare.....
- Presentation / packaging .....
- Trying to eat a healthy diet myself .....
- Encouraging my children to eat a healthy diet..
- Special dietary needs.....
- Fat, sugar, salt or calorie content .....
- Additives or preservatives it contains .....
- Whether it is processed food.....
- What's available in the shops I usually go to....
- Advertising .....
- Food I know how to prepare .....
- Food that I've grown up with .....
- Food that I am used to.....
- Other .....
- No particular influences.....

3. REMOVE

ASK ALL

4. Are you following any particular diet at the moment?

- Yes .....
- No .....

IF YES:

- a) What kind of diet is it? SELECT ALL THAT APPLY

- Diabetic diet .....
- Weight reducing diet .....
- Weight gaining diet.....
- Low fat diet .....
- Low carbohydrate diet.....
- Low sugar diet .....
- High protein diet .....
- Gluten free diet.....
- Lactose free diet .....
- Other medical diet .....
- Vegetarian diet .....
- Vegan diet .....
- Other (write in).....

- b) Is this diet medically prescribed?

- Yes .....
- No .....

5. We often hear people using the term 'healthy eating'. Can you describe what 'healthy eating' means to you?

(open response)

6. Thinking about the kinds of foods you normally eat and drink nowadays (both for meals and snacks), how healthy do you feel these are? *ONE CODE ONLY*

- Very healthy .....   
 Quite healthy .....   
 Not very healthy.....   
 Not at all healthy .....   
 Not sure .....

**PARENTS/CARERS ONLY**

When answering this question, please think only about your child aged between 2 and 15 years. If you have more than one child in this age group, please think only of the child whose birthday is coming up next.

Thinking about the kinds of foods your child normally eats and drink nowadays (both for meals and snacks), how healthy do you feel these are? *ONE CODE ONLY*

- Very healthy .....   
 Quite healthy .....   
 Not very healthy.....   
 Not at all healthy .....   
 Not sure .....

**7. REMOVE**

8. To what extent do you agree / disagree that each of the following is important for a healthy diet...? *ONE CODE ONLY PER STATEMENT*

	Disagree strongly	Disagree a little	Agree a little	Agree strongly	Don't know
...watching how many calories you're eating	<input type="checkbox"/>				
...eating plenty of fruit and vegetables	<input type="checkbox"/>				
... limiting food that is high in fat	<input type="checkbox"/>				
... limiting food that is high in salt	<input type="checkbox"/>				
... limiting food that is high in sugar	<input type="checkbox"/>				
... limiting drinks that are high in sugar	<input type="checkbox"/>				
...drinking lots of fruit juice	<input type="checkbox"/>				
...eating food that is high in fibre (e.g. wholemeal bread and wholegrain breakfast cereals)	<input type="checkbox"/>				
... limiting snacks between meals e.g. crisps, chocolate, biscuits, sugary drinks	<input type="checkbox"/>				
...eating plenty of starchy carbohydrates e.g. bread, potatoes, pasta	<input type="checkbox"/>				
...limiting starchy carbohydrates e.g. bread, potatoes, pasta	<input type="checkbox"/>				

9. How important is it to you to make sure you personally eat and drink healthily?  
*ONE CODE ONLY*

- Very important.....
- Quite important .....
- Not very important .....
- Not at all important .....
- Not sure.....

10. Do you feel there is anything you can do to make your current diet healthier? *ONE CODE ONLY*

- Yes .....
- No .....
- Not sure.....

IF YES AT Q10

11. What is the **main** thing you would like to change about your diet to make it healthier? *ONE CODE ONLY*

- Eat more fruit and veg .....
- Eat food with more fibre .....
- Eat less sugary foods .....
- Eat less fatty foods .....
- Eat less red meat .....
- Eat less salt in my food .....
- Eat smaller portions .....
- Eat less processed foods.....
- Eat more foods cooked from scratch .....
- Eat less calories.....
- Eat more calories.....
- Eat less starchy food, e.g. bread, potatoes, pasta .....
- Eat more starchy food, e.g. bread, potatoes, pasta .....
- Eat less protein e.g. meat, chicken, fish, milk products, soya ...
- Eat more protein e.g. meat, chicken, fish, milk products, soya ..
- Eat fewer things like crisps and savoury snacks .....
- Eat fewer sweets, chocolates and cakes.....
- Drink less sugary drinks .....
- Other .....

12. Which, if any, of the following changes would you **not** be prepared to make to your diet? *SELECT ALL THAT APPLY*

- Drink less sugary drinks .....
- Eat fewer sweet snacks .....
- Eat more fruit and vegetables .....
- Eat more starchy carbohydrates e.g. bread, potatoes, pasta .....
- Eat more foods high in fibre e.g. wholemeal bread and wholegrain breakfast cereals.....
- Would consider any of these changes .....

IF NO / NOT SURE AT Q10

13. Why do you feel you can't make your own diet healthier? *ONE CODE ONLY*

- I already have a reasonably healthy diet .....
- I don't want to make any changes .....
- It would be too difficult make changes .....
- It's too expensive .....
- I wouldn't know what to change .....

14. REMOVE

**Section B – influences on eating healthily inside the home**

ASK ALL

15. Thinking about the food you usually eat and drink when at home, how easy or difficult do you think it is to eat healthily at home? *ONE CODE ONLY*

- Very easy .....
- Quite easy .....
- Quite difficult .....
- Very difficult .....
- Don't know .....

PARENTS/CARERS ONLY

When answering this question, please think only about your child aged between 2 and 15 years. If you have more than one child in this age group, please think only of the child whose birthday is coming up next.

Thinking about the food your child usually eats and drinks when at home, how easy or difficult do you think it is for him/her to eat healthily at home? *ONE CODE ONLY*

- Very easy .....
- Quite easy .....
- Quite difficult .....
- Very difficult .....
- Don't know .....

16. Below are some of the things people have said about why it can be difficult to eat healthily at home. Why do you think it can be difficult for you to eat healthily at home? *SELECT ALL THAT APPLY*

- Irregular working hours.....
- Busy lifestyle .....
- It would take too long to check the labels.....
- Don't know how to cook healthy food.....
- My partner / family wouldn't eat it.....
- I don't want to give up food that I like .....
- I can't afford healthy food .....
- Unhealthy food is hard to resist.....
- Eating healthily is not convenient .....
- Healthy food takes too long to prepare.....
- I don't know enough about healthy eating .....
- Healthy food isn't tasty .....
- Healthy food doesn't fill you up .....
- I don't want to feel like I'm dieting .....
- I want to be able to have snacks and treats.....
- The advice about what's healthy keeps changing.....
- Lack of willpower.....
- I don't want to change my eating habits.....
- Other (write in).....
- I have no difficulty eating healthily at home .....

ASK ALL WHO INDICATE MORE THAN ONE DIFFICULTY IN Q16

17. And which of these difficulties would be the hardest to overcome when eating at home? *ONE CODE ONLY*

- Irregular working hours.....
- Busy lifestyle .....
- It would take too long to check the labels.....
- Don't know how to cook healthy food.....
- My partner / family wouldn't eat it.....
- I don't want to give up food that I like .....
- I can't afford healthy food .....
- Unhealthy food is hard to resist.....
- Eating healthily is not convenient .....
- Healthy food takes too long to prepare.....
- I don't know enough about healthy eating .....
- Healthy food isn't tasty .....
- Healthy food doesn't fill you up .....
- I don't want to feel like I'm dieting .....
- I want to be able to have snacks and treats.....
- The advice about what's healthy keeps changing.....
- Lack of willpower.....
- I don't want to change my eating habits.....
- Other (write in).....

**Section C – influences on eating healthily outside the home**

ASK ALL

18. Thinking about the food you usually eat and drink outside your home, e.g. at work, when out and about or when eating out. How easy or difficult do you think it is for you to eat healthily outside the home? *ONE CODE ONLY*

- Very easy .....
- Quite easy .....
- Quite difficult .....
- Very difficult .....
- Don't know .....

PARENTS/CARERS ONLY

When answering this question, please think only about your child aged between 2 and 15 years. If you have more than one child in this age group, please think only of the child whose birthday is coming up next.

Thinking about the food your child usually eats and drinks outside your home, e.g. at school, when out and about or when eating out. How easy or difficult do you think it is for him/her to eat healthily outside the home? *ONE CODE ONLY*

- Very easy .....
- Quite easy .....
- Quite difficult .....
- Very difficult .....
- Don't know .....

19. Below are some of the things people have said about why it can be difficult to eat healthily outside the home. Thinking about eating 'on the go', when you're out and about, or at work (but not in the canteen), why do you think it can be difficult for you to eat healthily **outside the home**? *SELECT ALL THAT APPLY*

- Healthy options not easily available .....
- Less healthy options are more convenient .....
- I don't want to give up food that I like .....
- I want to eat what I like when I go out .....
- Healthy food is too expensive .....
- Unhealthy food is hard to resist.....
- Eating healthily is not convenient .....
- Not enough healthy choices .....
- Hard to find healthy meal deals .....
- I don't know enough about healthy eating .....
- Not enough information on healthy options.....
- Healthy food isn't tasty .....
- Healthy food doesn't fill you up .....
- I don't want to feel like I'm dieting .....
- I want to be able to have snacks and treats.....
- The advice about what's healthy keeps changing.....
- Lack of willpower.....
- I would feel self-conscious amongst other people .....
- I don't want to change my eating habits.....
- Other (write in).....
- I have no difficulty trying to eat healthily outside the home ....

ASK ALL WHO INDICATE MORE THAN ONE DIFFICULTY IN Q19

20. And which of these difficulties would be the hardest to overcome when eating outside the home? *ONE CODE ONLY*

- Healthy options not easily available .....☐
- Less healthy options are more convenient .....☐
- I don't want to give up food that I like .....☐
- I want to eat what I like when I go out .....☐
- Healthy food is too expensive .....☐
- Unhealthy food is hard to resist.....☐
- Eating healthily is not convenient .....☐
- Not enough healthy choices .....☐
- Hard to find healthy meal deals .....☐
- I don't know enough about healthy eating .....☐
- Not enough information on healthy options.....☐
- Healthy food isn't tasty .....☐
- Healthy food doesn't fill you up .....☐
- I don't want to feel like I'm dieting .....☐
- I want to be able to have snacks and treats.....☐
- The advice about what's healthy keeps changing.....☐
- Lack of willpower.....☐
- I would feel self-conscious amongst other people .....☐
- I don't want to change my eating habits.....☐
- Other (write in).....☐

ASK ALL

21. Which, if any, of the following would make it easier for you to eat healthily outside the home? *SELECT ALL THAT APPLY*

- Calorie labelling on menus and displays.....☐
- Smaller portion sizes .....☐
- More healthy options.....☐
- Better promotion of healthy options .....☐
- Ability to identify healthy options quickly and easily .☐
- Lower prices for healthy options .....☐
- Other (write in) .....☐
- Don't know .....☐

PARENTS/CARERS ONLY

When answering this question, please think only about your child aged between 2 and 15 years. If you have more than one child in this age group, please think only of the child whose birthday is coming up next.

Thinking of an average week, how regularly would you say your child consumes these types of snacks? ONE CODE ONLY

	Foods	Drinks
6 or more times a day.....	<input type="checkbox"/>	<input type="checkbox"/>
4 or 5 times a day .....	<input type="checkbox"/>	<input type="checkbox"/>
2 or 3 times a day .....	<input type="checkbox"/>	<input type="checkbox"/>
Once a day .....	<input type="checkbox"/>	<input type="checkbox"/>
A few times a week .....	<input type="checkbox"/>	<input type="checkbox"/>
Once a week.....	<input type="checkbox"/>	<input type="checkbox"/>
Hardly ever .....	<input type="checkbox"/>	<input type="checkbox"/>
Never .....	<input type="checkbox"/>	<input type="checkbox"/>

24. In what kinds of situations do you tend to have these kinds of foods? *SELECT ALL THAT APPLY*

- Between meals when I feel hungry .....
- When I'm stressed or upset .....
- When I feel down .....
- When I'm bored .....
- When I'm tired.....
- Just because I feel like something sweet, a snack.....
- As a reward e.g. if I've had a hard day/week, been exercising etc. ....
- As a treat e.g. if I've been eating healthily .....
- If I'm tempted when out and about .....
- When people around me are eating them .....
- Mid morning .....
- Mid afternoon .....
- After work .....
- Before bed.....
- After exercise .....
- In front of the TV .....
- Other .....

25. Which of the following statements best describes how you feel about the amount of **snacks** you currently eat and drink? ONE CODE ONLY

- I am happy with the amount I have.....
- I would prefer to have less .....
- I would happily have more .....
- I don't feel there's anything wrong with the amount I have .....

26. Thinking about the different shopping environments where you usually buy snacks for yourself, how much would you agree or disagree with each of the following statements. For this question, by snacks we mean things like crisps, chocolates/sweets, biscuits/cakes/pastries, pies, fizzy/still juices with added sugar.  
**ONE CODE PER STATEMENT**

	Disagree strongly	Disagree a little	Neither agree or disagree	Agree a little	Agree strongly	Don't know
I think these types of snack items should be placed where it is convenient to pick them up quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think these types of snack items should be placed away from checkouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think these types of snack items should be displayed alongside healthier snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think these types of snack items should not be placed where they catch your attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section E – changes to your diet**

27. Thinking back over the past year, have you made any of the following changes to your own diet, even if it was only for a short time? **SELECT ALL THAT APPLY**

- Avoid foods/drinks with artificial colours, flavours or sweeteners .....
- Eat more fruit and vegetables .....
- Eat food that's high in fibre (e.g. wholemeal bread or wholegrain breakfast cereal) .....
- Eat food that's high in protein .....
- Cut down on sugary foods/drinks .....
- Cut down on all fatty foods .....
- Cut down on red meat .....
- Cut down on salt .....
- Eat smaller portions .....
- Eat fewer calories .....
- Eat more starchy carbohydrates (e.g. bread, potatoes, pasta) .....
- Eat less starchy carbohydrates (e.g. bread, potatoes, pasta) .....
- Eat fewer things like crisps, sweets, chocolates and cakes .....
- Eat fewer processed foods and/or takeaways .....
- Not tried to do anything .....

Go to Q29 or P/C question

IF ANY CHANGE ATTEMPTED

28. What was your **main** reason for deciding to make this change/these changes?  
ONE CODE ONLY

- Feel fitter .....
- Feel good (psychological) .....
- Improve my appearance .....
- Improve my health .....
- To stay healthy .....
- I found out it wasn't good for me .....
- Lose weight .....
- Put on weight .....
- Reduce the risk of a particular illness .....
- Asked to by my doctor / health professional ....
- Save money .....
- Make healthier meals for the family .....
- Other .....

PARENTS/CARERS ONLY

When answering this question, please think only about your child aged between 2 and 15 years. If you have more than one child in this age group, please think only of the child whose birthday is coming up next.

Thinking back over the past year have you made/encouraged your child to make any of the following changes to your child's diet, even if it was only for a short time? *SELECT ALL THAT APPLY*

- Avoid foods/drinks with artificial colours, flavours or sweeteners .....
- Eat more fruit and vegetables .....
- Eat food that's high in fibre (e.g. wholemeal bread or wholegrain breakfast cereal) .....
- Eat food that's high in protein .....
- Cut down on sugary foods/drinks .....
- Cut down on all fatty foods .....
- Cut down on red meat .....
- Cut down on salt .....
- Eat smaller portions .....
- Eat fewer calories .....
- Eat more starchy carbohydrates (e.g. bread, potatoes, pasta) .....
- Eat less starchy carbohydrates (e.g. bread, potatoes, pasta) .....
- Eat fewer things like crisps, sweets, chocolates and cakes .....
- Eat fewer processed foods and/or takeaways .....
- Not tried to do anything .....

29. REMOVE

30. REMOVE

31. REMOVE

ASK ALL

32. Below is a list of things that people have said might make it easier for them to make changes to their diet. Which, if any do you feel might help you personally to make changes to your diet? SELECT ALL THAT APPLY

- More information about a healthy diet.....
- Tips to make it easy to swap specific foods.....
- Ideas on how to cook the same meals in a healthier way.....
- Lower prices for healthy foods .....
- Information on what is a healthy snack.....
- Fewer offers on high fat / high sugar food .....
- More offers on healthy food .....
- Healthy food that is easy to prepare .....
- Tips on how to avoid temptation .....
- Easily available healthy options at work .....
- Easily available healthy snacks.....
- Healthy food that is convenient .....
- Other (write in).....
- None of these .....
- Don't think I'll make any changes.....

**Section F – obesity**

ASK ALL

33. How much of a problem do you think obesity is in Scotland today? ONE CODE ONLY

- A big problem .....
- A bit of a problem .....
- Not much of a problem .....
- Not a problem at all .....
- Don't know .....

**Section G – sources of information**

34. Where would you normally find out about healthy eating? SELECT ALL THAT APPLY

- Media e.g. TV, radio, newspapers .....
- Websites .....
- Social media e.g. Facebook, Pinterest, blogs....
- Books .....
- Magazines .....
- Leaflets/booklets .....
- GP or other health professionals.....
- Friends and family .....
- Telephone advice line .....
- Other .....
- Don't know .....

35. Where would you go to obtain information on how to lose weight? **SELECT ALL THAT APPLY**

- Media e.g. TV, radio, newspapers .....
- Websites .....
- Social media e.g. Facebook, Pinterest, blogs....
- Books .....
- Magazines .....
- Leaflets/booklets .....
- GP or other health professionals.....
- Friends and family .....
- Telephone advice line .....
- Weight loss / slimming clubs.....
- Other.....
- Don't know.....

36. In the last year, have you ever actively looked for information on a) healthier eating, or b) how to lose weight?

- |           | a) healthier eating      | b) how to lose weight    |
|-----------|--------------------------|--------------------------|
| Yes ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| No .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**Section H – government support**

37. How would you feel if the price of unhealthy foods was increased (through putting a tax on them) so that the price of healthy foods could decrease? **ONE CODE ONLY**

- I would be very happy with that .....
- I would be quite happy with that .....
- I would be quite unhappy with that .....
- I would be very unhappy with that .....
- I'm not sure – it depends on how much tax was added .....
- Don't know.....

38. If unhealthy food was taxed, how likely do you think you would be to buy and eat less of these kinds of foods? **ONE CODE ONLY**

- Very likely .....
- Quite likely .....
- Quite unlikely .....
- Very unlikely .....
- Don't know .....

**Section I – about you**

Demographics: gender, age, SEG, household composition, income bracket, level of education

How much say do you have about buying and preparing food in the home? *ONE CODE ONLY*

- A lot .....
- A little/not very much .....
- Not at all .....

How would you describe your own weight currently? *ONE CODE ONLY*

- Underweight .....
- About right .....
- Overweight .....
- Don't know .....

**PARENTS/CARERS:**

How many children do you have aged 2-15?

- 1 .....
- 2 .....
- 3 .....
- 4 .....
- More than 4 .....

What are the ages of your children?

- 2-5 .....
- 6-8 .....
- 9-12 .....
- 13-15.....

What is the current age of the child you answered about in this survey?

- 2-5 .....
- 6-8 .....
- 9-12 .....
- 13-15.....

What is the gender of the child you answered about in this survey?

- Male .....
- Female .....

**Thank you for completing this survey, we really do appreciate your time and input.**

**Please now submit the survey by pressing the submit button.**

Parents survey - online questionnaire

**FSS diet and health survey**  
**Parent/carer survey - online questionnaire**  
Final 3<sup>rd</sup> August 2015

**INTRO FOR START PAGE**

Thank you for your interest in completing this short, confidential survey on behalf of Food Standards Scotland (FSS), a new public body for Scotland.

FSS is really interested in understanding what parents and carers think of the food and drink their children *normally* eat. All responses are confidential and anonymous – please respond as openly/honestly as possible.

The survey should take no more than 15 minutes. Please just select the appropriate answer or write in your thoughts as per the instructions given.

We are specifically interested in your views as parents or carers of children between the ages of 2 and 15. If you have more than one child in this age group, please ***think only of the child whose birthday is coming up next.***

Please record here the current age and gender of the child whose birthday is coming up next (whether you have one or more children):

Current age of child:

- 2-5 .....
- 6-8 .....
- 9-12 .....
- 13-15.....

Gender of child:

- Male .....
- Female .....

**Remember to think only about this child when answering the questions.**

PRESS THE ARROW BELOW TO PROCEED TO THE FIRST QUESTION>>  
(Plus instructions – use next & previous arrows etc.)

**MAIN QUESTIONNAIRE**

**Section A –food choices**

1. There are many reasons why we choose the foods that we and our children eat. Looking at the list below, which would you say are the main things that influence the choice of foods you buy and eat both inside and outside the home? *SELECT ALL THAT APPLY*

- Habit .....
- Price .....
- What my family will eat.....
- Quality or freshness of the food.....
- Taste .....
- On promotion.....
- Convenience/quick to prepare.....
- Presentation / packaging .....
- Trying to eat a healthy diet myself .....
- Encouraging my children to eat a healthy diet..
- Special dietary needs .....
- Fat, sugar, salt or calorie content .....
- Additives or preservatives it contains .....
- Whether it is processed food .....
- What's available in the shops I usually go to ....
- Advertising .....
- Food I know how to prepare .....
- Food that I've grown up with .....
- Food that I am used to.....
- Other .....
- No particular influences.....

**ASK THOSE WHO SELECT MORE THAN ONE INFLUENCE**

2. And which of these would you say is the **main** influence on the choice of foods you buy for you and your children to eat inside and outside the home? *ONE CODE ONLY*

- Habit .....
- Price .....
- What my family will eat.....
- Quality or freshness of the food.....
- Taste .....
- On promotion.....
- Convenience/quick to prepare.....
- Presentation / packaging .....
- Trying to eat a healthy diet myself .....
- Encouraging my children to eat a healthy diet..
- Special dietary needs .....
- Fat, sugar, salt or calorie content .....
- Additives or preservatives it contains .....
- Whether it is processed food .....
- What's available in the shops I usually go to ....
- Advertising .....
- Food I know how to prepare .....
- Food that I've grown up with .....
- Food that I am used to.....
- Other .....
- No particular influences.....

3. REMOVE

ASK ALL

4. Is your child following any particular diet at the moment?

Yes .....

No .....

IF YES:

a) What kind of diet is it? SELECT ALL THAT APPLY

Diabetic diet .....

Weight reducing diet .....

Weight gaining diet.....

Low fat diet .....

Low carbohydrate diet.....

Low sugar diet .....

High protein diet .....

Gluten free diet .....

Lactose free diet.....

Other medical diet .....

Vegetarian diet .....

Vegan diet .....

Other (write in) .....

b) Is this diet medically prescribed?

Yes .....

No .....

5. We often hear people using the term 'healthy eating'. Can you describe what 'healthy eating' means to you?

*(open response)*

6. Thinking about the kinds of foods your child normally eats and drinks nowadays (both for meals and snacks), how healthy do you feel these are?  
**ONE CODE ONLY**

Very healthy .....

Quite healthy .....

Not very healthy.....

Not at all healthy.....

Not sure .....

7. REMOVE

8. To what extent do you agree / disagree that each of the following is important for a child's healthy diet... *ONE CODE ONLY PER STATEMENT*

	Disagree strongly	Disagree a little	Agree a little	Agree strongly	Don't know
...watching how many calories they're eating	<input type="checkbox"/>				
...eating plenty of fruit and vegetables	<input type="checkbox"/>				
... limiting food that is high in fat	<input type="checkbox"/>				
... limiting food that is high in salt	<input type="checkbox"/>				
... limiting food that is high in sugar	<input type="checkbox"/>				
... limiting drinks that are high in sugar	<input type="checkbox"/>				
...drinking lots of fruit juice	<input type="checkbox"/>				
...eating food that is high in fibre (e.g. wholemeal bread and wholegrain breakfast cereals)	<input type="checkbox"/>				
...eating food that is high in fibre	<input type="checkbox"/>				
... limiting snacks between meals e.g. crisps, chocolate, biscuits, sugary drinks	<input type="checkbox"/>				
...eating plenty of starchy carbohydrates e.g. bread, potatoes, pasta	<input type="checkbox"/>				
...limiting starchy carbohydrates e.g. bread, potatoes, pasta	<input type="checkbox"/>				

9. How important is it to you to make sure your child eats and drinks healthily? *ONE CODE ONLY*

- Very important .....
- Quite important .....
- Not very important .....
- Not at all important .....
- Not sure .....

10. Do you feel there is anything you can do to make your child's current diet healthier? *ONE CODE ONLY*

- Yes .....
- No .....
- Not sure .....

IF YES AT Q10

11. What is the **main** thing you would like to change about your child's diet to make it healthier? *ONE CODE ONLY*

- Eat more fruit and veg .....
- Eat food with more fibre .....
- Eat less sugary foods .....
- Eat less fatty foods .....
- Eat less red meat.....
- Eat less salt in my food .....
- Eat smaller portions .....
- Eat less processed foods.....
- Eat more foods cooked from scratch .....
- Eat less calories.....
- Eat more calories.....
- Eat less starchy food e.g. bread, potatoes, pasta .....
- Eat more starchy food e.g. bread, potatoes, pasta .....
- Eat less protein e.g. meat, chicken, fish, milk products, soya ...
- Eat more protein e.g. meat, chicken, fish, milk products, soya ..
- Eat fewer things like crisps and savoury snacks.....
- Eat fewer sweets, chocolates and cakes.....
- Drink less sugary drinks .....
- Other .....

12. Which, if any, of the following changes would you **not** be prepared to make to your child's diet? *SELECT ALL THAT APPLY*

- Drink less sugary drinks .....
- Eat fewer sweet snacks .....
- Eat more fruit and vegetables .....
- Eat more starchy carbohydrates e.g. bread, potatoes, pasta .....
- Eat more foods high in fibre e.g. wholemeal bread and wholegrain breakfast cereals.....
- Would consider any of these changes .....

IF NO / NOT SURE AT Q10

13. Why do you feel you can't make your child's diet healthier? *ONE CODE ONLY*

- He/she already has a reasonably healthy diet.....
- I don't want to make any changes .....
- It would be too difficult to make changes.....
- It's too expensive .....
- I wouldn't know what to change .....
- I can't keep track of everything he/she eats.....
- He/she makes his/her own decisions about what he/she eats.....

ASK ALL

14. How much responsibility do you think that parents and carers should take for the diets of children of different ages? *ONE CODE PER AGE RANGE*

	Full responsibility	Most of the responsibility	A bit of the responsibility	No responsibility	Don't know
2-5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-8 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9-12 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13-15 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section B – influences on eating healthily inside the home**

15. Thinking about the food your child usually eats and drinks when at home, how easy or difficult do you think it is for him/her to eat healthily at home? *ONE CODE ONLY*

- Very easy .....
- Quite easy .....
- Quite difficult .....
- Very difficult .....
- Don't know .....

16. Below are some of the things people have said about why it can be difficult to encourage children to eat healthily **at home**. Can you please select the ones which you think make it difficult for you to encourage your child to eat healthily at home? *SELECT ALL THAT APPLY*

- Irregular working hours .....
- Busy lifestyle .....
- It would take too long to check the labels.....
- Don't know how to cook healthy food.....
- My child wouldn't eat it .....
- He/she wouldn't want to give up food he/she likes.....
- I can't afford healthy food .....
- Unhealthy food is hard to resist.....
- Eating healthily is not convenient .....
- Healthy food takes too long to prepare.....
- I don't know enough about healthy eating .....
- Healthy food isn't tasty .....
- Healthy food doesn't fill him/her up .....
- I don't want him/her feel like he/she's dieting.....
- I want him/her to be able to have snacks and treats.....
- The advice about what's healthy keeps changing .....
- I don't want to change his/her eating habits .....
- I can't influence his/her eating habits very much .....
- Pester power.....
- Other (write in) .....
- No difficulty trying to encourage my child to eat healthily at home .....

ASK ALL WHO INDICATE MORE THAN ONE DIFFICULTY AT Q16

17. And which of these difficulties would be the hardest to overcome when eating at home? *ONE CODE ONLY*

- Irregular working hours .....
- Busy lifestyle .....
- It would take too long to check the labels.....
- Don't know how to cook healthy food.....
- My child wouldn't eat it .....
- He/she wouldn't want to give up food he/she likes.....
- I can't afford healthy food .....
- Unhealthy food is hard to resist.....
- Eating healthily is not convenient .....
- Healthy food takes too long to prepare.....
- I don't know enough about healthy eating .....
- Healthy food isn't tasty .....
- Healthy food doesn't fill him/her up .....
- I don't want him/her feel like he/she's dieting.....
- I want him/her to be able to have snacks and treats.....
- The advice about what's healthy keeps changing .....
- I don't want to change his/her eating habits .....
- I can't influence his/her eating habits very much .....
- Pester power.....
- Other (write in) .....

**Section C – influences on eating healthily outside the home**

ASK ALL

18. Thinking about the food your child usually eats and drinks outside your home, e.g. at school, when out and about or when eating out. How easy or difficult do you think it is for him/her to eat healthily outside the home? *ONE CODE ONLY*

- Very easy .....
- Quite easy .....
- Quite difficult .....
- Very difficult .....
- Don't know .....

19. Below are some of the things people have said about why it can be difficult for children to eat healthier food outside the home. Thinking about eating 'on the go', when he/she is out and about, or at school (but not in the canteen), why do you think it can be difficult for your child to eat healthily **outside the home**? *SELECT ALL THAT APPLY*

- Healthy food isn't appealing .....
- Healthy options not easily available .....
- Less healthy options are more convenient .....
- He/she doesn't want to give up food that he/she likes.....
- Price of healthy food .....
- Healthy food is too expensive .....
- Unhealthy food is hard to resist.....
- Eating healthily is not convenient .....
- Not enough healthy choices .....
- Hard to find healthy meal deals .....
- Hard to find healthy meals for toddlers.....
- He/she don't know enough about healthy eating .....
- Not enough information on healthy options.....
- Healthy food isn't tasty .....
- Healthy food doesn't fill him/her up .....
- He/she wants to be able to have snacks and treats.....
- The advice about what's healthy keeps changing .....
- Peer pressure.....
- He/she would feel self-conscious amongst friends.....
- I can't control what he/she eats outside the home .....
- Other (write in) .....
- No difficulty trying to eat healthily outside the home .....

ASK ALL WHO INDICATE MORE THAN ONE DIFFICULTY AT Q19

20. And which of these difficulties would be the hardest to overcome when eating outside the home? *ONE CODE ONLY*

- Healthy food isn't appealing .....
- Healthy options not easily available .....
- Less healthy options are more convenient .....
- He/she doesn't want to give up food that he/she likes.....
- Price of healthy food .....
- Healthy food is too expensive .....
- Unhealthy food is hard to resist.....
- Eating healthily is not convenient .....
- Not enough healthy choices .....
- Hard to find healthy meal deals .....
- Hard to find healthy meals for toddlers.....
- He/she don't know enough about healthy eating .....
- Not enough information on healthy options.....
- Healthy food isn't tasty .....
- Healthy food doesn't fill him/her up .....
- He/she wants to be able to have snacks and treats.....
- The advice about what's healthy keeps changing .....
- Peer pressure.....
- He/she would feel self-conscious amongst friends.....
- I can't control what he/she eats outside the home .....
- Other (write in) .....

ASK ALL

21. Which, if any, of the following would make it easier for your child to eat healthily outside the home? *SELECT ALL THAT APPLY*

- Calorie labelling on menus and displays.....
- Smaller portion sizes .....
- More healthy options.....
- Better promotion of healthy options .....
- Ability to identify healthy options quickly and easily
- Lower prices for healthy options .....
- Other (write in) .....
- Don't know .....

**Section D – snacks**

The next few questions are about snack foods and drinks (excluding water, tea, coffee). By this we mean food and drink that is consumed in addition to main meals or between meals, rather than as part of a meal.

22. Which of the following types of snack does your child tend to have most often? *SELECT ALL THAT APPLY*

*Foods*

- Crisps and savoury snacks .....
- Savoury pies and pastries .....
- Chocolate bars and other sweets .....
- Biscuits .....
- Cakes and sweet pastries .....
- Cereal bars .....
- Ice cream .....
- Other .....
- None of these.....

*Drinks*

- Pure fruit juice .....
- Fizzy drinks with added sugar (non diet).....
- Still drinks with added sugar (non diet) .....
- Sports drinks (non diet) .....
- Energy drinks .....
- Squashes, cordials, diluting juice (non diet) ....
- Other .....
- None of these.....

23. Thinking of an average week, how regularly would you say your child consumes these types of snack foods and drinks?

- |                            | Foods                    | Drinks                   |
|----------------------------|--------------------------|--------------------------|
| 6 or more times a day..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 or 5 times a day.....    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 or 3 times a day.....    | <input type="checkbox"/> | <input type="checkbox"/> |
| Once a day.....            | <input type="checkbox"/> | <input type="checkbox"/> |
| A few times a week.....    | <input type="checkbox"/> | <input type="checkbox"/> |
| Once a week.....           | <input type="checkbox"/> | <input type="checkbox"/> |
| Hardly ever.....           | <input type="checkbox"/> | <input type="checkbox"/> |
| Never.....                 | <input type="checkbox"/> | <input type="checkbox"/> |

24. In what kinds of situations does your child tend to have these kinds of foods? *SELECT ALL THAT APPLY*

- Between meals when he/she feels hungry .....
- When he/she is stressed or upset .....
- When he/she is bored or tired .....
- Just when he/she feels like a snack .....
- When I want a bit of peace and quiet.....
- When I want to do something nice/loving for him/her .....
- If he/she is tempted when out and about .....
- When people around him/her are eating them.....
- When he/she pesters me for them .....
- At school break/lunchtime .....
- After school .....
- Before bed.....
- After exercise.....
- In front of the TV .....
- Other .....

25. a) How frequently will you reward or treat your child with a snack item of this kind? *ONE CODE ONLY*

b) And how regularly will your child reward or treat him/herself with a snack item of this kind? *ONE CODE ONLY*

- |                           | a) my treat/reward<br>for him/her | b) treat/reward<br>him/herself |
|---------------------------|-----------------------------------|--------------------------------|
| Very frequently .....     | <input type="checkbox"/>          | <input type="checkbox"/>       |
| Quite frequently .....    | <input type="checkbox"/>          | <input type="checkbox"/>       |
| Not very frequently ..... | <input type="checkbox"/>          | <input type="checkbox"/>       |
| Hardly ever.....          | <input type="checkbox"/>          | <input type="checkbox"/>       |
| Never .....               | <input type="checkbox"/>          | <input type="checkbox"/>       |
| Don't know .....          | <input type="checkbox"/>          | <input type="checkbox"/>       |
| Not applicable .....      | <input type="checkbox"/>          | <input type="checkbox"/>       |

26. Which of the following statements best describes how you feel about the amount of **snacks** and treats your child currently eats and drinks? *ONE CODE ONLY*

- I am happy with the amount he/she has .....
- I would prefer him/her to have less .....
- I would happily let him/her have more .....
- I don't feel there's anything wrong with the amount he/she has .....

27. How regularly does your child have snack foods and sugary drinks without asking you or another adult?

- |                        | Snack foods              | Sugary drinks            |
|------------------------|--------------------------|--------------------------|
| Always .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| Most of the time ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Some of the time.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Hardly ever.....       | <input type="checkbox"/> | <input type="checkbox"/> |
| Never .....            | <input type="checkbox"/> | <input type="checkbox"/> |
| Don't know .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| Not applicable .....   | <input type="checkbox"/> | <input type="checkbox"/> |

28. Think now about the different shopping environments where you usually buy snacks and treats for your child, or your child usually buys snack and treats for himself/herself: how much would you agree or disagree with each of the following statements. For this question, by snacks and treats we mean things like crisps, chocolates/sweets, biscuits/cakes/pastries, pies, fizzy/still juices with added sugar. *ONE CODE PER STATEMENT*

	Disagree strongly	Disagree a little	Neither agree or disagree	Agree a little	Agree strongly
I think these types of snack items should be placed where it is convenient to pick them up quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think these types of snack items should be placed away from checkouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think these types of snack items should be displayed alongside healthier snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think these types of snack items should not be placed where they catch your attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section E – changes to your child’s diet**

29. Thinking back over the past year, have you made/encouraged your child to make any of the following changes to your child’s diet, even if it was only for a short time? *SELECT ALL THAT APPLY*

- Avoid foods/drinks with artificial colours, flavours or sweeteners .....
- Eat more fruit and vegetables .....
- Eat food that’s high in fibre (e.g. wholemeal bread or wholegrain breakfast cereal) .....
- Eat food that’s high in protein .....
- Cut down on sugary foods/drinks .....
- Cut down on all fatty foods .....
- Cut down on red meat.....
- Cut down on salt .....
- Eat smaller portions.....
- Eat fewer calories.....
- Eat more starchy carbohydrates (e.g. bread, potatoes, pasta) .
- Eat less starchy carbohydrates (e.g. bread, potatoes, pasta) ...
- Eat fewer things like crisps, sweets, chocolates and cakes .....
- Eat fewer processed foods and/or takeaways .....
- Not tried to do anything .....  Go to Q31

**Section F – obesity**

ASK ALL

35. How much of a problem do you think child obesity is in Scotland today? *ONE CODE ONLY*

- A big problem .....
- A bit of a problem .....
- Not much of a problem .....
- Not a problem at all .....
- Don't know .....

**Section I – about you**

Demographics: gender, age, SEG, household composition, income bracket, level of education

How much say do you have about buying and preparing food in the home? *ONE CODE ONLY*

- A lot .....
- A little/not very much .....
- Not at all .....

How many children do you have aged 2-15?

- 1 .....
- 2 .....
- 3 .....
- 4 .....
- More than 4 .....

What are the ages of your children?

- 2-5 .....
- 6-8 .....
- 9-12 .....
- 13-15 .....

How would you describe the current weight of the child you answered this questionnaire about? *ONE CODE ONLY*

- Underweight .....
- About right .....
- Overweight .....
- Don't know .....

**Thank you for completing this survey, we really do appreciate your time and input.**

**Please now submit the survey by pressing the submit button.**

## Appendix 2: weighted/unweighted counts of variables

**Table 18: Adults sample**

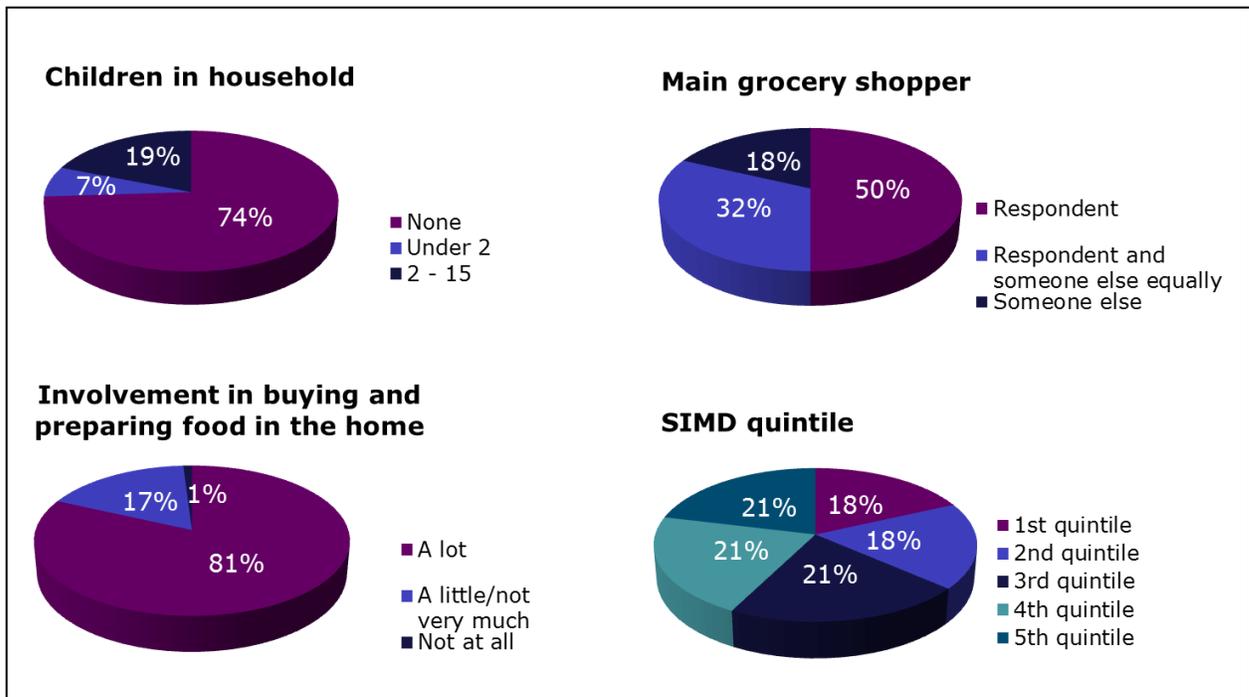
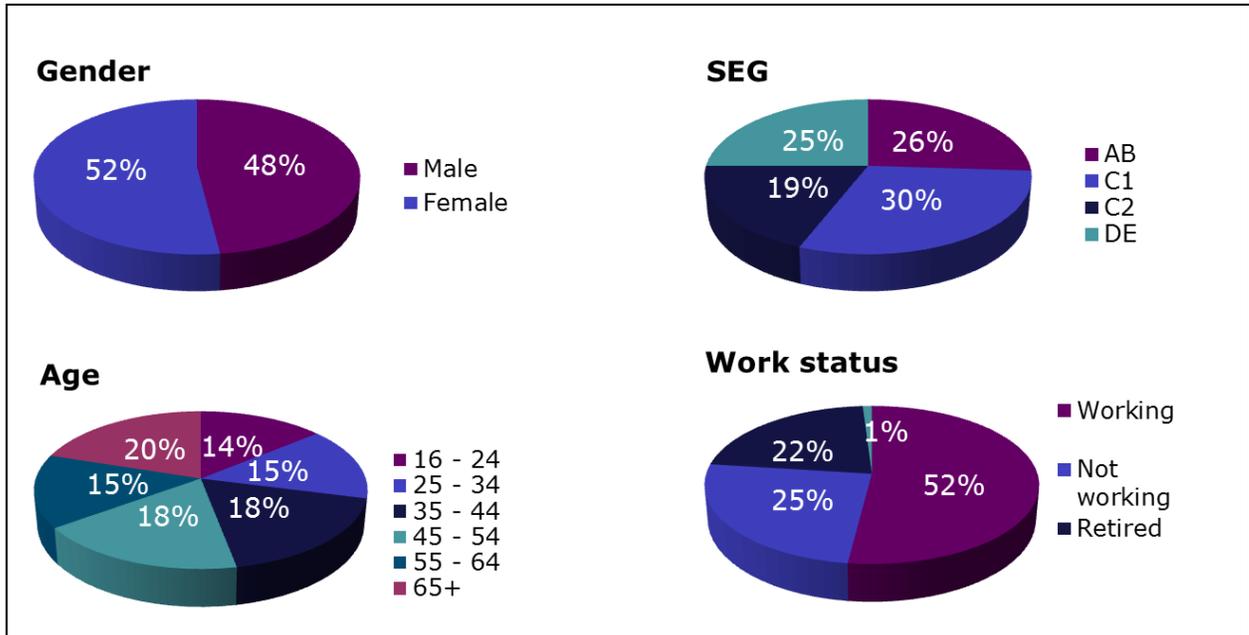
	Raw data counts	Weighted data counts		Actual %	Desired %	Change
<b>Gender</b>						
Male	541	594		44	48	0.04
Female	697	644		56	52	-0.04
<b>Age</b>						
16-24	117	173		10	14	0.05
25-34	184	186		15	15	0.00
35-44	208	223		17	18	0.01
45-54	296	223		24	18	-0.06
55-64	244	186		20	15	-0.05
65+	189	248		15	20	0.05
<b>SEG</b>						
AB	199	303		17	26	0.09
C1	503	350		43	30	-0.13
C2	184	222		16	19	0.03
DE	289	292		25	25	0.00
Not stated	63	71				

**Table 19: Parents sample**

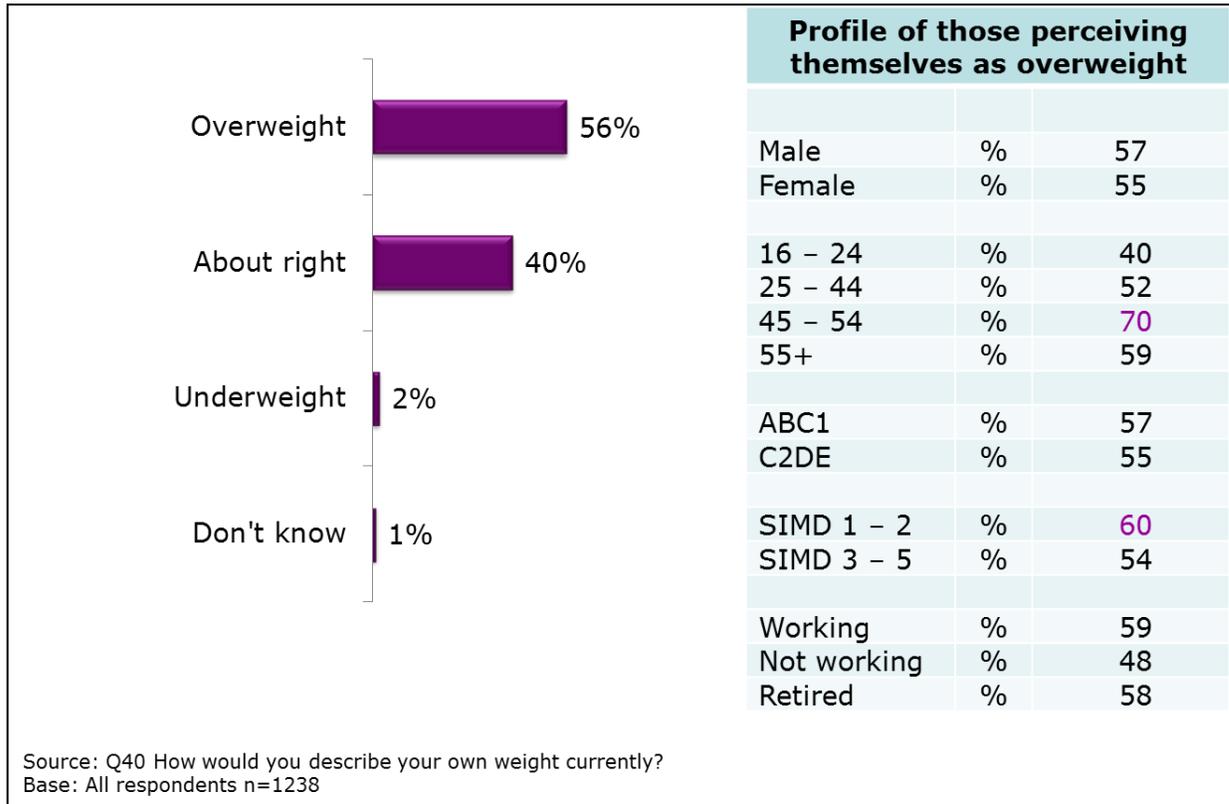
	Raw data counts	Weighted data counts		Actual %	Desired %	Change
<b>Gender</b>						
Male	107	117		35	38	0.03
Female	200	190		65	62	-0.03
<b>Age</b>						
16-24	8	12		3	4	0.01
25-34	68	64		22	21	-0.01
35-44	144	160		47	52	0.05
45-54	76	61		25	20	-0.05
55-64	11	9		4	3	-0.01
65+	0	0		0	0	
<b>SEG</b>						
AB	89	108		30	36	0.06
C1	117	84		39	28	-0.11
C2	47	60		16	20	0.04
DE	48	48		16	16	0.00
Not stated	6	6				

### Appendix 3: Sample profile

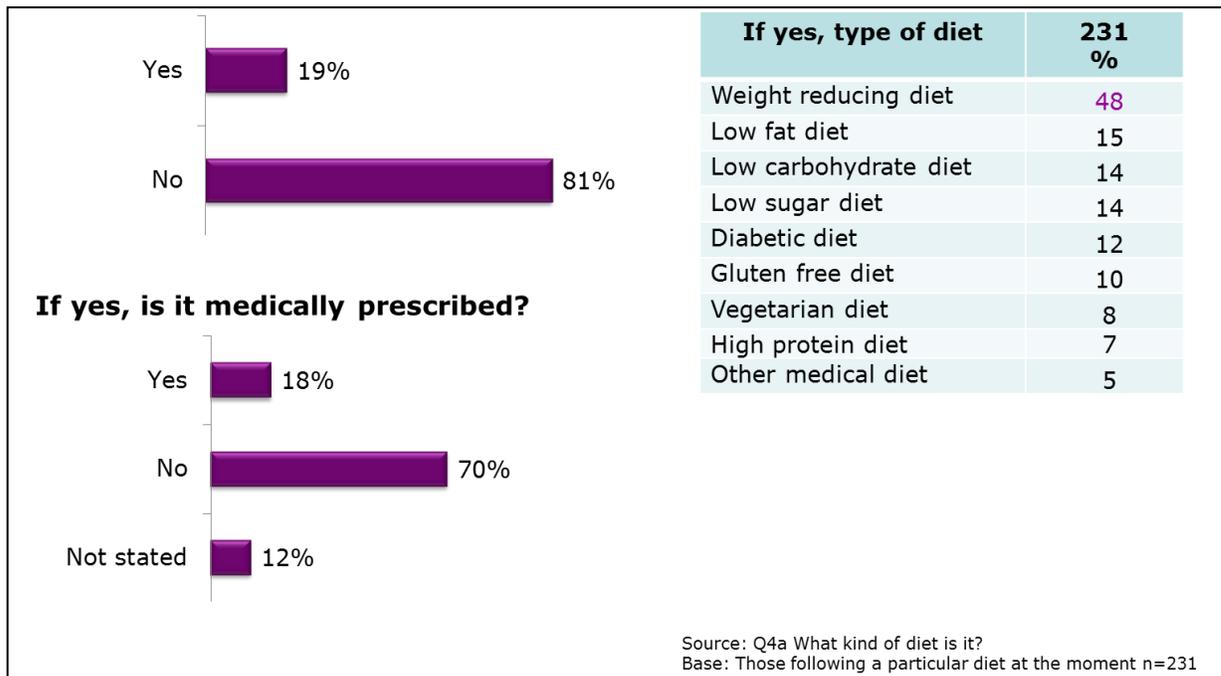
Figure 35: Profile of respondents in adults survey (weighted)



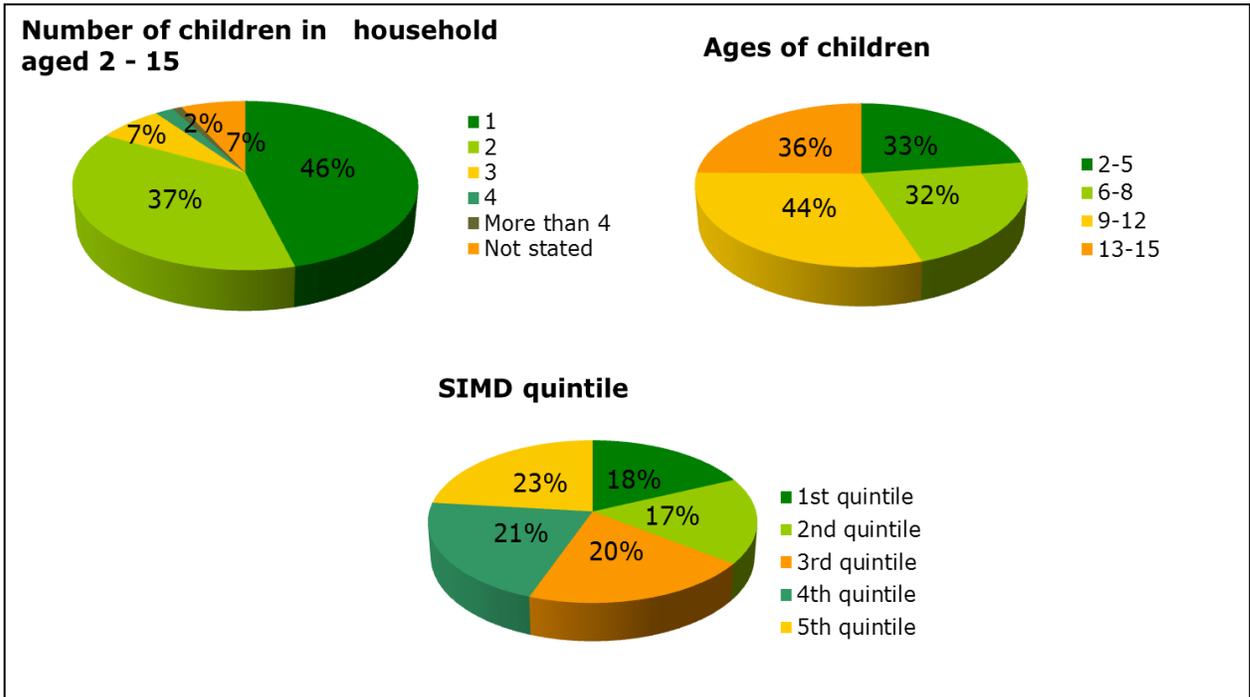
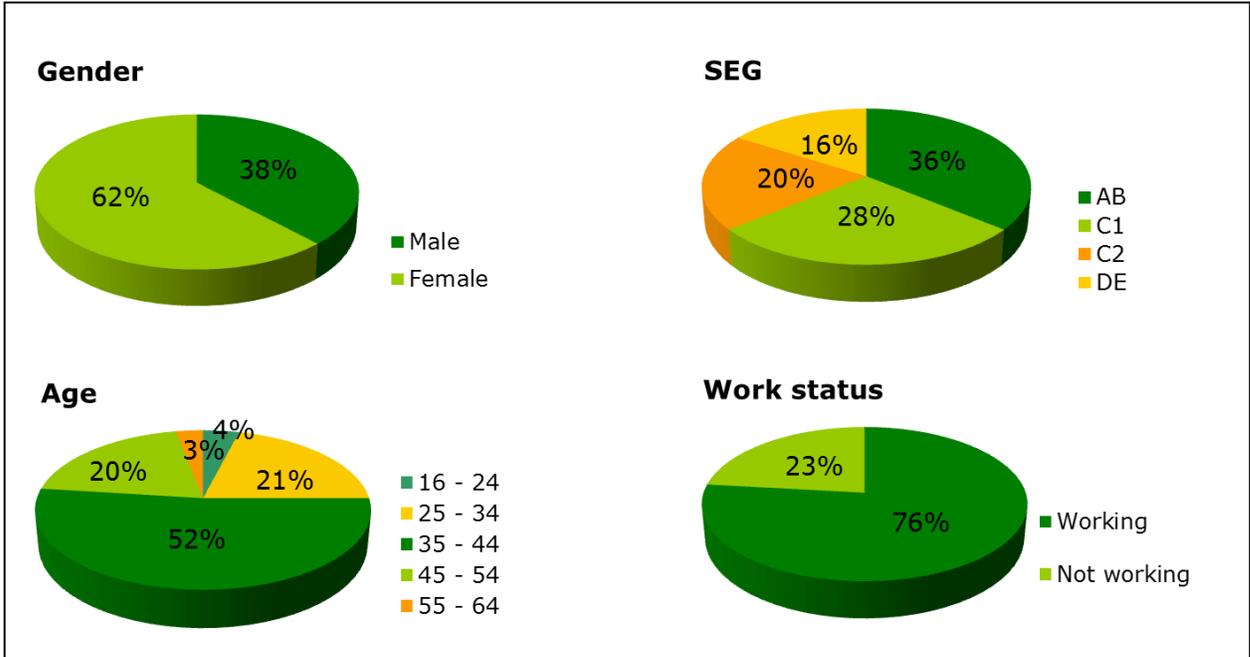
**Figure 36: Assessment of own weight (adults)**



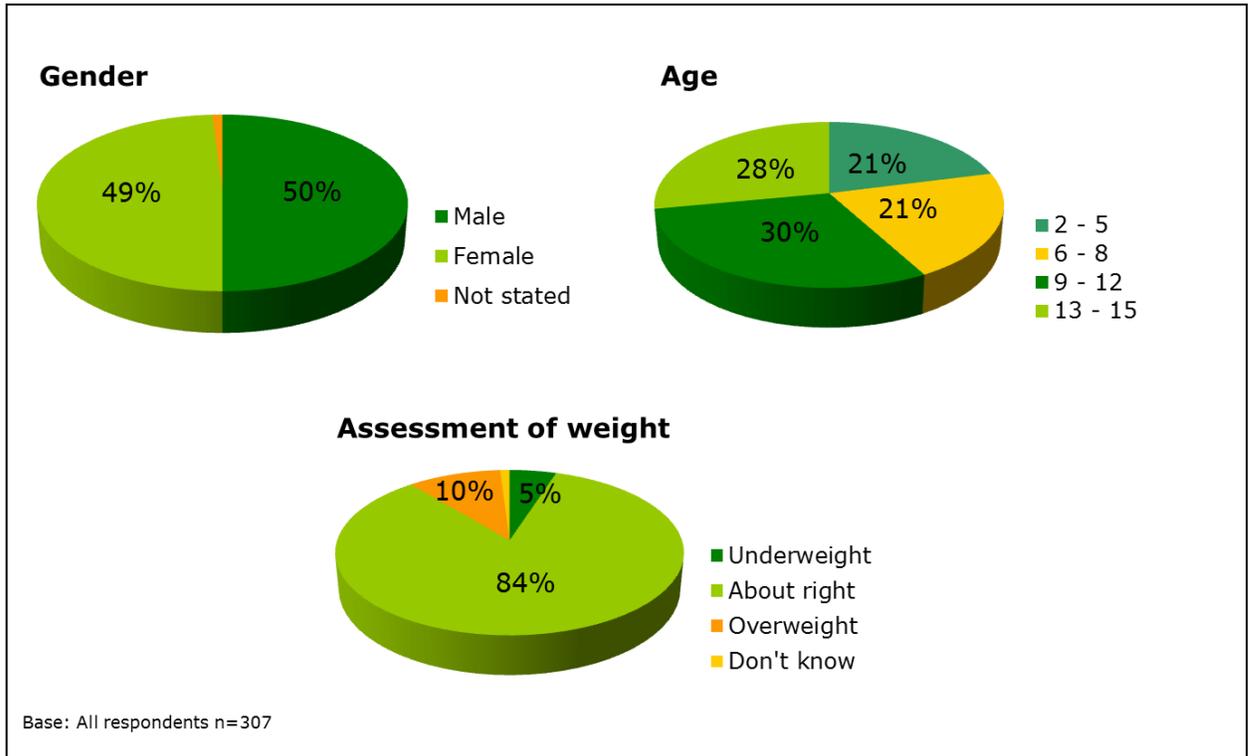
**Figure 37: Whether following a particular diet (adults)**



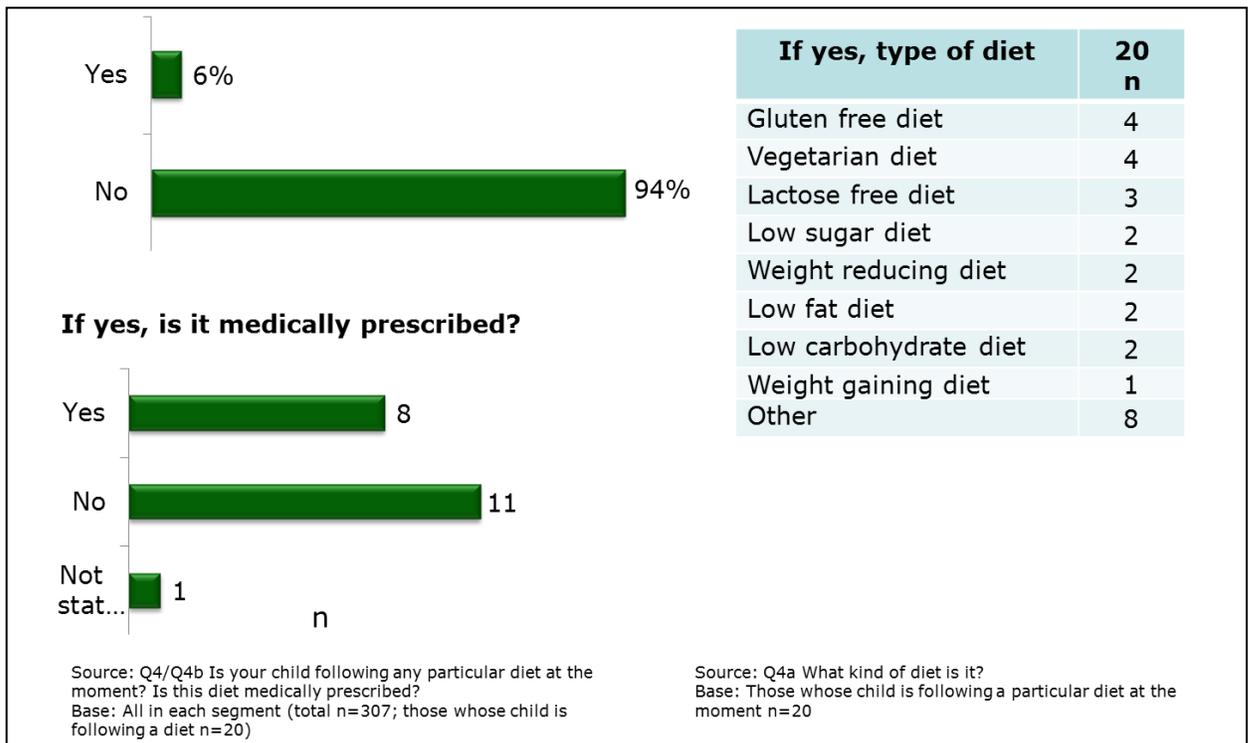
**Figure 38: Profile of respondents in parents survey (weighted)**



**Figure 39: Profile of child referred to for survey (parents)**



**Figure 40: Whether child currently following a particular diet (parents)**



## Appendix 4: Understanding of healthy eating

**Table 20: Understanding of 'healthy eating' (adults)**

	<b>Total 1238 %</b>
<b>Fruit and veg</b>	<b>38</b>
Fruit and veg/greens	34
Five a day (fruit and veg)	4
Salads/raw food	2
<b>Food source</b>	<b>33</b>
Fresh food	21
Unprocessed food	16
Organic / ...free from chemicals, additives, etc.	5
Locally sourced food / ingredients	1
In season	1
Natural food	1
Clean food	*
<b>Balanced diet</b>	<b>31</b>
Balanced diet/from all food groups	28
Everything in moderation/a little of what you fancy	4
<b>Sugar - any negative mention</b>	<b>30</b>
Low/less sugar	26
No sweets, biscuits, cakes, etc.	2
No sugar / ...cutting out	1
No added sugar	1
<b>Fat - any negative mention</b>	<b>28</b>
Low / less fat	24
No saturated fat	2
No fat / fatty foods / ...cutting out	1
No trans fats	*
Low cholesterol	*
No added fats	*
<b>Salt - any negative mention</b>	<b>15</b>
Low/less salt	14
No salt / ...cutting out	0
No added salt	0

<b>Cooking method - any mention</b>	<b>10</b>
Home cooking / Cooking meals from scratch	6
No fried / deep-fried food	2
Not ready meals / microwave dinners	1
Grilled food	1
Food that is cooked properly / sensibly	1
Baking/roasting food	*
Steaming food	*
<b>Amount consumed</b>	<b>8</b>
Less calories / not more than you burn	6
Less snacks / grazing / eating between meals	1
Three meals a day / eating at regular times	1
<b>Appeal / enjoyment</b>	<b>4</b>
Treats okay on occasion	2
Eating what I like/enjoy	1
Colourful/attractive plates of food	1
Tasty/appetising food	*
<b>Related to own circumstances/lifestyle</b>	<b>3</b>
Diet geared towards a particular condition – diabetes etc.	1
Providing the energy you need / ...enough calories for	1
Exercise in combination	1
<b>Carbs - any negative mention</b>	<b>2</b>
Low carbs (esp. refined)	2
<b>Carbs - any positive mention</b>	<b>2</b>
Wholegrains	1
Rice / pasta	1
<b>Drinks - any negative mention</b>	<b>2</b>
Less alcohol	1
No fizzy/sugary drinks	1
<b>Cynical/hostile</b>	<b>2</b>
Expensive / overpriced food	1
Advice changes all the time	1
Boring / tasteless food	1

Source: Q5 We often hear people using the term 'healthy eating'. Can you describe what 'healthy eating' means to you?

Base: All respondents n=1238

**Table 21: Understanding of 'healthy eating' (parents)**

	<b>307 %</b>
<b>Balanced diet</b>	<b>46</b>
Balanced diet/from all food groups	41
Everything in moderation/a little of what you fancy	5
<b>Fruit and veg</b>	<b>40</b>
Fruit and veg/greens	34
Five a day (fruit and veg)	5
Salads/raw food	1
<b>Food source</b>	<b>35</b>
Unprocessed food	18
Fresh food	16
Organic / ...free from chemicals, additives, etc.	7
Locally sourced food / ingredients	1
In season	*
<b>Sugar - any negative mention</b>	<b>30</b>
Low/less sugar	25
No sweets, biscuits, cakes, etc.	3
No sugar / ...cutting out	*
No added sugar	*
<b>Fat - any negative mention</b>	<b>24</b>
Low/less fat	22
No saturated fat	1
No trans fats	1
No fat / fatty foods / ...cutting out	*
<b>Salt - any negative mention</b>	<b>14</b>
Low/less salt	13
No added salt	*

<b>Cooking - any mention</b>	<b>12</b>
Home cooking / Cooking meals from scratch	10
No fried / deep-fried food	2
Grilled food	1
Baking/roasting food	*
<b>Amount consumed</b>	<b>11</b>
Everything in moderation / A little of what you fancy does you good	5
Less calories / not more than you burn	2
Less snacks / grazing / eating between meals	2
Three meals a day / eating at regular times	2
<b>Appeal / enjoyment</b>	<b>4</b>
Treats okay on occasion	4
Colourful/attractive plates of food	*
Tasty/appetising food	*
<b>Drinks - any negative mention</b>	<b>3</b>
No fizzy/sugary drinks	3
<b>Carbs - any negative mention</b>	<b>2</b>
Low carbs (esp refined)	2
<b>Related to own circumstances / lifestyle</b>	<b>2</b>
Providing the energy you need during the day / ...enough calories for	1
Exercise in combination	1
A diet that keeps you at a healthy weight	*
<b>Carbs - any positive mention</b>	<b>1</b>
Wholegrains	1
Rice / pasta	1

Source: Q5 We often hear people using the term 'healthy eating'. Can you describe what 'healthy eating' means to you?  
Base: All respondents n=307