

Tracking Nutrition Trends V

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Joint Initiative of the National Institute of Nutrition
and the Canadian Food Information Council



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Executive Summary/ Résumé

Introduction

This report presents the results of the 2004 *Tracking Nutrition Trends (TNT V)* Survey. The National Institute of Nutrition (NIN) launched the Tracking Nutrition Trends Series in 1989 to investigate the self-reported knowledge, attitudes and behaviours of the adult Canadian population with respect to food and nutrition. Each wave of the series (I through V) has built on the previous findings and tracked changes in attitudes, self-reported knowledge and behaviours of adult Canadians.

In addition to tracking questions on nutrition knowledge, attitudes and behaviour, the 2004 survey (TNT V) was designed to obtain key baseline information on nutrition labelling and on eating patterns. Nutrition labelling was identified as an important area to start tracking because of the recent regulatory changes to incorporate mandatory labelling of prepackaged foods. In the current climate, where the increasing rates of overweight and obesity amongst both children and adults is considered a serious health issue and, diets, especially low carbohydrate diets are being given much media hype, collecting information on eating habits would provide us with insight into whether Canadians are purchasing and consuming products with specialized characteristics or adopting specific behaviours to deal with weight and health issues.

The intent of the TNT Series has always been to provide health professionals, academics, and the food industry with insight into Canadians' perspectives on the importance of nutrition, their self-reported knowledge and most importantly their self-reported behaviors. TNT V is presented in the same spirit – to give insight in developing communications on the role of food and nutrition in health, in shaping further nutrition research projects, and in shaping decisions on the marketing and development of food products.

Introduction

Le présent rapport présente les résultats du sondage *Nutrition : évolution et tendances 2004 (NET V)*. L'Institut national de la nutrition (INN) a lancé sa série de sondages Nutrition : évolution et tendances en 1989 dans le but d'étudier les connaissances, les attitudes et les comportements avoués de la population canadienne adulte en matière d'aliments et de nutrition. Chaque vague de la série (de I à V) s'appuie sur les résultats et les changements notés relativement aux attitudes, connaissances et comportements avoués des Canadiens adultes.

En plus de faire le suivi des questions sur les connaissances, attitudes et comportements en matière de nutrition, le sondage de 2004 (NET V) a été conçu de manière à obtenir de l'information clé de référence sur l'étiquetage nutritionnel et les habitudes de consommation. L'étiquetage nutritionnel a été identifié comme étant un domaine important pour commencer le suivi, étant donné les changements récents dans la réglementation introduisant l'étiquetage obligatoire des aliments préemballés. À l'heure actuelle, les taux d'embonpoint et d'obésité augmentent chez les enfants et les adultes, et ils sont considérés comme étant une grave question de santé et les régimes alimentaires, spécialement les régimes faibles en glucides, reçoivent des médias une publicité flamboyante, la collecte d'information sur les habitudes alimentaires nous permettrait de comprendre si les Canadiens achètent et consomment des produits ayant des caractéristiques spéciales ou s'ils adoptent des comportements précis pour contrôler leur poids et améliorer leur santé.

La série d'enquêtes NET a toujours eu comme objectif de fournir aux professionnels de la santé, aux universitaires et à l'industrie alimentaire des connaissances sur ce que pensent les Canadiens quant à l'importance de la nutrition, leurs connaissances avouées et, plus important encore, leurs comportements avoués. Le sondage NET V est présenté dans le même esprit – apporter des connaissances au développement des communications portant sur le rôle des aliments et de la nutrition dans la santé, à la mise au point d'autres projets de recherche sur la nutrition et au développement de décisions de marketing et d'élaboration de produits alimentaires.

Key Findings

Knowledge and Understanding of Nutrition

Almost all Canadians believe they have some knowledge of nutrition with 29 per cent indicating that they are very knowledgeable. Knowledgeable people are better positioned to make nutritious choices.

That said, there are clear deficiencies with respect to knowledge. Some groups in society are, on the whole, less knowledgeable (e.g. younger Canadians, men, and those with less formal education) and there are wider knowledge deficiencies on relatively new issues, such as the glycemic index and trans fatty acids.

- Self-rated knowledge is a good predictor of knowledge about specific nutrition issues in the survey and is a strong driver of nutrition related decisions and lifestyle choices. For example, people who think that they are very knowledgeable about nutrition are more likely to agree that some types of dietary fibre can reduce cholesterol in the blood.
- Despite the fairly high profile of trans fatty acids in media coverage over the past six months, Canadians do not fully understand their role in a person's diet. One in five (21%) do not know whether or not trans fatty acids have about the same role as saturated fat in the diet and an additional one in ten (11%) neither agree nor disagree.

Food Safety Concerns

- Consistent with previous versions of the survey, there is no single dominant food safety issue or category of issues that concerns Canadians. Key concerns are the handling, preparation or storage of food (22%), the content of specific nutrients in food (11%), and the additives and other chemicals in food (11%).
- In 2002, genetic modification was the most frequently cited food safety concern (15% mentioned it). In 2004, genetic modification was cited by less than one in ten people (6%).

Résultats clés

Connaître et comprendre la nutrition

Presque tous les Canadiens croient qu'ils possèdent des connaissances en matière de nutrition et 29 pour cent d'entre eux pensent qu'ils sont très bien renseignés. Les personnes bien renseignées sont plus en mesure de faire des choix nutritionnels éclairés.

Ceci dit, il existe de nettes lacunes en ce qui concerne ces connaissances. Certains groupes sont globalement moins renseignés, (p. ex. les jeunes, les hommes, et ceux qui sont moins scolarisés) et il y a de plus grands manques de connaissances sur les questions relativement plus récentes, comme l'indice glycémique et les acides gras trans.

- Les connaissances auto-évaluées constituent un bon indicateur des connaissances sur les questions de nutrition spécifiques au sondage et une forte motivation quant aux décisions nutritionnelles et aux choix de style de vie. Par exemple, les gens qui pensent qu'ils s'y connaissent très bien en matière de nutrition sont plus susceptibles d'être d'accord que certains types de fibres alimentaires peuvent faire baisser le taux de cholestérol sanguin.
- En dépit de la couverture médiatique assez soutenue faite aux acides gras trans au cours des six derniers mois, les Canadiens ne comprennent pas entièrement leur rôle dans le régime alimentaire. Une personne sur cinq (21 %) ne sait pas si oui ou non les acides gras trans ont à peu près le même rôle que les gras saturés dans le régime alimentaire et, de plus, une personne sur dix (11 %) n'est ni d'accord ni en désaccord..

Préoccupations quant à la salubrité alimentaire

- Conformément aux versions antérieures du sondage, il n'y a aucune question ou catégorie de questions en particulier qui préoccupe les Canadiens quant à la salubrité alimentaire. Les préoccupations clés portent sur la manipulation, la préparation ou l'entreposage des aliments (22 %), la présence de nutriments spécifiques dans les aliments (11 %) et les additifs et autres produits chimiques dans les aliments (11 %).
- En 2002, la modification génétique avait été la préoccupation de salubrité alimentaire mentionnée le plus souvent (15 % l'avaient mentionnée). En 2004, la modification génétique a été mentionnée par moins d'une personne sur dix (6 %).

Information about Food and Nutrition

- The sources from which Canadians received nutrition information in the last year are quite varied. The most likely sources of information are product labels (75%), followed by sources that are easy to access and use such as magazines and newspapers (73%), friends, relatives and colleagues (69%) and radio and television programs (67%). Few people received information directly from a dietitian (28%) and just under half received information from a family physician or other health professional.
- The primary sources of information, except product labels, for Canadians about nutrition are not, however, widely viewed as credible providers of nutrition information. This is especially true when compared with the high credibility ratings for health professionals (dietitians, physicians and others), who are seen as very credible by more than three quarters of Canadians.
- While information from food companies is not viewed as particularly credible, especially when provided in advertisements or in-store displays, the information on product labels is considered credible.
- In 1997, product labels were the most widely identified source of information (71%) and the Internet was used by a small minority (6%). In 2004, product labels are still widely used (75%) but the Internet has grown significantly as a source of information (43%).

Information sur la nourriture et la nutrition

- Les sources auprès desquelles les Canadiens ont obtenu de l'information au cours de la dernière année sont assez variées. Les sources d'information les plus probables sont les étiquettes de produits (75 %) suivies par les sources qui sont facilement accessibles et faciles à utiliser comme les magazines et les journaux (73 %), les amis, la parenté et les collègues (69 %) ainsi que la radio et les émissions de télévision (67 %). Peu de répondants ont reçu de l'information directement d'un(e) diététiste (28 %) et un peu moins de la moitié ont reçu de l'information d'un médecin de famille ou d'un autre professionnel de la santé.
- Cependant, les principales sources d'information des Canadiens sur la nutrition ne sont pas largement considérées comme étant crédibles, à l'exception des étiquettes de produits. Cela est particulièrement vrai quand on compare les taux de crédibilité élevés obtenus par les professionnels de la santé (diététistes, médecins et autres), qui sont vus comme étant très crédibles par plus des trois quarts des Canadiens.
- Bien que l'information fournie par les fabricants alimentaires ne soit pas vue comme étant particulièrement crédible, en particulier quand elle est fournie dans des publicités ou dans les étalages des magasins, l'information sur les étiquettes de produits est considérée comme étant crédible.
- En 1997, les étiquettes de produits ont été la source d'information la plus souvent mentionnée (71 %) et Internet n'était utilisé que par une petite minorité (6 %). En 2004, les étiquettes de produits sont encore largement utilisées (75 %), mais Internet a reçu une part beaucoup plus grande comme source d'information (43 %).

Labelling

- As the previous section showed, most Canadians (75%) continue to get nutrition information from product labels. In addition, people tend to attach credibility to this source with product labels considered more credible on average than mass media outlets, interpersonal relationships or other types of food company materials.
- In general, most Canadians consult labels at least sometimes with a small proportion of active label consulters. The purpose of reading labels is primarily to find information about ingredients and about nutrition. To the extent to which labels are read, they also appear to provide the information that Canadians need.
- When we examine specific information that is used on product labels, we find that the most frequent activity is finding food labelled high or low in nutrients like fat, fibre or vitamins (57%). In 2002, this question was asked in a slightly different way but less people said they often or sometimes look to see if the product contained nutrients or ingredients they want more of or are trying to eat less of.
- Half of those who read labels often look to find foods that claim to be good for their health. Only a small proportion of label readers (one in four) are actively looking to see whether the food was produced by genetic modification or grown organically.

Étiquetage

- Comme la section précédente l'a démontré, la plupart des Canadiens (75 %) continuent d'obtenir de l'information sur la nutrition à partir des étiquettes de produits. De plus, les gens ont tendance à accorder de la crédibilité à cette source, les étiquettes de produits étant considérées plus crédibles en moyenne que les médias de masse, les relations interpersonnelles ou tout autre type de matériel fourni par les fabricants alimentaires.
- En général, la plupart des Canadiens consultent les étiquettes au moins à l'occasion et une petite proportion de Canadiens les consultent activement. On lit les étiquettes principalement pour trouver de l'information sur les ingrédients et sur la nutrition. Dans la mesure où elles sont lues, les étiquettes semblent également fournir l'information dont les Canadiens ont besoin.
- Quand nous examinons l'information spécifique qui est utilisée sur les étiquettes de produits, nous constatons que l'activité la plus fréquente est de trouver des aliments dont l'étiquette indique qu'ils contiennent une faible ou haute teneur en nutriments comme les gras, les fibres, ou les vitamines (57 %). En 2002, cette question avait été posée d'une façon un peu différente, mais moins de gens avaient dit qu'ils regardaient souvent ou parfois pour voir si le produit contenait des nutriments ou des ingrédients qu'ils voulaient manger plus souvent ou qu'ils essayaient de manger moins souvent.
- La moitié de ceux qui lisent les étiquettes le font souvent pour trouver des aliments soi-disant bons pour la santé. Seulement une petite proportion de lecteurs d'étiquettes (un sur quatre) cherchent activement pour voir si l'aliment n'a pas subi de transformation génétique ou si le produit est biologique.

Food Choices

- While few people see their health or eating habits as poor, there is some variation between good and excellent. Importantly, those who rate their eating habits as excellent tend to place a higher emphasis on nutrition. For example, almost all (82%) of those who rate their habits as excellent say that nutrition is very important compared with only just over one in three (36%) of those who rate their habits as poor.
- Nutrition is almost as important for Canadians as taste and much more important than cost or convenience when selecting foods. Of course, cost is much more important for those with lower levels of household income. In English Canada nutrition is much more likely to be considered very important (71% compared to 48% in French Canada) as is taste (76% compared with 58%).
- When selecting food to eat, people also reported to be most influenced by the desire to maintain good health followed by whether the food provides energy and stamina. A minority of Canadians is influenced by whether the food is organically grown, produced using biotechnology or has a low glycemic index. In the case of the latter, there is low awareness of the meaning of glycemic index.
- Food choices are also affected by the tendency for people to select food based on the amount of a particular nutrient, such as fibre or saturated fat. When it comes to selecting foods based on specific nutrients, people are most often selecting food based on its composition of fibre, protein, and vitamins. Since the 2002 survey there has been a modest increase in the frequency of selecting food based on its fat or sugar content and a large increase (41% versus 56%) in selecting food based on the amount of trans fatty acids.
- Just over half of Canadians take some form of vitamin, mineral or supplement.

Choix d'aliments

- Bien que peu de gens voient leur santé ou leurs habitudes alimentaires comme étant médiocres, il existe des écarts entre une bonne et une excellente évaluation. D'une manière importante, ceux qui évaluent leurs habitudes alimentaires comme étant excellentes ont tendance à accorder plus d'importance à la nutrition. Par exemple, presque tous ceux (82 %) qui évaluent leurs habitudes comme étant excellentes disent que la nutrition est très importante comparativement à seulement un peu plus d'une personne sur trois (36 %) parmi celles qui évaluent leurs habitudes comme étant médiocres.
- La nutrition est presque aussi importante que le goût pour les Canadiens et elle est beaucoup plus importante que le coût ou l'aspect pratique lors du choix des aliments. Bien entendu, le coût est beaucoup plus important pour les foyers ayant des revenus moins élevés. Au Canada anglais, la nutrition est beaucoup plus susceptible d'être considérée comme étant très importante (71 % comparativement à 48 % au Canada français), tout comme le goût (76 % comparativement à 58 %).
- Lors du choix des aliments, les gens ont également dit qu'ils étaient le plus influencés par le désir de maintenir une bonne santé ainsi que par le fait que l'aliment soit une source d'énergie et d'endurance. Une minorité de Canadiens est influencée par le fait que l'aliment est biologique, issu de la biotechnologie ou qu'il ait un indice glycémique peu élevé. Dans ce dernier cas, peu de gens connaissent la signification de l'indice glycémique.
- Les choix alimentaires sont aussi affectés par la tendance à choisir des aliments en se basant sur la quantité d'un nutriment en particulier comme les fibres ou les gras saturés. Quant au choix d'aliments basé sur des nutriments en particulier, les gens choisissent le plus souvent des aliments selon leur teneur en fibres, protéines et vitamines. Depuis le sondage de 2002, il y a une légère augmentation dans la fréquence du choix d'aliments basé sur la teneur en gras ou en sucre et une grande augmentation (41 % versus 56 %) dans le choix d'aliments basé sur la quantité d'acides gras trans.
- Un peu plus de la moitié des Canadiens prennent des vitamines, des minéraux ou des suppléments alimentaires sous une forme ou une autre.

Changes in Eating Habits

- Almost two in three Canadians have changed their diet in the previous year, which is the same proportion that reported making changes in the last survey. The key drivers of these changes are a desire to feel better, to lose weight, and to stay healthy for old age.
- The changes people are making to their diet fall into one of two main categories. First, are those who are trying to eat a larger share of foods such as fruits and vegetables (32%). Second, are those who define their change as trying to reduce the consumption of nutrients such as fat (25%).
- One in three Canadians are currently trying to lose weight, which is higher among women, baby boomers (45 to 64 years old), and people who say their health is poor.
- Those who are trying to lose weight adopt a combination of dietary changes and exercise. Only one in three of those trying to change their weight say they are dieting. However, an additional one in four say they are eating less of specific foods or eating smaller portions.
- Of those trying to lose weight, one in five has tried or is on a popular diet. The most popular diets are Atkins, followed by Weight Watchers and the South Beach Diet.

Changements d'habitudes alimentaires

- Presque deux Canadiens sur trois ont changé leur régime alimentaire au cours de la dernière année, ce qui correspond à la même proportion de ceux qui ont dit avoir fait des changements lors du dernier sondage. Les motivations clés de ces changements sont un désir de se sentir mieux, de perdre du poids et de vieillir en santé.
- Les changements qu'apportent les gens à leur régime alimentaire se retrouvent dans deux catégories principales. Premièrement, ceux qui essaient de manger une plus grande quantité d'aliments comme des fruits et des légumes (32 %). Deuxièmement, ceux qui définissent leur changement comme étant d'essayer de réduire leur consommation de nutriments comme le gras (25 %).
- Un Canadien sur trois essaie présentement de perdre du poids, et une plus grande partie encore se retrouve chez les femmes, les baby boomers (45 à 64 ans) et les personnes qui disent qu'elles ne sont pas en bonne santé.
- Les personnes qui essaient de perdre du poids adoptent une combinaison de changements de régime alimentaire et d'exercice. Seulement une personne sur trois, parmi celles qui essaient de modifier leur poids, suit un régime alimentaire. Cependant, une personne sur quatre dit qu'elle mange moins d'aliments spécifiques ou qu'elle mange de plus petites portions.
- Parmi celles qui essaient de perdre du poids, une sur cinq a essayé ou adopté un régime alimentaire en vogue. Les régimes alimentaires les plus en vogue sont Atkins, suivi de Weight Watchers et du régime South Beach.

Methodology

The *Tracking Nutrition Trends* survey was first established 14 years ago as an attempt to examine Canadians' perceptions of fat and fibre. This is the fifth national survey of Canadians conducted since its establishment. The surveys have traditionally focused on the self-reported knowledge, attitudes and behaviour of adult Canadians toward food and nutrition, since the interplay between these three is the key to understanding changes in nutrition in Canada.

Historically, the Tracking Nutrition Trends surveys attempted to examine Canadians' perceptions of fat and fibre. Although the interest in the perception and understanding of fat remains high, key events over the past 14 years, since the first TNT, has necessitated expanding the focus of the TNT surveys. Most recent examples of these events are:

- The introduction of mandatory labelling;
- The identified concern over increased rates of obesity among children and adults;
- The promotion of diets and/or products such as the low carbohydrate diet; and,
- The increase in availability of specialized products (which have become mainstream) such as organic foods or soy-based products.

Since the baseline study, the Tracking Nutrition Study has continued to track key attitudes about fat, while incorporating new, nutrition-related, health issues.

The methodology for the fifth iteration of the Tracking Nutrition Trends Study involved a telephone survey of 2405 Canadians in February and March of 2004. The first three iterations of the Tracking Nutrition Trends survey involved personal interviews and this methodology was changed to a telephone survey for the 2002 study.

The data are weighted to be nationally representative of the Canadian population 18 years of age and older on the basis of age, gender and region (based on the 2001 Canadian Census). With a national sample of 2405, one can say with certainty that the overall results are within plus or minus 2.0 points of the actual adult population in Canada. The original sample was drawn using a Plus Digit, Random Digit Dialing process to select the household. In this method, telephone numbers are randomly generated using an advanced plus-digit sampling procedure that ensures the inclusion of newly listed and unlisted numbers. Interviews lasted on average 20 minutes. All fieldwork, data processing and analysis were conducted in-house by TNS Canadian Facts.

Methodology

The survey instrument, which was designed to build on and expand previous efforts, was developed in consultation with the National Institute of Nutrition and the Canadian Food Information Council.

This report presents the key findings of the study in text and summary charts. Some of the figures may not add to 100 because of rounding or because don't know's and refusals are not shown. All of the comparisons between groups discussed in this study are statistically significant at the 95% confidence level using a t-test of the difference between two percentages.

Detailed Findings

Overall Approach

The following sections provide a more detailed analysis of the survey findings within the context of the historical trends in self-reported knowledge, attitudes and behaviours toward food and nutrition. The report is divided into six thematic sections:

- Attitudes about Food and Nutrition
- Public Understanding of Food and Nutrition
- Information about Food and Nutrition
- Product Labels
- Food Choices
- Change in Eating Habits

The overall results for the public as a whole are provided in figures and tables throughout the report with a narrative discussion of the main points. Where possible, results from previous surveys are discussed to identify patterns of change or stability.

While the overall findings for a question are often interesting in and of themselves, we know that aggregate results for any one question are the product of the opinions of people with a wide range of experiences, attitudes and values. For example, older Canadians are more likely to be experiencing poor health and therefore might be more careful about their eating habits.

To better understand the findings we report the differences between sub-groups of the population where they are statistically and substantively interesting. Throughout the report we focus on differences in the responses to the questions based on the following demographic and attitudinal groups:

- Age
- Gender
- Education
- Income
- Region and language
- Knowledge about nutrition (self-rated)
- Eating habits

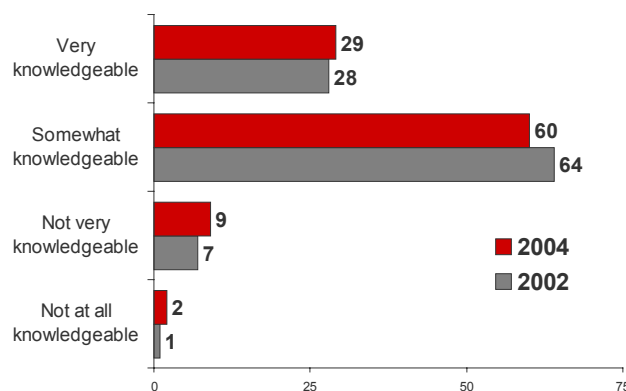
Attitudes about Food and Nutrition

Self-rated Knowledge

Since 1997, the Tracking Nutrition Trends surveys have asked Canadians to rate their knowledge of nutrition. Canadians in general rate their knowledge of nutrition quite high. Just under three in ten (29%) Canadians say that they are very knowledgeable about nutrition and one in ten say that they are not very knowledgeable. Few people lack, or are willing to say that they lack, knowledge about nutrition. Interestingly, the self-expressed rating of knowledge corresponds quite well with actual answers to questions. Those who say they are very knowledgeable are more likely to answer questions about nutrition correctly.

The results for 2004 are in line with the results in 2002. The stability between 2002 and 2004 is interesting in that the 2002 study had showed some drop in knowledge (in this case a change in the question wording may have been partially responsible for the drop). In 1997 a similar question was asked, however, the categories were slightly different. In 1997, 33% indicated that they were extremely or very knowledgeable, 43% said quite knowledgeable, 20% indicated slightly knowledgeable and 4% not at all knowledgeable.

Exhibit 1. Self-rated Knowledge of Nutrition



Question Text: Q.11 How knowledgeable would you say you are about nutrition? Would you say you are...?

As previous versions have shown, self-rated knowledge of nutrition is related to a number of demographic characteristics; some people are much more confident in their knowledge than others. In particular, women, older Canadians and those with higher levels of education state that they have a higher level of nutrition knowledge (Table 1).

- Women are more likely to rate their knowledge highly (35% compared with 22% of men say very knowledgeable). As previous studies have shown and is evident elsewhere in the report, nutrition appears to be more relevant to women than men.
- Older Canadians are more confident about their knowledge than younger Canadians, particularly those under 25.
- Level of education is also strongly related to personal confidence in nutrition knowledge. More than four in ten (44%) of those with a post-graduate university degree are very knowledgeable compared with less than one in four (24%) of high school graduates.
- Knowledge is also higher among those who report having very good eating habits, and who are involved in planning meals in the household.

Detailed Findings

Table 1. Nutrition Knowledge by Gender, Age and Education

	Gender			Age			
	Total	Men	Women	18-24	25-44	45-64	65+
	(2405)	(829)	(1576)	(309)	(984)	(787)	(325)
Very knowledgeable	29	22	35	22	27	32	34
Somewhat knowledgeable	60	62	59	63	62	58	60
Not very/not at all knowledgeable	11	16	6	15	11	10	7

	Education						
	Total	Some High School	Grad High School	Some Post Sec.	Grad. College	Grad. Univ.	Post Grad.
	(2405)	(285)	(640)	(318)	(486)	(385)	(261)
Very knowledgeable	29	22	24	31	29	31	44
Somewhat knowledgeable	60	59	65	57	63	63	49
Not very/not at all knowledgeable	11	19	11	13	9	6	7

*value is percentage, number of cases in parentheses.

Q.11: How knowledgeable would you say you are about nutrition? Would you say you are...?

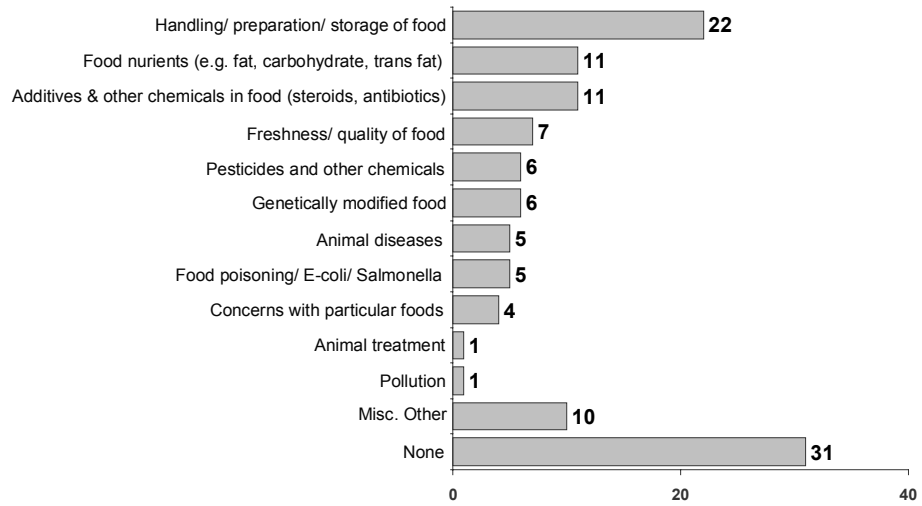
Food Safety Concerns

Consistent with previous research, there is no single dominant food safety issue or category of issues that concerns Canadians. We asked people to name food issues that concern them personally and took up to three open-ended responses. Of those who said, the largest category of responses (22%) is for the handling, preparation or storage of food. This category includes references to hygiene (5%), expiry date concerns (3%), safe food handling practices (3%), and cooking food properly (2%).

- Almost one in three (31%) Canadians stated they do not have a food safety issue of concern, which is higher than the number who said nothing in 2002 (23%). The “nothing concerns me” response was less prevalent among women, those with higher levels of education and those who rate their knowledge of nutrition as high.
- An important category of concern for more than one in ten (11%) is the specific nutrients in food. Though many people note concerns with particular foods or food groups (4%), the nutritional value of the food people consume, such as high fat content (4%), carbohydrate content (4%), and trans fats (2%) is considered important. People who always read labels or who have changed their eating habits in the past year are more likely to report being concerned with these issues.
- Concerns about infections such as food poisoning, e-coli, or salmonella are lower than in 2002 (5% compared with 13% in 2002).
- Animal diseases continue to be a category of food concern (5%) but is not elevated from the 2002 survey.
- The use of pesticides and other chemicals remains a concern (6%) as is the use of additives and other chemicals in food (11%).
- Genetically modified foods are less of a concern in the current survey (6%) than they were in 2002 when they topped the list of issues (15%).

In previous years (1989 to 1997), the questioning about food safety concerns was different and relied on closed-ended questions. While comparisons cannot be made to this data, in 1997, food poisoning, fat and chemical residues in foods topped the list of concerns.

Exhibit 2. Food Safety Concern



Question Text: Q.12 Could you name food safety issues that concern you personally?

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Public Understanding of Nutrition

The earlier discussion of self-reported knowledge provides a sense of what people know about nutrition. Self-reported knowledge is, however, reliant on good self-assessments. In order to better understand knowledge of nutrition, we asked people to agree or disagree with eight nutrition related statements. The statements cover a range of areas including some that have recently received fairly high levels of media attention, such as trans fatty acids. In seven of the cases, we also have trend information available from the 1989, 1994 and 1997 surveys. The results suggest some awareness of the basics of nutrition but also clear areas of uncertainty, particularly when it comes to the role of trans fatty acids in the diet.

Dietary Fibre

Canadians correctly agree that a high fibre diet may help prevent colon cancer. One in two Canadians strongly agree and one in four somewhat agree compared with only a small number who disagree. This is virtually unchanged over the past 14 years.

- Younger Canadians (see Table 3) are less likely to agree (65% of those under 25 agree), which is partially explained by a higher number of youth who are unaware (14% don't know).
- Though a majority of all education groups agree with the statement, the agreement is higher among those with higher education. For example, among those with a university degree, more than eight in ten agree (86%).
- Not surprisingly, those who report having someone in their household who has a disease or condition that affects their diet are more aware of the potential benefits of a high fibre diet.

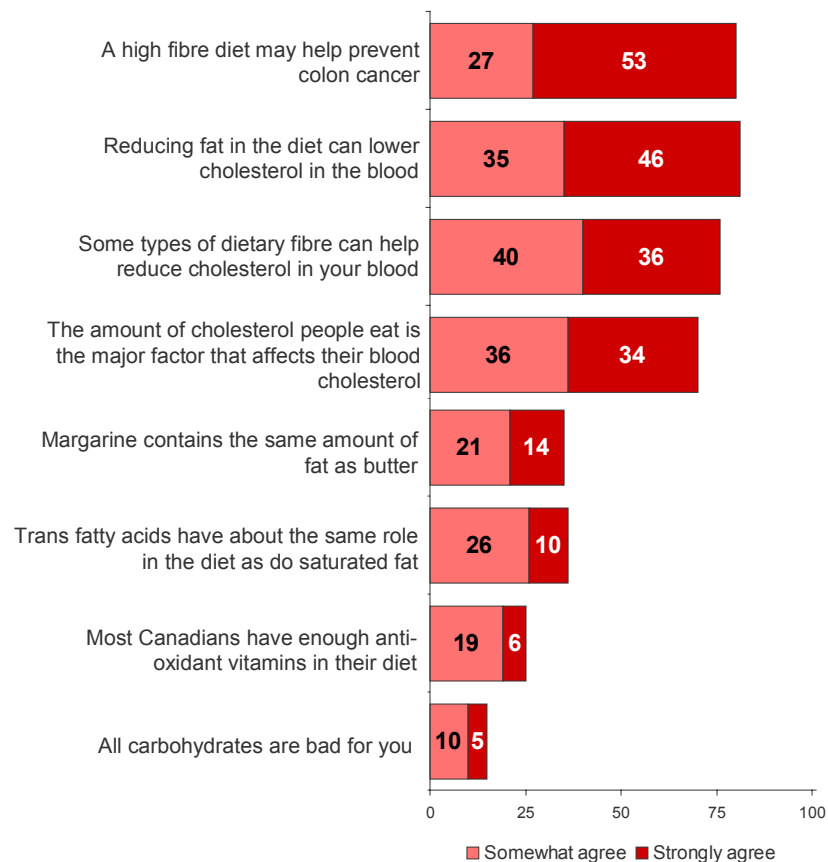
There is also widespread agreement that some types of dietary fibre can help reduce cholesterol in your blood. Just over three in four agree (40% somewhat and 36% strongly). This has also been stable over the years that it has been asked.

- Agreement is very similar across education and age groups, though older Canadians are more likely to agree strongly. This suggests somewhat more confidence among older people in the role that dietary fibre plays in the diet.

Detailed Findings

- Those who say that they are knowledgeable about nutrition are much more likely to agree with the statement (Table 4).
- There are some regional differences in agreement. In Atlantic Canada, almost all agree (82%), but the real outlier is Quebec where just over two in three agree (69%).

Exhibit 3. Public Understanding of Nutrition



Question Text: Q.14 I will read you some statements. Please tell me whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree or strongly disagree with each of the following statements.

Table 2. Level of Agreement (Somewhat and Strongly) Over Time

	Year of Survey		
	1989	1994	2004
A high fibre diet may help prevent colon cancer	75	80	80
Reducing fat in the diet can lower cholesterol in the blood	86	91	81
Some types of dietary fibre can help reduce cholesterol in your blood	74	76	76
The amount of cholesterol people eat is the major factor that affects their blood cholesterol	73	69	70
Margarine contains the same amount of fat as butter	50	47	35
Trans fatty acids have about the same role in the diet as do saturated fat	22	25	36
Most Canadians have enough anti-oxidant vitamins in their diet	20	21	25
All carbohydrates are bad for you	--	--	15

Value is percentage who agree with statement (strongly and somewhat).

Carbohydrates

With the recent attention on low carbohydrate diets and new products on the market supporting this eating pattern, a statement on carbohydrates was added this year. One of the two statements that people strongly reject (74% disagree, 45% strongly) is the false statement “All carbohydrates are bad for you.” Only a small proportion of Canadians agree (15%). Disagreement is more pronounced among certain demographic groups.

- Higher socioeconomic groups, defined by higher incomes and education, are more likely to reject the view that all carbohydrates are bad for you. For example, more than half of those with at least some post-secondary schooling strongly disagree compared with less than four in ten (37%) of those with high school education and less than one in four (24%) of those who did not finish high school.
- Residents of Quebec tend to be less likely to disagree (59% disagree).
- Age is related to attitudes about carbohydrates but the effect is not strong. The key group that stands out are seniors – only 64% of those 65 years and older disagree compared to over 75% of the other age groups. Further there are a larger number of don't knows among this age cohort.

Detailed Findings

- Disagreement is also higher among those who claim to be very knowledgeable about nutrition. Eight in ten of those who are very knowledgeable disagree compared with three quarters of those somewhat knowledgeable and just over half of those who are not very knowledgeable.

Anti-oxidants

Only a small percentage of Canadians (24%) think that people get enough anti-oxidant vitamins in their diet. One in four (25%) strongly disagree and fewer than one in three somewhat disagree (28%), while a modest group (13%) does not know. The increase in the number of people who disagree with this statement compared to previous years (53% in 2004 compared to 34% in 1994 and 1997) may reflect the increased awareness of the role that anti-oxidants may play in disease risk prevention. Interestingly, the main change that people have made in their diet in the past year is to increase their fruits and vegetables, which are a key source of anti-oxidants.

The demographics and attitudinal factors associated with disagreeing with the statement are similar to the statement that all carbohydrates are bad.

- Education is associated with the belief that Canadians do not get enough anti-oxidant vitamins and therefore disagreement with the statement. For example, more than six in ten of those with at least some post-secondary schooling disagree compared with half of those with high school education and less than four in ten (39%) of those who did not finish high school.
- Women are more likely to disagree than men (58% compared with 49% disagree).
- Age is also related to attitudes about anti-oxidants but, like in the case of attitudes about carbohydrates, the key group that stands out is seniors. Fewer than one in two (45%) of those 65 years or older disagree compared to more than half of those in the other age groups. There are, however, a larger number (20%) of don't knows among those 65 years and older.
- Disagreement is also higher among those who claim to be very knowledgeable about nutrition. Almost seven in ten (66%) of those who are very knowledgeable disagree compared with half of those who are somewhat knowledgeable and one in three (34%) of those who are not very knowledgeable.

Cholesterol

As we note above, a majority of Canadians agree that some types of dietary fibre can reduce cholesterol in your blood. Two other statements about cholesterol were included in the survey. Approximately eight in ten Canadians correctly agree that reducing fat in the diet can lower cholesterol in the blood, which is slightly lower than the 1989 to 1997 values. The role fat plays in one's cholesterol level is widely understood among Canadians.

- People with low levels of formal education are just as likely as those with advanced degrees to agree.
- There is also no impact of age on attitudes. Older Canadians are just as likely to agree as younger Canadians.

Although incorrect, seven in ten still believe that the amount of cholesterol that people eat is the major factor that affects their blood cholesterol and this has not changed since earlier surveys.

- Though a majority of all groups agree with this statement, people with higher levels of education and those with higher levels of self-expressed knowledge about nutrition are slightly more likely to disagree.
- Almost one in four people (24%) who are very knowledgeable about nutrition disagree compared with less than one in five of those who are somewhat knowledgeable and about one in six (14%) of those who are not very knowledgeable.

Detailed Findings

Table 3: Attitudes about Nutrition by Age

	Total (2405)	Age			
		18-24 (309)	25-44 (984)	45-64 (787)	65+ (325)
A high fibre diet may help prevent colon cancer					
% agree	80	65	78	87	84
% disagree	5	8	5	5	5
Some types of dietary fibre can help reduce cholesterol in your blood					
% agree	76	72	74	80	76
% disagree	6	5	5	6	8
Most Canadians have enough anti-oxidant vitamins in their diet					
% agree	24	24	21	26	32
% disagree	54	52	56	56	45
All carbohydrates are bad for you					
% agree	15	11	14	16	21
% disagree	74	82	76	75	64
Reducing fat in the diet can lower cholesterol					
% agree	81	78	81	83	82
% disagree	10	10	10	10	8
The amount of cholesterol people eat is the major factor affecting their blood cholesterol					
% agree	70	77	71	66	68
% disagree	20	13	19	25	17
Margarine contains the same amount of fat as butter					
% agree	36	30	32	38	43
% disagree	48	57	50	46	41
Trans fatty acids have about the same role in the diet as do saturated fat					
% agree	36	36	34	36	38
% disagree	33	34	31	36	29

Note. Percentages includes somewhat and strongly added together. Number of cases in parentheses.

Fat Content of Margarine and Butter

Just over one in three (35%) agree and just under half of Canadians disagree with the correct statement that margarine contains the same amount of fat as butter. This lack of consensus about the fat content of margarine and butter is interesting given that margarine has existed for some time as an alternative to butter. The number of people who agree with this statement has decreased since 1994 (50%) and 1997 (47%).

Attitudes about the relative fat content of butter and margarine are largely unrelated to demographics characteristics, except for age. Younger Canadians tend to be more likely to disagree and less likely to say “don’t know.” In addition, people who claim to be very knowledgeable about nutrition are, on the whole, quite divided. Just under half (48%) disagree and four in ten (40%) agree with the statement.

Trans Fatty Acids

Despite the fairly high profile of trans fatty acids in media coverage over the past six months, Canadians do not fully understand their role in a person’s diet. Trans fat was introduced in foods as a replacement for saturated fat. Trans fat has since been found to be similar to saturated fat in that consumption of it can increase the risk of heart disease. One in five (21%) do not know whether or not trans fatty acids have the same role as saturated fat and an additional one in ten (11%) neither agree nor disagree, which is much lower than in 1994 (46%) and 1997 (45%). This suggests that awareness is improving. Of those who answered the level of agreement (36%) is almost the same as the level of disagreement (33%) but the level of agreement has increased since 1997 (21%).

- Education and household income are both associated with a lower level of uncertainty (fewer don’t knows) and a higher level of disagreement with the statement. For example, four in ten of those with a graduate degree disagree, compared with three in ten of those with less than a high school education.
- Residents of Quebec are the more likely to say neither (14%) or don’t know (26%), which may reflect different media coverage of the issue. Ontarians are the most likely to disagree with the statement (38%).
- Those who claim to be very knowledgeable about nutrition are particularly likely to disagree with the statement (42%).

Detailed Findings

Table 4: Attitudes about Fat and Cholesterol by Knowledge of Nutrition

	Total	Knowledge of Nutrition		
		Not at all/ not very	Somewhat	Very
	(2405)	(309)	(984)	(787)
A high fibre diet may help prevent colon cancer				
% agree	80	57	81	88
% disagree	5	8	5	5
Some types of dietary fibre can help reduce cholesterol in your blood				
% agree	76	68	74	83
% disagree	6	6	6	5
Most Canadians have enough anti-oxidant vitamins in their diet				
% agree	24	29	25	21
% disagree	54	34	51	66
All carbohydrates are bad for you				
% agree	15	20	15	14
% disagree	74	58	75	80
Reducing fat in the diet can lower cholesterol				
% agree	81	74	82	83
% disagree	10	12	9	10
Margarine contains the same amount of fat as butter				
% agree	36	35	33	40
% disagree	48	41	49	48
The amount of cholesterol people eat is the major factor affecting their blood cholesterol				
% agree	70	69	71	68
% disagree	20	14	19	24
Trans fatty acids have about the same role in the diet as do saturated fat				
% agree	36	32	36	37
% disagree	33	19	31	42

Note. Percentages includes somewhat and strongly added together.

Information about Food and Nutrition

Today, consumers have a wide range of potential sources of food and nutrition information. We asked Canadians whether they personally got information from seventeen sources during the past year, which were the same as asked in previous surveys. Following up on this question, we also asked people to rate the credibility of each of the sources.

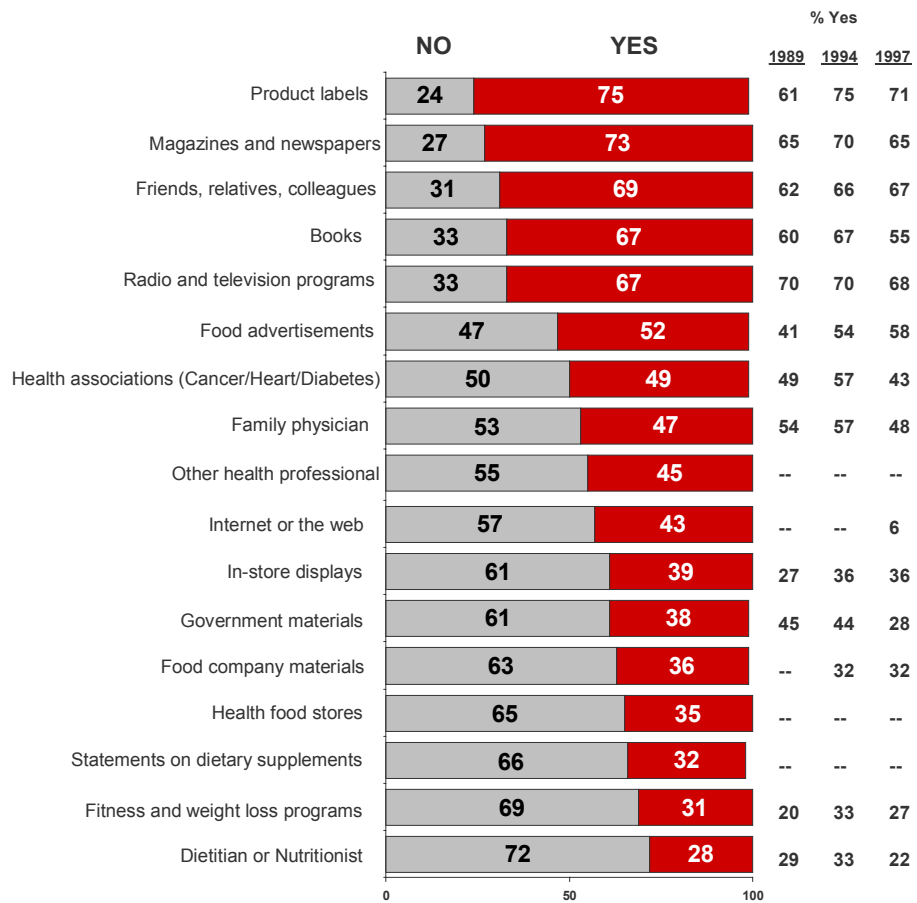
The results clearly show some disconnect between where Canadians receive nutrition information and the credibility that they assign to these potential sources. Relatively, few Canadians get information from the sources that Canadian's as a whole view as the most credible such as health professionals. Some sources of information are easy to access even as they are treated with skepticism.

Source of Food and Nutrition Information

Exhibit 4 ranks the sources in terms of the proportion that indicated receiving health and nutrition information from them in the previous year and the positive responses from the first three TNT surveys. The sources used by the most people (by more than two in three) include product labels, people in one's social sphere, and multimedia (magazines, radio/television programs, and books). These rankings have remained relatively constant over the years. All of these sources are relatively easy to use and allow some passive information acquisition. That is, people learn from these sources even if they were not explicitly looking for nutrition information.

- Many Canadians also received information from health personnel, such as a health association, a family physician (47%), or another health professional. Older Canadians, women, and those with health problems are more likely to get information from a family physician.
- The least likely sources of information are specialty type sources such as dietitians (28%), fitness programs (31%), statements on dietary supplements (32%), and health food stores (35%).
- A number of other sources were used by a significant proportion of Canadians in the past year. These include food industry produced information, such as advertisements (52%), in-store displays (39%), and other food company materials, the Internet (43%), and government materials (38%).

Exhibit 4. Sources of Information



Question Text: Q.15 People can get information about food and nutrition from a number of different sources. Please tell me from which of the following sources you personally got information on food and nutrition in the past year.

Note: those items marked with dashes were not asked in those years.

A key factor in understanding where people get nutrition information is age. Table 5 provides the percentage who received information from each of the sources by age group. Overall, people between the age of 35 and 44 tend to access information from the most sources, which suggests, as one would expect, that health and nutrition become more important for people as they age.

- Young people are much more reliant on friends, relatives and colleagues for nutrition information (it is the most used source of information for those under 25 but is ranked 6 of 17 for seniors). On the other hand, youth are much less likely to receive information from family physicians or from health associations.
- Reflecting the generational nature of the Internet, more than half of those under 35 years got information from the Internet compared with few seniors (12%). This is up dramatically from 1997 when only a small percentage (6%) got information from this source (8 per cent of young adults and 1% of seniors).

Table 5. Sources of Nutrition Information by Age

	Age				
	Total	18-24	25-44	45-64	65+
Product labels	75	77	77	75	69
Magazines and newspapers	73	66	75	75	68
Friends, relatives, colleagues	69	79	77	64	52
Radio and television programs	67	68	70	67	60
Books	67	63	64	71	67
Food advertisements	52	54	57	50	45
Health associations (Cancer/Heart/Diabetes)	49	38	45	58	52
Family physician	47	35	41	55	54
Other health professional	45	42	44	47	46
Internet or the web	43	56	55	38	12
In-store displays	39	43	40	38	34
Government materials	38	31	38	40	40
Food company materials	36	36	35	35	38
Health food stores	35	31	33	39	38
Statements on dietary supplements	32	27	30	35	37
Fitness and weight loss programs	31	38	33	32	20
Dietitian or Nutritionist	28	26	24	34	29

Q.16 People can get information about food and nutrition from a number of different sources. Please tell me from which of the following sources you personally got information on food and nutrition in the past year.

Detailed Findings

The Credibility of Information Sources

The credibility of different sources of information varies and it is not the most likely to be used source that is considered the most credible. In fact, the most credible source of information, dietitians, were only a source for three in ten Canadians, which has not changed over the years. Many people receive information about nutrition in their day-to-day lives, the credibility of which they tend to rank lower than other sources.

The most credible sources are health professionals, particularly dietitians (51% extremely credible, 5 on the 5-point scale). Family physicians are considered extremely credible by more than four in 10, as are health association materials. After these top three sources is a second category of sources that includes other health professionals, government materials, books, health stores, and fitness or weight loss programs.

Table 6: Perceived Credibility of Information Sources

	Not credible			Very credible
	Don't Know	1-2	3	4-5
Dietitian or Nutritionist	3	6	10	80
Family physician	2	9	14	76
Health associations (Cancer/Heart/Diabetes)	2	7	15	75
Other health professional	2	7	19	72
Government materials	4	18	23	56
Books	3	11	34	53
Health food stores	6	20	32	43
Product labels	1	24	34	40
Fitness and weight loss programs	5	29	31	35
Magazines and newspapers	2	24	43	32
Radio and television programs	3	30	40	28
Friends, relatives, colleagues	1	31	42	26
Statements on dietary supplements	6	32	37	26
Internet or the web	19	25	32	25
Food company materials	3	40	36	20
In-store displays	3	46	35	16
Food advertisements	2	50	33	15

Q.16 People can get information about food and nutrition from a number of different sources. Please tell me how credible you think these sources are for food and nutrition information. Please use a 5-point scale where 1 is not at all credible and 5 is extremely credible.

The third category is composed largely of media type sources, such as magazines, newspapers, radio and television, the Internet and personal relationships. Interestingly, these are the same sources that the most Canadians reported receiving information from in the past year. For example, almost three quarters of people said they received information from magazines and newspapers but less than one in ten (7%) viewed this source as extremely credible. The Internet is also interesting, because almost one in five is uncertain about the credibility of this source.

The least credible sources of information are those associated most directly with the food industry. For example, one in five thinks that food advertisements are not at all credible. In-store displays as well as food company materials also suffer from relatively low levels of credibility. That said, product labels are considered credible by most Canadians (14% extremely credible and 28% somewhat credible) perhaps because of the belief that these are regulated communications.

The credibility of a source of information is associated with whether or not a person has received information from that source. Those who have received information from a source are more likely to view that source as credible. This is likely to be particularly true for those sources that require a person to seek out the information rather than receiving it passively in one's day-to-day life.

Table 7 shows the proportion of people who think that the source of information is credible (4 or 5 on the five point scale), the proportion who received information from that source, and the perceived credibility for those who did and did not receive information from that source. The first thing to notice in the table is that, in every case, those who receive information are more likely to see the source as credible than those who do not. For example, almost all (90%) of those who received information from a dietitian said that dietitians are credible, compared to just over three in four (77%) of those who did not receive information from this group.

The second thing worth noting is that the ordering of sources of information is almost the same among users and non-users. Dietitians or nutritionists are seen as the most credible source of information by both people who use this information and those who do not. So, while users tend to see the source as more credible, this individual-level relationship does not carry over to the aggregate level.

Detailed Findings

Table 7: Perceived Credibility by Experience with Source

	Credibility (net 4 and 5)	Proportion who used this source	Credibility (net 4 and 5)	
			Users	Non-users
Dietitian or Nutritionist	80	28	90	77
Family physician	76	47	86	66
Health associations (Cancer/Heart/Diabetes)	75	49	85	66
Other health professional	72	45	80	65
Government materials	56	38	73	45
Books	53	67	62	35
Health food stores	43	35	63	32
Product labels	40	75	46	24
Fitness and weight loss programs	35	31	54	27
Magazines and newspapers	32	73	35	16
Radio and television programs	28	67	37	10
Friends, relatives, colleagues	26	69	32	13
Statements on dietary supplements	26	32	38	19
Internet or the web	25	43	40	13
Food company materials	20	36	30	15
In-store displays	16	39	26	10
Food advertisements	15	52	21	8

Product Labels

New regulations on mandatory labelling will be in effect on most pre-packaged foods as of January 2006. To date, only some packages have the new Nutrition Facts table and list new diet related health claims. Within this context, the survey devoted significant space to understand how consumers are currently using product labels in order to obtain baseline information.

As the previous section showed, most Canadians (75%) report getting nutrition information from product labels. In addition, people tend to attach credibility to product labels. They are considered more credible on average than mass media outlets, interpersonal relationships or other types of food company materials. The evidence in this section indicates that, in general, most Canadians consult labels at least sometimes, with a small proportion of active label consulters. The purpose of reading labels is primarily to find information about ingredients and about nutrition. To the extent labels are read, they also appear to provide the information that Canadians need.

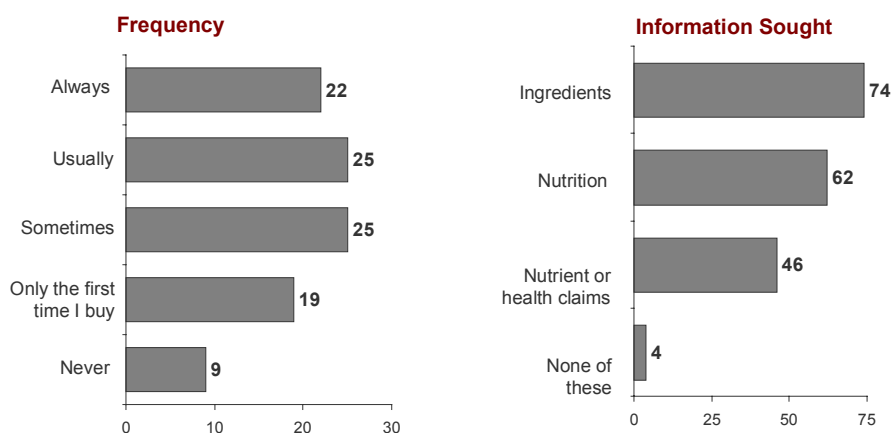
Frequency of Reading Labels

Most people read product labels at least some of the time. There is, however, considerable variation in the frequency of reading labels. One in five (22%) say they always read the labels for information other than brand name or flavour and one in two do so either sometimes (25%) or usually (25%).

- Women and older Canadians are more likely to read product labels frequently.
- Those who believe they have excellent or very good eating habits are more likely to always check labels (30%) than those who admit having fair or poor eating habits (9% check labels). Similarly, those who claim to be very knowledgeable about nutrition are more frequent label checkers (38% always check product labels). The impact of knowledge is not, however, a product of education. While people with higher levels of education are less likely to never check labels, they are not particularly likely to always check them.

Three in four (74%) of those who read labels at least some of the time say that when they purchase food they are looking for information on ingredients and two in three are looking for information about the nutrition. About one in two say they are looking specifically for nutrient or health claims.

Exhibit 5. Reading the Label on Food Products



Question Text: Q.17 Thinking specifically about labels on the various food products you buys (other than brand name or flavour), how often do you read the labels? Would you say that you always, usually, sometimes, only the first time you buy a product, or never read the labels?

Q.18 When purchasing food, which of the following information on the label do you look at?

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Ability to Find Information on Labels

Of those who read product labels, a majority (56%) say that they can often find the information they need. Almost four in ten (37%) say that they sometimes can find the information they need. In general, those who are the most knowledgeable about nutrition are more likely to say that they often can find the information they need. Similarly, those who are more frequent readers of product labels are more likely to say that they often are able to find the information they need.

Table 8: Ability to Find Information on Labels

	Total (2196)	Knowledge about Nutrition		
		Not at all/ not very (177)	Somewhat (1329)	Very (689)
Often	56	43	56	61
Sometimes	37	41	39	32
Rarely/Never	7	15	5	6
Don't know	1	1	1	1

Q.20 When you look for nutrition related information on the label, can you generally find the information you need?

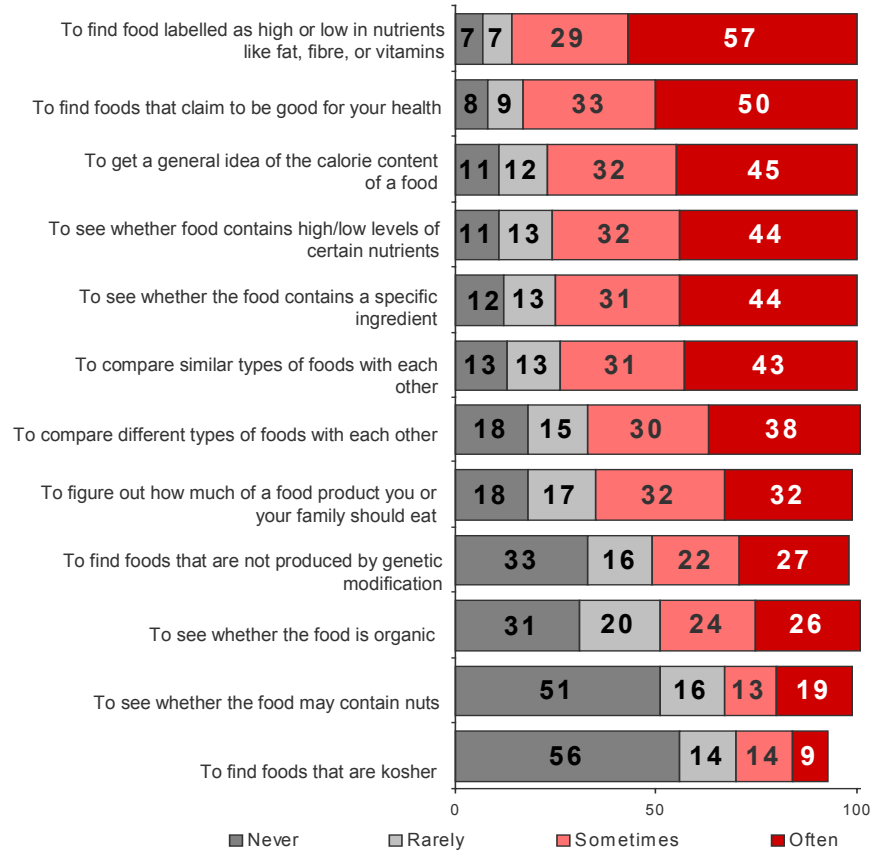
Use of Information on Labels

Given that one of the primary reasons for reading labels is to get nutrition information, in what ways are people using the nutrition information on packages? The information people are seeking can be general (i.e. Is this food good for me? How much should I, or my family, eat?), it can be the basis of comparison (either of different kinds of food such as granola bars and cookies, or to compare similar kinds of foods such as differences between brands), or can be specific, reflecting health or food concerns. The latter category might include information about whether the food is kosher, contains nuts, or is organic.

More than half of those who check labels (57%) say that they often check to find food that is labelled as high or low in nutrients like fat, fibre or vitamins. A high proportion often look to find food that claims to be good for them (50%), to get a general sense of the calorie content (45%), to see whether there are high or low levels of a nutrient (44%), or whether a specific ingredient is included (44%).

Many individuals indicate that they often use label information for comparison sake and one in three uses the information to determine how much (the serving size) of the product should be eaten. Fewer people use the label to find information about such things as the presence of genetic modification or whether it is organically produced. In fact, more people never check the label for these things than do so often. For example, more than one in four (27%) often but one in three (33%) never checks for whether the product is produced by genetic modification. Similarly, more than one in four (26%) often check whether the food is organic and almost one in three never do (31%).

Exhibit 6. Use of Information on Food Packages



Question Text: Q.19 When you look at the Nutrition Information on food packages, either in the store or at home, how often, if at all, do you use the information provided in the following ways. Would you say often, sometimes, rarely, or never?

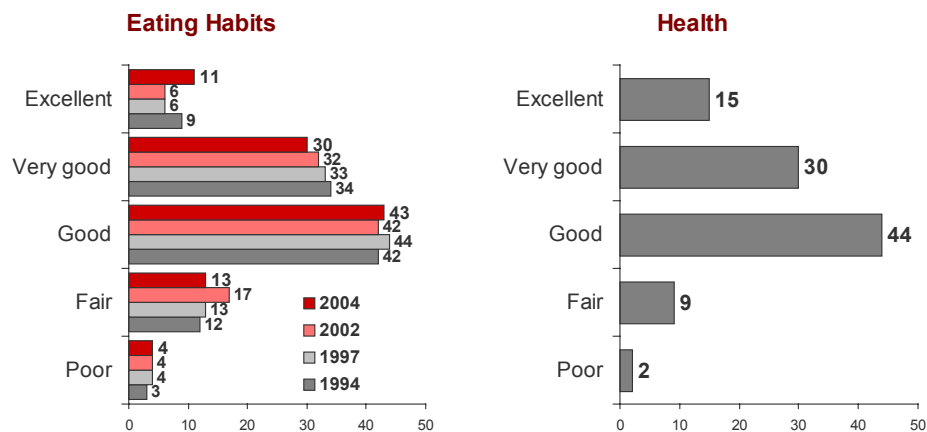
Food Choices

Are Canadians looking for particular things? How important is nutrition? To answer these questions we first consider how people see themselves in terms of overall health and eating habits. While few people see their health or eating habits as poor, there is some variation between good and excellent.

Self-rated Eating Habits and Health

Canadians come to a variety of personal assessments of their eating habits and personal health, with few people thinking that either is fair or poor. Most people assess their eating habits and health as good. There are, of course, some Canadians who think more positively. Almost one in three say that their eating habits and health are very good and a minority says their eating habits (11%) and health (15%) are excellent.

Exhibit 7. Self-rated Eating Habits and Health



Question Text: Q.4 In general, would you say that your eating habits are excellent, very good, fair or poor?
Q.5 How would you assess your overall health?

Detailed Findings

Although good eating habits go together quite naturally with good health the two are not necessarily found together because good eating habits may flow from poor health or because, with age, eating habits change and the likelihood of being in bad health increases.

- Women are more likely than men to say that their eating habits are excellent or very good (46% compared to 36%), but are not more likely to think that they are in extremely or very good health (47% compared to 43% of men).
- Those who say that they are knowledgeable about nutrition are much more likely to say that they eat well. Almost one in four (22%) who say they are very knowledgeable have excellent eating habits (59% have very good or better) compared with less than one in twenty who are not very knowledgeable (4%).
- Education level and household income are both associated with saying one eats better and is in better health.
- Trends on eating habits suggest that not much has changed in self-rated eating habits in the past ten years.

Table 9: Self-Perceived Eating Habits by Knowledge

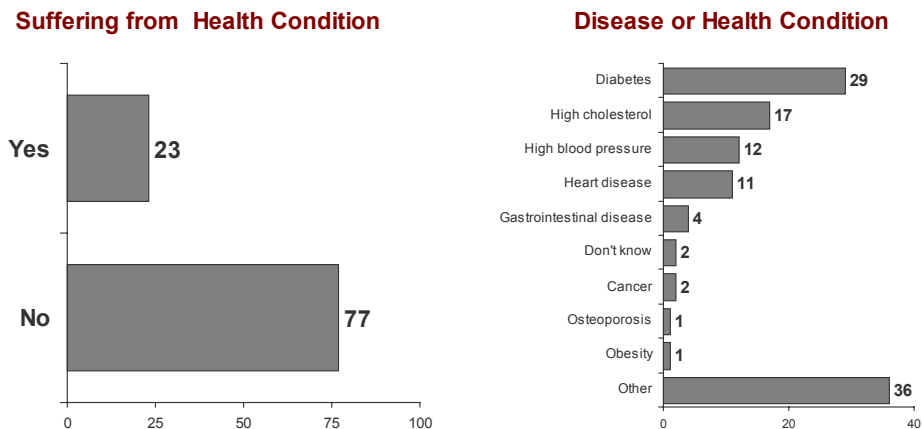
	Total (2405)	Knowledge about Nutrition		
		Not at all/ not very (253)	Somewhat (1446)	Very (719)
Excellent/ Very good	41	18	36	59
Good	43	43	48	33
Fair/ Poor	16	39	16	8

Household with Person Suffering from a Condition Affecting Food Choice

A significant factor in food selection is likely to be the presence of someone in the household who cannot eat certain foods or who need to be on a particular diet because of a diagnosed disease or condition. One in four households have their food selection impacted by having someone affected by a diagnosed disease or condition.

The diseases or conditions that impact on the food choices of Canadians vary considerably with the largest group (29%) citing diabetes as the condition that impacts their or their family’s food choice. Following diabetes, is high cholesterol (17%), high blood pressure (12%), and heart disease (11%). Heart disease and two of its major risk factors account for four in ten of those who state that a health condition affects their food choice. A small percentage of Canadians report gastrointestinal disease (4%) and cancer (2%). One in three, however, say that some other condition affects their food choice.

Exhibit 8. Indication of Health Condition



Question Text: Q.7 Please tell me whether you or anyone in your household currently has a diagnosed disease or condition that affects your choice of foods.

Q.6 Which disease or health condition is that?

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Detailed Findings

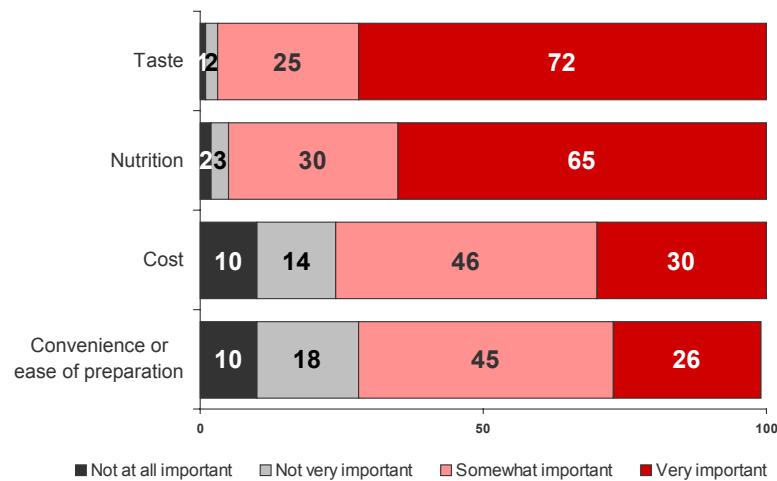
Taste, Nutrition, Cost and Convenience

Past versions of TNT have asked about the importance of nutrition in choosing food. This version added other factors such as taste, cost and convenience. Probably not surprisingly, when choosing food, taste is the most important consideration for the most people, compared with cost, convenience, and nutrition. More than seven in ten (72%) say that taste is a very important factor. The second most important factor is nutrition (65% very important). In previous TNT surveys, the results for nutrition were lower in 2002 (53%) and have returned to the 1994 level (66%). When it comes to cost and convenience or ease of preparation, some people think they are important while others don't or at least not as much.

Although a large number of people say that nutrition is important to them when making choices, there is considerable variation in the emphasis that different groups in society place on nutrition.

- Women are more likely to emphasize nutrition than men (74% of women say that nutrition is very important, compared to 57% of men).
- Nutrition is much more important for older Canadians. Only half of those under 25 say that it is very important, compared to over seven in ten of those over the age of 45 years.
- People who have good eating habits, are knowledgeable about nutrition and who have changed eating habits in the previous year are also more likely to say that nutrition is important.
- Residents of Quebec place less importance on nutrition and taste. For example about one in two say that nutrition is very important (51%) compared with other provinces (e.g. 67% of Atlantic Canadians and 72% of Ontarians). Similarly, 60% of the people in Quebec state that taste is very important compared to between 72 and 76% in other provinces.

Exhibit 9. Importance of Factors in Choosing Food



Question Text: Q.10 Please tell me how important each of the following factors is to you when choosing the food you eat. Would you say it is very important, somewhat important, not very important, or not at all important?

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For cost, three in ten say that cost is very important, almost half say it is somewhat important and the remainder (24%) say either not at all or not very important. Cost is, naturally, more important for those people with lower levels of household income. Almost half (49%) of those in households with less than \$35 thousand per year say that cost is very important, compared to less than one in five (17%) of those with household incomes over \$75,000. Women are also slightly more likely to say that cost is important (80% of women compared to 72% of men).

When it comes to convenience, there is also a group for which it is very important (26%), one for which it is somewhat important (45%) and one for which it is not very or not at all important (28%). Little differentiates Canadians in terms of the importance they place on convenience or ease of preparation. Those with higher levels of education are less likely to think that convenience is important.

Factors Affecting Food Choice

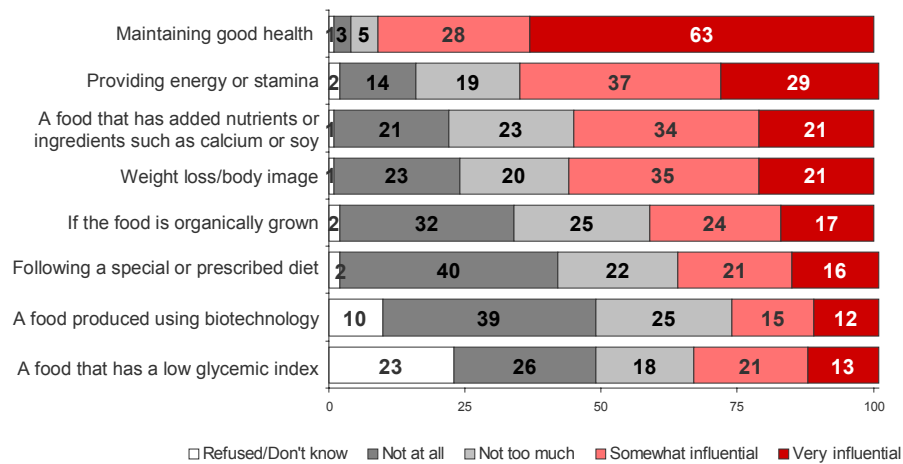
According to Canadians, the primary factor influencing their choice of food is maintaining good health. Almost two in three (63%) say this is very influential and more than one in four (28%) say that it is somewhat influential. Few do not consider maintaining good health influential.

When we ask about other factors we find that, while some are influenced, others are not influenced by these factors. Overall the next most influential factor is whether the food provides energy and stamina (one in three are not influenced much or at all by this factor). For two of the factors, whether the food has added nutrients and weight loss or body image, a majority is at least somewhat influenced, but there is a large group (21% and 23% respectively) who are not influenced at all by these factors.

The remaining four factors have more people who are not influenced at all than are influenced a lot (very influential). Two of the factors, such as whether the food is organically grown and whether it is produced using biotechnology, are very influential for a minority but not influential at all for a large portion of Canadians. The results show that people who see themselves as more health and nutrition oriented are more influenced by these factors. For example:

- The fact that the food is organically grown is more influential for women, people who always check labels, and those who think that their eating habits are excellent or very good. In other words, people who emphasize nutrition in their life choice say they are influenced by whether the food is organic.
- Whether the food is produced using biotechnology is more influential for people with higher levels of formal education, those who check labels frequently, have a higher level of nutrition knowledge, and see themselves as having excellent eating habits.

Exhibit 10. Factors Influencing Food Choice



Question Text: Q.9 When you are selecting food to eat, to what degree, if any, does each of the following influence your food choice?

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Interestingly, one in four answered that they did not know whether the food having a low glycemic index influences their choice of food. This reflects the low level of public awareness of the glycemic index at this time. A lack of awareness of the glycemic index is related to other indicators of knowledge generally and about nutrition specifically. While almost four in ten of those who did not complete high school do not know, only about one in six of those with university education do not know.

- Among those with higher levels of formal education, the glycemic index is more influential (41% of those with at least a university degree say that the index is at least somewhat influential).
- The index is also more widely known and more influential among those who claim to be very knowledgeable about nutrition.

Detailed Findings

Selection of Food based on Nutrient Content

While Canadians are able to make judgments about the relevant importance or influence of different food and nutrition factors on their food choices, many of these decisions reflect more specific nutritional information, such as the amount of fibre or the amount of calories in the food. This section shows the frequency that people, who think that nutrition is important, select food based on fourteen different nutrients. The results indicate that the various nutrients are often used in selecting foods.

In general, the 2004 results are very similar to the results in 2002. There is a modest difference between the two years and a ranking of selection based on the nutrient that is very similar. There are two exceptions to this pattern. The main one is for trans fatty acids. In 2002, only four in ten (41%) said they selected food sometimes or often on the basis of how much trans fatty acid. In 2004, this has increased to a majority (56%). The second is that there is a greater likelihood of choosing food based on fat (total or saturated), sugar and cholesterol in 2004 than in 2002. There is a lower likelihood in 2004 of choosing food based on vitamin content, carbohydrates and iron.

Table 10: Choice of Foods based on Various Nutrients

	Percentage Often		Percentage Often and Sometimes		
	2004	2002	2004	2002	Difference
Fibre	50	53	76	80	-4
Protein	48	54	75	78	-3
Vitamins	46	44	73	79	-6
Total fat	45	41	70	67	+3
Saturated fat	45	36	67	63	+4
Sugar	43	41	70	65	+5
Calcium	41	39	70	74	-4
Cholesterol	40	38	64	59	+6
Calories and energy	39	44	71	74	-3
Salt and sodium	35	34	60	57	+3
Carbohydrates	35	36	64	71	-7
Trans fatty acids	34	33	56	41	+15
Iron	27	25	55	62	-7

Q.13 How often, if ever, do you select the foods that you eat based on the amount of a specific nutrient that the food contains? As I read you each item, please tell me whether you select the foods based on the content of this nutrient often, sometimes, rarely, or never.

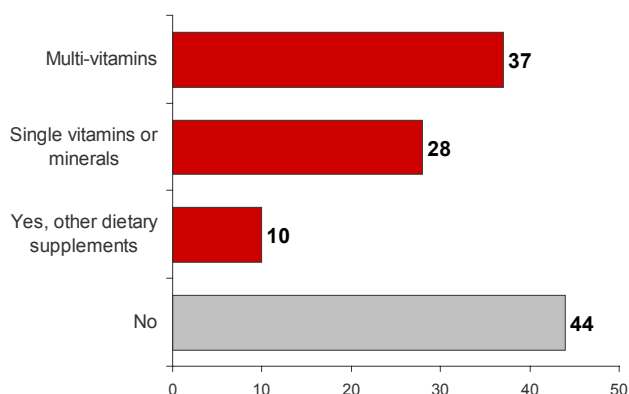
Note: base is people who think that nutrition is at least somewhat important (n=2304)

Use of Supplement

Just over half (56%) of Canadians take some kind of vitamin, mineral or supplement. Multivitamins are the most popular with over one in three taking a multivitamin (37%). Just over one in four (28%) take a single vitamin or mineral. A significant minority of Canadians (10%) take some other dietary supplement. These dietary supplements are quite far ranging and include, for example, protein powder, garlic, and ginseng.

- A slim majority of men (51%) compared with a minority of women (37%) take no vitamins, minerals or supplements.
- As one would expect, the ingestion of vitamins and other supplements is associated with age. A majority (58%) of young Canadians (under 25) take nothing, which declines with age such that only one in three (35%) of seniors do not take anything.
- Consistent with the findings about self-rated health and education, those who have lower levels of formal education and those with lower levels of household income are less likely to take vitamins and other supplements.
- In addition, those who rate their eating habits better and those who claim to be knowledgeable about nutrition are more likely to use vitamins and supplements.
- Residents of Quebec are less likely to take vitamins and other supplements (59% do not).

Exhibit 11. Use of Supplement



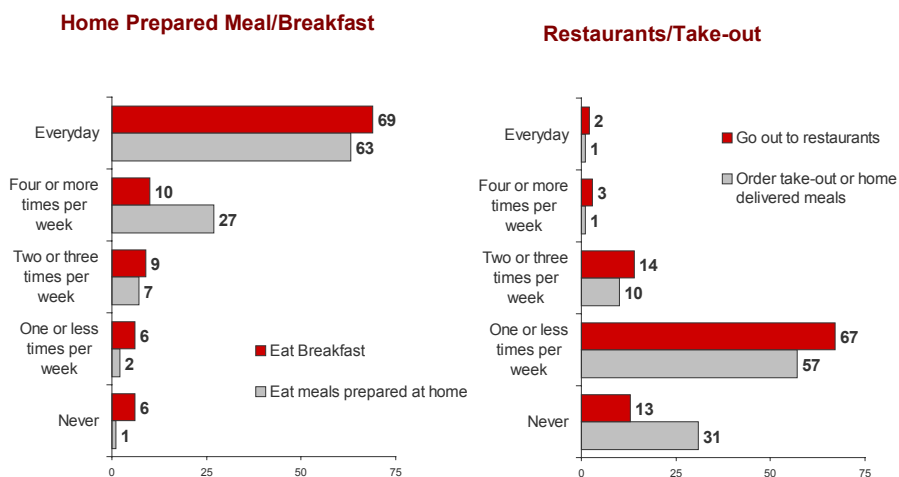
Question Text: Q.26 Do you use any vitamins, herbal supplements, or other dietary supplements?

Detailed Findings

Eating Meals Prepared at Home versus Out

To get a better understanding of eating patterns, the 2004 TNT asked how often they eat breakfast, eat meals prepared at home, go out to restaurants or eat take-out food. Often individuals choose to skip meals as a way of decreasing intake and breakfast is often the meal skipped. However, skipping meals is not a successful weight-control measure. Meals prepared at home give the person preparing the meal more opportunity to make nutrition related choices in what food to eat but also in how to prepare food, such as the amount of fat or salt used in cooking. Clearly it is possible both to get nutritious meals outside of the home and to prepare meals with less nutritious content in the home but preparing food at home provides more flexibility.

Exhibit 12. Frequency of Meal Types



Question Text: Q.25 Please tell me how often in a typical week you do the following:

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Almost seven in ten Canadians eat breakfast everyday, and one in ten eat breakfast four or more times a week. Few people never eat breakfast. Just over six in ten (63%) eat meals prepared at home every day.

- Eating breakfast everyday and eating home based meals is more prevalent among those who claim to have good eating habits and to be very knowledgeable about nutrition. For example, almost eight in ten of those who say they are in at least very good health eat breakfast everyday. In comparison, only half of those in fair or poor health do so.
- French-speaking Canadians (81% everyday) are more likely than English-speaking Canadians (65% everyday) to eat breakfast.

- Women and older Canadians are also more likely to eat both breakfast and home prepared meals.
- TNT surveys between 1989 and 1997 consistently found that about three in ten Canadians rarely ate breakfast. Although frequency was not asked in those years, in 2004 only 12% said they ate breakfast once or less per week.

Of course the other side of eating meals prepared at home is either eating at a restaurant or eating fast food. A small percentage of Canadians eat out four or more times a week at a restaurant (5%) or eat take out (2%). More significant numbers eat out two or three times a week at restaurants (14%) or eat take out (10%). The majority, however, eat at restaurants (67%) or takeout (57%) once or less per week.

- Eating at restaurants and eating take-out food are both related to household income. Low income households are more likely to never eat out at restaurants (20%) or eat take out food (43%).
- Eating out or eating take-out food is also less likely among older Canadians

Detailed Findings

Eating Habits

The previous sections have provided a sense of how Canadians currently understand nutrition, make choices about food, and rate their own health. The final section goes beyond specific food choices to examine how Canadians are making lifestyle choices around food and nutrition on the one hand and weight control on the other.

The majority of Canadians say that they have made changes to improve or change their eating habits in the past year. While the changes are varied, they tend to fit into two broad categories: those who define their changed eating habits in terms of increasing their intake of nutritious foods such as fruits and vegetables, and those who define the change in terms of reducing the quantity of certain nutrients (particularly various types of fat).

Though two thirds are changing their eating habits, not all of these people are doing so because of a desire to lose weight. In fact, when asked why they are changing their eating habits, weight control is only one of several motivating factors. Other reasons include such things as the desire to feel better and to prevent or control chronic diseases.

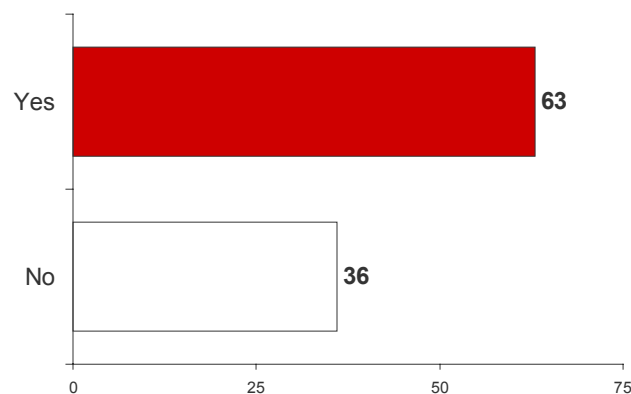
One in three Canadians does claim to be trying to lose weight. While dieting and other eating habit changes are important methods for trying to reduce weight, the most used means, according to those who are trying to lose weight is exercise. Despite the public profile of popular diets, few Canadians have recently tried one of these diets. Of those who are trying to change their weight, almost one in five has tried a popular diet in the past year, with the most popular being the Atkins diet. One in three Canadians is trying to lose weight and less than one in ten has tried a popular diet in the past year.

Personal Changes to Eating Habits

Almost two in three (63%) Canadians have made changes over the past year to improve or change their eating habits. Interestingly, Canadians of all walks of life report making changes to their eating habits. The proportion who made a change in 2004 is unchanged from that in 2002 when 62 per cent said they made a change in the previous year, but much higher than in 1997 when only 36% said they had made a change in the previous year.

- Women are slightly more likely to have changed their eating habits than men (67% compared with 60%).
- Canadians of all ages except seniors (only 51% of seniors have done so) have changed their eating habits. This even includes youth (under 25), who tend to admit to poorer eating habits.
- Socioeconomic status is only weakly tied to changes in eating habits. The only group that differs significantly from the rest of the population in terms of income is the under \$35,000 household income group (56% have improved or changed their eating habits). Education differences are larger with education associated with a greater likelihood of change.

Exhibit 13. Improved or Changed Eating Habits



Question Text: Q.21 Have you made any changes over the past year to improve or change your eating habits?

Detailed Findings

Type of Change or Improvement

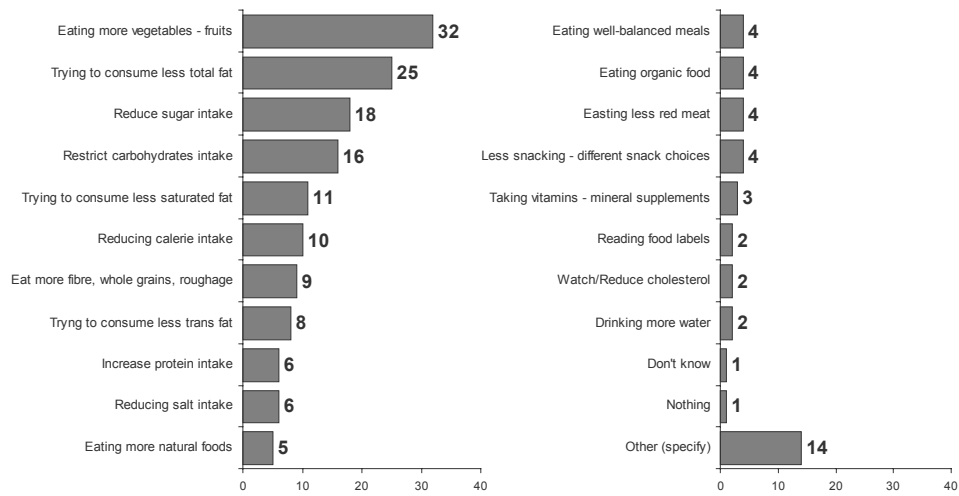
For those who have changed their diet over the past year, the changes are varied but consistent with the findings from 2002. While the change that the most Canadians have adopted is to eat more fruits and vegetables (32%), it is trying to reduce the consumption of specific foods or nutrients that dominates how people think about the changes they are making to their eating habits. A number of people say that they are trying to consume less total fat (25%), reducing their sugar intake (18%), restricting their carbohydrate (including eating foods with lower glycemic index) intake (16%), trying to consume less saturated fat (11%), and trying to reduce their calorie intake (10%). Change for many Canadians involves reducing their consumption of some things, particularly fat.

The main difference from previous versions of TNT (1997 and 2002) is that in 2004 eating more vegetables and fruit has increased to one in three (32%) from about one in ten (11%) in 1997 and one in four (26%) in 2004. The proportion of people who say they are reducing their carbohydrate intake has more than doubled (from 7% in 2002 to 16% in 2004).

There are, of course, a variety of eating habit changes that reflect individual circumstances and health or nutrition concerns. A small proportion of Canadians who have changed their eating habits are doing things like eating organic food (4%), eating less red meat (4%), taking vitamins (3%), and drinking more water (2%).

Interestingly, though Canadians who have changed their habits are preoccupied with fat, only a small percentage of these people have made an attempt to eat less trans fatty acids (8%) as a reason.

Exhibit 14. Type Improvement to Eating Habits



Question Text: Q. 22 What has been the most significant change(s) you have made to improve or change your eating habits over the past year?

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Detailed Findings

Reason for Change in Eating Habits

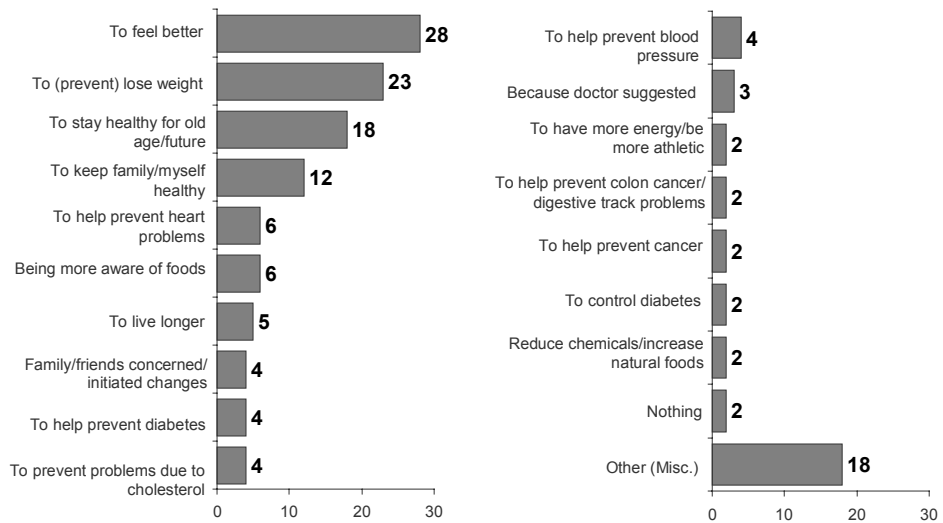
People who have changed their eating habits offer a range of reasons for their change. The most frequently cited reason is the generic reason to feel better (28%). Almost one in four (23%), however, are changing their eating habits because of their weight. For these people, the change is the reflection of a short-term goal. For others (18%), it is future prospects such as to stay healthy for old age that drives their change in eating habits.

Another set of reasons for changing one's eating habits pertain to particular health conditions beyond weight control. For example, some changed their eating habits to prevent heart problems (6%), to help prevent diabetes (4%), to prevent problems pertaining to cholesterol (4%), to help prevent high or low blood pressure (4%), to help prevent colon cancer (2%), to prevent cancer (2%) or to control diabetes (2%). In total, one in four (24%) mentioned a disease prevention reason.

In addition, some people who changed their diet specifically mentioned advice or encouragement from others, such as their friends or family were concerned (4%) or a suggestion by their doctor (3%).

In 2002, the same percentage of Canadians changed their eating habits to lose weight (22%), more identified the generic reason to maintain health (58%) and less identified the prevention of disease (8%).

Exhibit 15. Reason for Improvement to Eating Habits



Question Text: Q.23 Why did you make this change?

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Detailed Findings

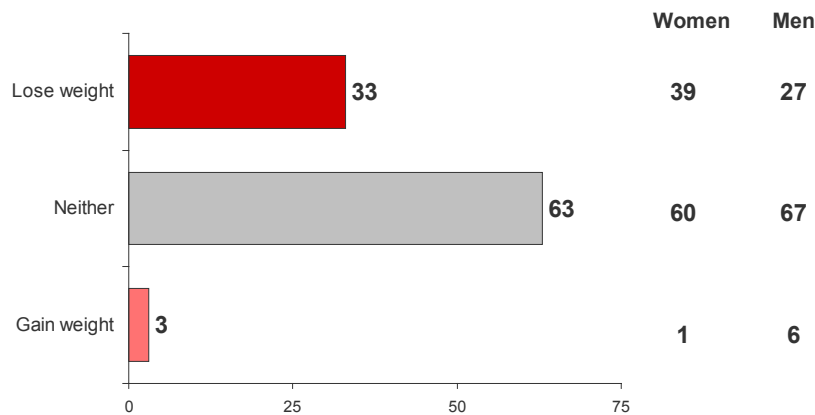
Weight Control

While one in three Canadians currently reports that they are trying to lose weight, the majority of Canadians (63%) say that they are neither trying to lose nor gain weight. As one might expect, women are more likely than men (39% compared with 27%) to report that they are currently trying to lose weight.

The desire to lose weight is also pronounced among several other groups of Canadians.

- While there is not a strong relationship between trying to lose weight and age, those who are between 45 and 65 years of age (41%) are more likely to be trying to lose weight.
- People who suffer from, or live in a household where someone suffers from, a medical condition that affects their diet are more likely to be trying to reduce their weight, as are those who rate their health as fair or poor.

Exhibit 16. Present Weight Control



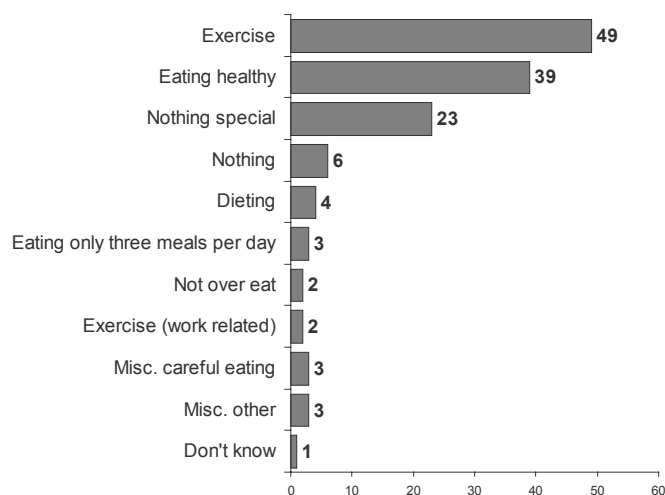
Question Text: Q.27 Are you presently trying to lose weight, gain weight, or neither?

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Maintaining Current Weight

The majority of Canadians are neither trying to lose nor gain weight. These people were asked what they are currently doing to maintain their current weight. The main response is exercise with almost one in two people saying that they are exercising (49%) to maintain their weight. Another popular approach is to eat healthy (39%). Approximately one in four (23%) report that they are not doing anything special and a number of people say they are doing nothing (6%). A number of other more specific food and lifestyle activities make up the rest of the responses.

Exhibit 17. Maintenance of Current Weight



Question Text: Q. 28 What are you doing to maintain your current weight?

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The “nothing special” response is an interesting one because of its strong association with a person’s self-evaluation of their health, eating habits and nutrition knowledge. For example, four in ten of those who say their eating habits are fair or poor (compared to 16% of those whose eating habits are excellent or very good) say that they do nothing special. In contrast, exercise followed by healthy eating is the predominant choice for those who have good eating habits, are healthy and knowledgeable about nutrition.

Detailed Findings

Table 11: Approach to Maintaining Weight by Eating Habits and Knowledge (Selected Responses)

	Total	Eating Habits			Knowledge about Nutrition		
		Fair/poor	Good	Very good/ Excellent	Not at all/ Not very	Somewhat	Very
	(1468)	(221)	(605)	(641)	(156)	(890)	(420)
Exercise	49	33	46	57	32	48	57
Eating healthy	39	19	36	50	18	40	47
Nothing special	23	40	25	16	46	23	15

The approach taken to maintaining one's weight also varies by a number of other characteristics.

- Men are more likely to engage in exercise (52%) than women (46%) and less likely to be eating healthy as a means to maintain their health (33% of men compared with 47% of women). In fact, women are equally likely to adopt each approach (46% exercise and 47% eating healthy respectively).
- Younger Canadians are more likely to engage in exercise than older Canadians.
- Exercise and eating healthy are also more likely to be the route chosen by people with higher levels of education. Almost four in ten (36%) of those with less than high school education claim to do nothing special to maintain their weight.
- As income increases, more people are choosing exercise (41% of those under \$35K compared to 60% of those earning \$75K+) and healthy eating (35% of those under \$35K compared to 46% of those earning \$75K+) as a way of maintaining weight.

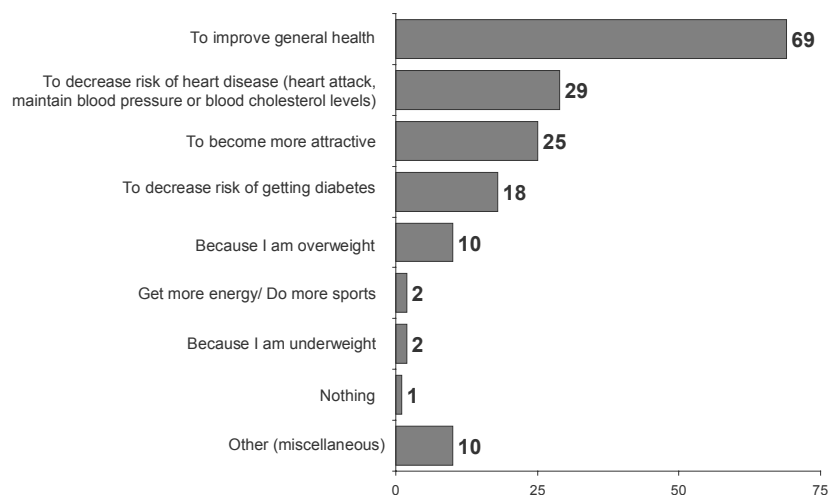
Reason to Change Weight

Almost four in ten report to be trying to change their weight with most of these people looking to lose (85%) rather than gain weight. What is motivating these people to want to change, particularly those who are seeking to lose weight? The answer is predominantly a desire to improve general health (69%). Beyond this general motivation, a number of specific motivations are evident.

One in four Canadians who are trying to change their weight are doing so to become more attractive. The desire to be more attractive as a motivation for weight change is high among younger Canadians. More than four in ten of those under twenty-five identify being more attractive as a reason. Older Canadians are less likely to be motivated by this concern, which is particularly low among seniors (15% cite attractiveness). In addition to specific mentions of becoming more attractive, a number of people gave other similar lifestyle related motivations (e.g. to feel better about myself).

Specific health reasons are also motivators for a large proportion of those trying to change their weight. Three in ten (29%) say the desire to reduce the risk of heart disease and two in ten (18%) say the desire to reduce the risk of getting diabetes is a reason for trying to change their weight.

Exhibit 18. Reason to Change Weight



Question Text: Q. 30 Why would you like to change your weight?

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Detailed Findings

Efforts to Change Weight

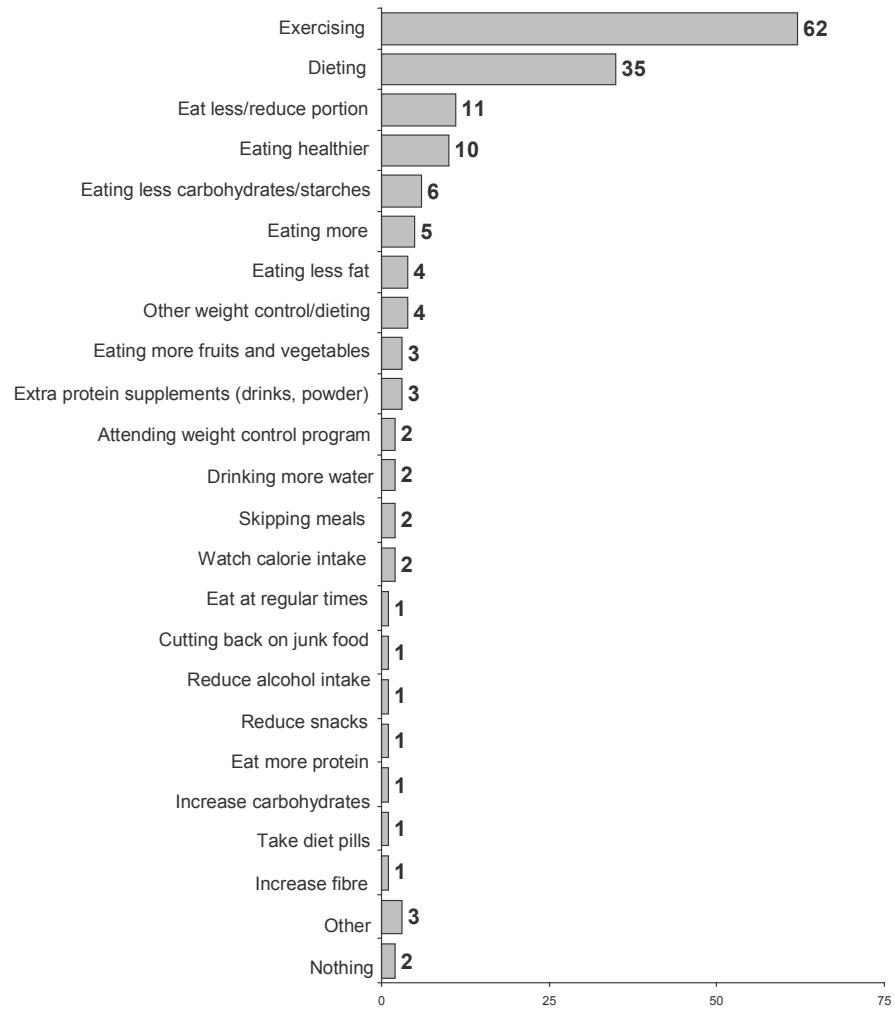
Those people who say they are trying to change their weight were also asked what they are doing to try and change their weight. Exercise (62%) is the approach that most people are taking to change their weight (64% for those wanting to lose weight).

Dieting is a key approach that is widely used to change one's weight. More than one in three (35%) indicate they are dieting to change their weight (38% of those trying to lose weight). In addition, more than one in ten say they are eating less and a small percentage (4%) offer other dieting related approaches (such as attending weight control programs (2%) and skipping meals (2%)).

Although they are not necessarily dieting, significant proportions of people claim that they are changing their diets by increasing or decreasing their intake of specific foods or nutrients. More than one in ten (14%) are reducing their intake of specific foods or food types in an effort to change their weight (e.g. eating less carbohydrates/starches/sugars (6%) and eating less fat (4%)). In addition, one in ten say they are eating healthier and a smaller group (7%) are changing their eating habits (including eating more fruits and vegetables 3% and drinking more water 2%).

- Exercise is chosen more often by people in B.C. (74%) and least often in Quebec (55%) as a means of changing weight. Residents of Quebec are less likely to choose dieting (17% compared to greater than 30% in other provinces) and more likely to say that they just eat less in terms of portions or specific foods (23% compared to under 10% in other provinces).

Exhibit 19. Behavioural Efforts to Change Weight



Question Text: Q. 29 What are you doing to try and change your weight?

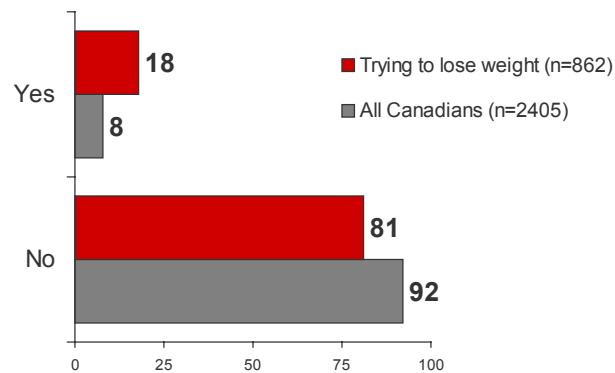
Detailed Findings

Popular Diets

Less than one in ten (8%) Canadians have tried or been on a “popular” diet during the past year. Of those who are trying to lose weight, about one in five say that have tried or been on a “popular” diet. The popular diets of choice for those who have tried one are the Atkins diet (33%), the Weight Watchers (21%), and the South Beach diet (9%). Smaller groups are currently on or have tried one of a variety of other diets. Almost half of the diets tried promote a higher protein, lower carbohydrate approach.

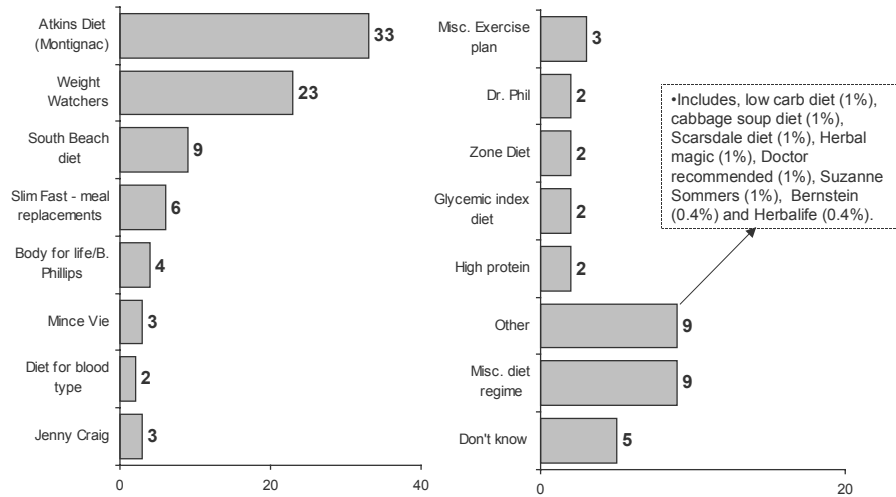
Exhibit 20. Popular Diets

Participation in Popular Diet within Past Year



Question Text: Q.31 During the past year, have you tried or been on a popular diet?

Exhibit 21. Popular Diets Tried



Question Text: Q.32 Which one or ones?

Appendix 1: Questionnaire

English

QT Hello, my name is [INTERVIEWER] and I'm calling from NFO CFgroup, a national research company. Today we are conducting a survey about nutrition and would like to ask you some questions. The study will take approximately 15 minutes to complete and I can assure you that we are not selling anything.

FAQS HOW DID YOU GET MY NUMBER?

Your number was generated by a computer, completely at random.

WHO ARE YOU DOING THIS FOR?

The survey is being done on behalf of the Canadian Food Information Council and the National Institute on Nutrition.

HOW LONG WILL THIS TAKE?

The length can vary depending on your answers. For most people it takes about 15 minutes, and I will get you through it as quickly as possible.

WHAT IS THIS ABOUT?

This survey is about nutrition.

WHO IS NFO CFgroup?

NFO CFgroup is a top research company in Canada. We are not telemarketers. We do not sell anything. We are looking for the input of the public so that our clients can better understand what people want or like. (OPTIONAL: If you like, I can give you the number of an agency which will verify that we are a legitimate research company doing this survey - GIVE OUT CSRC INFO AND PHONE NUMBER)

Q2 IF OK TO PROCEED

Are you 18 years or older?

YES

NO

IF YES AT Q2, CONTINUE

IF NO AT Q2, ASK TO SPEAK TO SOMEONE WHO IS 18 OR OLDER

Q3 RECORD GENDER OF RESPONDENT

(DO NOT READ)

MALE

Appendix

- Q4** FEMALE
In general would you say that your eating habits are excellent, very good, good, fair or poor?
DO NOT READ DON'T KNOW
Excellent
Very good
Good
Fair
Poor
DON'T KNOW
- Q5** How would you assess your overall health?

READ LIST IF NECESSARY
DO NOT READ DON'T KNOW
Excellent
Very good
Good
Fair
Poor
DON'T KNOW
- Q6** Are you the primary meal planner in your household?

READ ANSWER LIST IF NECESSARY
DO NOT READ DON'T KNOW
- AL** Yes
No
Shared equally
DON'T KNOW
- Q7** Please tell me whether you or anyone in your household currently has a diagnosed disease or condition that affects your choice of foods.
YES
NO

IF YES AT Q7 ASK Q8
IF NO AT Q7 SKIP TO Q9

Q8 Please indicate which disease or condition.

DO NOT READ LIST

MORE THAN ONE RESPONSE CAN BE SELECTED

CANCER

DIABETES

GASTROINTESTINAL DISEASE (E.G. ULCERATIVE COLITIS, CELIAC DISEASE, ACID REFLUX)

HEART DISEASE

HIGH BLOOD PRESSURE

OBESITY

OSTEOPOROSIS

HIGH CHOLESTEROL

OTHER

Q9 When you are selecting food to eat, to what degree, if any, does each of the following influence your food choice?

(How much influence on your choice of food is...)

RANDOMIZE MT LIST

READ ANSWER LIST AS OFTEN AS NECESSARY

DO NOT READ "DON'T KNOW" OR "REFUSED"

Very influential

Somewhat influential

Not too much

Not at all

DON'T KNOW

REFUSED

RANDOMIZE LIST

A) Maintaining good health

B) Following a special or prescribed diet

C) Weight Loss/Body Image

D) If the food is organically grown

E) Providing energy or stamina

F) A food that has added nutrients or ingredients such as calcium or soy

G) A food produced using biotechnology

H) A food that has a low glycemic index

(NOTE TO INTERVIEWERS: IF RESPONDENT IS NOT AWARE OF WHAT LOW GLYCEMIC ACID IS, PLEASE CODE AS "DON'T KNOW")

Appendix

Q10 Please tell me how important each of the following factors is to you when choosing the food you eat. Would you say that it is very important, somewhat important, not very important, or not at all important?

(How important is...)

READ ANSWER LIST AS OFTEN AS NECESSARY

DO NOT READ "DON'T KNOW" OR "REFUSED"

Very important

Somewhat important

Not very important

Not at all important

DON'T KNOW

REFUSED

RANDOMIZE LIST

A) Nutrition

B) Taste

C) Convenience or ease of preparation

D) Cost

Q11 How knowledgeable would you say you are about nutrition? Would you say you are...?

READ LIST.

DO NOT READ NO OPINION - DON'T KNOW

Very knowledgeable

Somewhat knowledgeable

Not very knowledgeable

Not at all knowledgeable

NO OPINION - DON'T KNOW

Q12 Could you name food safety issues that concern you personally?

OPEN ENDED. TAKE UP TO THREE MENTIONS.

IF Q10 "NUTRITION" IS "VERY IMPORTANT" OR "SOMEWHAT IMPORTANT" ASK Q13
OTHERS SKIP TO Q14

Q13 How often, if ever, do you select the foods that you eat based on the amount of a specific nutrient that the food contains? As I read you each item, please tell me whether you select the foods based on the content of this nutrient often, sometimes, rarely or never.

RANDOMIZE MT LIST

READ ANSWER LIST AS OFTEN AS NECESSARY

DO NOT READ "DON'T KNOW"

Often

Sometimes

Rarely

Never

DON'T KNOW

RANDOMIZE LIST

A) Calories/Energy

B) Total Fat

C) Saturated Fat

D) Trans Fatty Acids

E) Cholesterol

F) Carbohydrate

G) Fibre

H) Sugar

I) Protein

J) Salt/Sodium

K) Vitamins

L) Iron

M) Calcium

Q14 I will read you some statements. Please tell me to whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree or strongly disagree with each of the following statements.

RANDOMIZE MT LIST

READ ANSWER LIST AS OFTEN AS NECESSARY

DO NOT READ "DON'T KNOW"

Strongly agree

Somewhat agree

Neither

Somewhat disagree

Strongly disagree

DON'T KNOW

Appendix

RANDOMIZE LIST

- A) Some types of dietary fibre can help reduce cholesterol in your blood.
- B) Trans fatty acids have about the same role in the diet as do saturated fat.
- C) Reducing fat in the diet can lower cholesterol in the blood.
- D) A high fibre diet may help prevent colon cancer.
- E) All carbohydrates are bad for you.
- F) Margarine contains the same amount of fat as butter.
- G) The amount of cholesterol people eat is the major factor that affects their blood cholesterol.
- H) Most Canadians have enough anti-oxidant vitamins in their diet.

Q15 People can get information about food and nutrition from a number of different sources. Please tell me from which of the following sources you personally got information on food and nutrition in the past year. And, how credible do you think these sources are for food and nutrition information. Please rate their credibility on a five point scale where 1 is not at all credible and 5 is extremely credible.

(Did you get food and nutrition information in the past year from)...?

RANDOMIZE MT LIST

DO NOT READ "DON'T KNOW"

YES

NO

DON'T KNOW

RANDOMIZE LIST

- A) A Family Physician
- B) A Dietitian/Nutritionist
- C) Other health professionals (e.g., nurses, chiropractor, pharmacist)
- D) Magazines and newspapers
- E) Government Materials
- F) Food Company Materials
- G) Food Advertisements
- H) Books
- I) Radio/TV Programs
- J) In-Store Displays
- K) Product Labels
- L) Statements on Dietary Supplements
- M) Health Food Stores
- N) Friends/Relatives/Colleagues
- O) Fitness/Weight Loss Programs
- P) Health Association Materials(Cancer/Heart/Diabetic Association)
- Q) The Internet or the Web

Q16 (And, how credible is/are INSERT MT as a source for food and nutrition information?)

RANDOMIZE MT LIST

RESPONDENT OF SCALE AS NECESSARY

DO NOT READ "DON'T KNOW"

1 - NOT AT ALL CREDIBLE

2

3

4

5 - EXTREMELY CREDIBLE

DON'T KNOW

Appendix

RANDOMIZE LIST

- A) A Family Physician
- B) A Dietitian/Nutritionist
- C) Other health professionals (e.g., nurses, chiropractor, pharmacist)
- D) Magazines and newspapers
- E) Government Materials
- F) Food Company Materials
- G) Food Advertisements
- H) Books
- I) Radio/TV Programs
- J) In-Store Displays
- K) Product Labels
- L) Statements on Dietary Supplements
- M) Health Food Stores
- N) Friends/Relatives/Colleagues
- O) Fitness/Weight Loss Programs
- P) Health Association Materials(Cancer/Heart/Diabetic Association)
- Q) The Internet or the Web

Q17 Thinking specifically about labels on the various food products you buy (other than brand name or flavour), how often do you read the labels? Would you say that you always, usually, sometimes, only the first time you buy a product, or never read the labels?

Always

Usually

Sometimes

Only the first time I buy a product/brand

Never

IF OTHER THAN "NEVER" AT Q17 ASK Q18, Q19 AND Q20

IF "NEVER" AT Q17 SKIP TO Q21

Q18 When purchasing food, which of the following do you look at the label for information on?

READ LIST EXCEPT "NONE OF THESE"

Nutrition

Ingredients

Nutrient or Health Claims

NONE OF THESE

Q19 When you look at the Nutrition Information on food packages, either in the store or at home, how often, if at all, do you use the information provided in the following ways. Would you say often, sometimes, rarely or never?

(How often do you use the information...)

RANDOMIZE MT LIST

READ ANSWER LIST AS OFTEN AS NECESSARY

DO NOT READ "DON'T KNOW"

Often

Sometimes

Rarely

Never

DON'T KNOW

a) to compare different types of foods with each other, for example, to compare granola bars and cookies.

b) to compare similar types of foods with each other, for example, to compare two different brands of crackers.

c) to figure out how much of a food product you or your family should eat.

d) to see whether the food contains high or low levels of certain nutrients like carbohydrates.

e) to get a general idea of the calorie content of a food.

f) to see whether the food contains a specific ingredient.

g) to see whether the food may contain nuts.

h) to find foods labelled as high or low in nutrients like fat, fibre or vitamins (for example, "low fat" or "source of calcium").

i) to find foods that claim to be good for your health (for example, "A healthy diet rich in a variety of vegetables and fruit may help reduce the risk of some types of cancer").

j) to find foods that are Kosher.

k) to see whether the food is organic.

l) to find foods that are not produced by genetic modification (GMO-free).

Q20 When you look for nutrition related information on the label, can you generally find the information you need?

READ ANSWER LIST

DO NOT READ "DON'T KNOW"

Often

Sometimes

Rarely

Never

DON'T KNOW

Q21 Have you made any changes over the past year to improve or change your eating habits?

DO NOT READ LIST

Appendix

YES

NO

DON'T KNOW - NOT SURE - CAN'T REMEMBER

IF YES TO Q21 ASK Q22, Q23, Q24

IF NO OR DON'T KNOW AT Q21 SKIP TO Q25

Q22 What has been the most significant change(s) you have made to improve or change your eating habits over the past year?

DO NOT READ LIST. ACCEPT ALL MENTIONS

INCREASE PROTEIN INTAKE

RESTRICT CARBOHYDRATES INTAKE

REDUCING SALT INTAKE

TRYING TO CONSUME LESS TOTAL FAT

TRYING TO CONSUME LESS SATURATED FAT

TRYING TO CONSUME LESS TRANS FAT

EATING MORE VEGETABLES - FRUITS

EATING ORGANIC FOOD

REDUCE SUGAR INTAKE

LESS SNACKING - DIFFERENT SNACK CHOICES

REDUCING CALORIE INTAKE - EATING LESS - WATCHING WEIGHT

REDUCING CAFFEINE INTAKE

TAKING VITAMINS - MINERAL SUPPLEMENTS

EAT MORE FIBRE, WHOLE GRAINS, ROUGHAGE

OTHER DIET-RELATED (SPECIFY)

DON'T KNOW (VOLUNTEERED)

Q23 Why did you make this change?

PROBE IF NECESSARY: Any other reasons?

DO NOT READ LIST

TO FEEL BETTER

TO HELP PREVENT HEART PROBLEMS

TO HELP PREVENT COLON PROBLEMS

TO HELP PREVENT BLOOD PRESSURE PROBLEMS (HIGH OR LOW)

TO LIVE LONGER

TO HELP PREVENT CANCER

TO HELP PREVENT DIABETES

TO STAY HEALTHY FOR MY OLD AGE

BECAUSE MY DOCTOR SUGGESTED I CUT BACK
BECAUSE TV, RADIO, NEWSPAPERS SAY IT IS IMPORTANT
TO LOSE WEIGHT
FAMILY - FRIENDS CONCERNED
OTHER (SPECIFY)
DON'T KNOW

Q24 QUESTION DELETED

Q25 Please tell me how often in a typical week you do the following:

READ ANSWER LIST AS OFTEN AS NECESSARY
DO NOT READ "DON'T KNOW"

Every day
Four or more times per week
Two or three times per week
Less than once a week
Never
DON'T KNOW

DO NOT RANDOMIZE LIST

- a) Eat home-prepared meals (IF ASKED, INCLUDES BREAKFAST, LUNCH AND DINNER)
- b) Order take-out or home delivered meals (IF ASKED, INCLUDES BREAKFAST, LUNCH AND DINNER)
- c) Eat breakfast
- d) Go out to restaurants (IF ASKED, INCLUDES BREAKFAST, LUNCH AND DINNER)

Q26 Do you use any vitamins, herbal supplements, or other dietary supplements?

NB SPECIFY
Yes, multi-vitamins
Yes, single vitamins or mineral
Yes, other dietary supplements SPECIFY
No

Q27 Are you presently trying to lose weight, gain weight, or neither?

Lose weight
Gain weight
Neither

Appendix

IF NEITHER AT Q27 ASK Q28 THEN SKIP TO Q31
IF LOSE WEIGHT OR GAIN WEIGHT AT Q27 ASK Q29 AND Q30

Q28 What are you doing to maintain your current weight?

DO NOT READ LIST
ACCEPT ALL
NB OTHER SPECIFY
EATING HEALTHY
EATING ONLY THREE MEALS PER DAY
NOTHING SPECIAL
DIETING
EXERCISE
DON'T KNOW
OTHER, PLEASE SPECIFY

Q29 What are you doing to try and change your weight?

DO NOT READ LIST
ACCEPT ALL
DIETING
EXERCISING
SKIPPING MEALS
TAKING DIET PILLS
ATTENDING WEIGHT CONTROL PROGRAMS
INCREASING INTAKE
EXTRA PROTEIN SUPPLEMENTS (DRINKS, POWDER)
OTHER, PLEASE SPECIFY

Q30 Why would you like to change your weight?

READ LIST

ACCEPT ALL
TO BECOME MORE ATTRACTIVE
TO IMPROVE GENERAL HEALTH
TO DECREASE RISK OF HEART DISEASE (HEART ATTACK, MAINTAIN BLOOD PRESSURE OR BLOOD CHOLESTEROL LEVELS)
TO DECREASE RISK OF GETTING DIABETES
OTHER, PLEASE SPECIFY

Q31 During the past year, have you tried or been on a popular diet?

Yes

No

Refused

IF YES TO Q31 ASK Q32

OTHERS SKIP TO Q33

Q32 IF YES TO Q31

Which one?

DO NOT READ LIST

ACCEPT ALL MENTIONS

WEIGHT WATCHERS

ATKINS DIET (MONTIGNAC IN FRENCH CANADA)

JENNY CRAIG

DR. BERNSTEIN DIET CLINIC

ZONE DIET

SCARSDALE DIET

SOUTH BEACH DIET

SLIM FAST - MEAL REPLACEMENTS

OTHER

I have just a few more questions to help us classify your responses.

D1 What is your current marital status?

READ LIST IF NECESSARY; DO NOT READ REFUSED

Single, never married

Married

Living together or common law

Divorced

Separated

Widowed

REFUSED

D2 How many people are living in your household?

Appendix

D3 IF >1 AT D2
Do you have any children under the age of 18 who currently live at home with you?

YES

NO

Refused

D4 IF CHILDREN UNDER 18 AT D3

How many of these children are...

RECORD NUMBER FOR EACH AGE

newborn to 5 years

6 to 11 years

12 to 17 years

D5 Which of the following categories includes your age?

READ LIST

18 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 to 75

Over 75

Refused

D6 What is the highest level of formal education you have completed?

READ LIST IF NECESSARY

DO NOT READ DON'T KNOW/REFUSED

SOME GRADE/PRIMARY SCHOOL

GRADUATED GRADE/PRIMARY SCHOOL

SOME HIGH/SECONDARY SCHOOL

GRADUATED HIGH/SECONDARY SCHOOL

SOME COMMUNITY COLLEGE/TECHNICAL COLLEGE/CEGEP

GRADUATED COMMUNITY COLLEGE/TECHNICAL COLLEGE/CEGEP

SOME UNDERGRADUATE UNIVERSITY

GRADUATED UNDERGRADUATE UNIVERSITY

SOME POST-GRADUATE UNIVERSITY
GRADUATED POST-GRADUATE UNIVERSITY
OTHER
DON'T KNOW/REFUSED

D7 For statistical purposes only, what is the total household income before taxes, that is, the total income of all members in this household? Would it be \$50,000 or more, or would it be less than \$50,000 per year?

\$50,000 OR OVER

UNDER \$50,000

DON'T KNOW

REFUSED

IF D7 UNDER \$50,000 ASK D8

IF D7 OVER \$50,000 ASK D9

D8 Would it be...

READ LIST

DO NOT READ DON'T KNOW/REFUSED

\$45,000 to \$49,999

\$35,000 to \$44,999

\$25,000 to \$34,999

\$15,000 to \$24,999

Less than \$15,000

DON'T KNOW

REFUSED

D9 Would it be...?

READ LIST.

DO NOT READ DON'T KNOW OR REFUSED

\$50,000 to \$59,999

\$60,000 to \$74,999

\$75,000 to \$79,999

\$80,000 to \$99,999

\$100,000 or more

DON'T KNOW

REFUSED

Appendix

THANK Thank you very much for participating in this survey.

French

QT Bonjour/Bonsoir, mon nom est [INTERVIEWEUR] de NFO CFgroup, une firme nationale de recherche. Aujourd'hui nous menons un sondage au sujet de la nutrition et nous aimerions vous poser quelques questions. Ce sondage prendra environ 15 minutes et je peux vous assurer que nous ne vendons rien.

UTILISEZ LE CODAGE DE RÉSULTATS D'APPELS STANDARD

FAQS

COMMENT AVEZ-VOUS OBTENU MON NUMÉRO?

Votre numéro a été généré à l'ordinateur, tout à fait au hasard.

POUR QUI FAITES-VOUS CE SONDEGE?

Le sondage est fait au nom du Conseil canadien de l'information sur les aliments et l'Institut national de la nutrition.

COMBIEN DE TEMPS CELA PRENDRA-T-IL?

La longueur de l'entrevue peut varier selon vos réponses. Pour la plupart des gens, elle dure environ 15 minutes. Je vais faire en sorte que ce soit le plus vite possible.

QUEL EST LE SUJET?

Le sondage porte sur la nutrition.

QUI EST NFO CFgroup?

NFO CFgroup est une des firmes de recherche les plus importantes au Canada. Nous ne vendons rien. Nous recueillons l'opinion du public pour que nos clients puissent mieux comprendre ce que les consommateurs veulent ou aiment. (OPTIONNEL : Si vous voulez, je peux vous donner le numéro d'une association qui confirmera que nous sommes bel et bien une entreprise de recherche et que notre sondage est légitime -
DONNEZ LES INFOS SUR LE CCRS ET LE NUMÉRO DE TÉLÉPHONE)

Q2 IF OK TO PROCEED

Avez-vous 18 ans ou plus?

OUI

NON

SI OUI À Q2, CONTINUEZ

SI NON À Q2, DEMANDEZ À PARLER À UNE PERSONNE DE 18 ANS ET PLUS

Q3: INSCRIVEZ LE SEXE DU RÉPONDANT

(NE LISEZ PAS)

HOMME

FEMME

Appendix

- Q4** Diriez-vous qu'en général vos habitudes alimentaires sont excellentes, très bonnes, bonnes, passables ou médiocres?
NE LISEZ PAS «NE SAIT PAS»
Excellentes
Très bonnes
Bonnes
Passables
Médiocres
NE SAIT PAS
- Q5** Comment évalueriez-vous votre état de santé général?
LISEZ LA LISTE AU BESOIN
NE LISEZ PAS «NE SAIT PAS»
Excellent
Très bon
Bon
Passable
Médiocre
NE SAIT PAS
- Q6** Êtes-vous principalement responsable de la planification des repas dans votre foyer?
LISEZ LA LISTE AU BESOIN
NE LISEZ PAS «NE SAIT PAS»
Oui
Non
Partage à parts égales
NE SAIT PAS
- Q7** Est-ce que vous ou un autre membre de votre foyer souffrez actuellement d'une maladie ou d'un problème de santé diagnostiqué, qui a une influence sur votre choix d'aliments?
OUI
NON

IF YES AT Q7 ASK Q8
IF NO AT Q7 SKIP TO Q9

Q8

De quelle maladie ou de quel problème de santé s'agit-il?

NE LISEZ PAS LA LISTE

PLUS D'UNE RÉPONSE PEUT ÊTRE SÉLECTIONNÉE

CANCER

DIABÈTE

MALADIE GASTRO-INTESTINALE (EX. RECTO-COLITE HÉMORRAGIQUE,
MALADIE COELIAQUE, REFLUX GASTROESOPHAGIEN)

MALADIE DU COEUR

HYPERTENSION

OBÉSITÉ

OSTÉOPOROSE

AUTRE

Q9

Quand vous choisissez quels aliments manger, dans quelle mesure chacun des éléments suivants a-t-il une influence sur votre choix d'aliments?

(Diriez-vous que l'élément suivant a beaucoup, assez, pas tellement ou aucune influence sur votre choix?)

RANDOMIZE MT LIST

LISEZ LA LISTE AUSSI SOUVENT QU'IL LE FAUT

NE LISEZ PAS «NE SAIT PAS» OU «REFUSE»

Beaucoup d'influence

Assez d'influence

Pas tellement d'influence

Aucune influence

NE SAIT PAS

REFUSE

RANDOMIZE LIST

A) Maintenir une bonne santé

B) Suivre un régime alimentaire spécial ou prescrit

C) La perte de poids/l'image corporelle

D) Si l'aliment est biologique

E) Une source d'énergie ou d'endurance

F) Un aliment qui est enrichi de nutriments ou d'ingrédients tels que minéraux, acides

G) gras oméga-3, soya ou psyllium

H) Un aliment issu de la biotechnologie

I) Un aliment qui a un indice glycémique peu élevé

Appendix

Q10 Veuillez me dire dans quelle mesure chacun des facteurs suivants est important pour vous quand vous choisissez les aliments que vous mangez. Diriez-vous que le facteur est très important, assez important, pas très important, ou pas du tout important?

(Quelle importance accordez-vous au facteur suivant...?)

RANDOMIZE MT LIST

LISEZ LA LISTE AUSSI SOUVENT QU'IL LE FAUT

NE LISEZ PAS "NE SAIT PAS" OU "REFUSE"

Très important

Assez important

Pas très important

Pas du tout important

NE SAIT PAS

REFUSE

RANDOMIZE LIST

La nutrition

Le goût

L'aspect pratique ou la facilité de préparation

Le coût

Q11 Dans quelle mesure diriez-vous que vous êtes bien renseigné(e) sur la nutrition? Diriez-vous que vous êtes...?

LISEZ LA LISTE.

NE LISEZ PAS SANS OPINION - NE SAIT PAS

Très bien renseigné(e)

Assez bien renseigné(e)

Pas très bien renseigné(e)

Pas du tout renseigné(e)

SANS OPINION - NE SAIT PAS

Q12 Pouvez-vous nommer des problèmes de salubrité alimentaire qui vous préoccupent personnellement?

QUESTION OUVERTE. ENTREZ JUSQU'À TROIS MENTIONS.

IF Q11 "NUTRITION" IS "VERY IMPORTANT" OR "SOMEWHAT IMPORTANT" ASK
Q13 OTHERS SKIP TO Q14

Q13 À quelle fréquence, s'il y a lieu, choisissez-vous les aliments que vous mangez en fonction de la quantité d'un nutriment spécifique que l'aliment contient? À mesure que je lirai chaque élément, veuillez me dire si vous choisissez souvent, parfois, rarement ou jamais les aliments selon le contenu de ce nutriment.

RANDOMIZE MT LIST

LISEZ LA LISTE AUSSI SOUVENT QU'IL LE FAUT

NE LISEZ PAS "NE SAIT PAS"

Souvent

Parfois

Rarement

Jamais

NE SAIT PAS

RANDOMIZE LIST

A) Calories/Énergie

B) Total des matières grasses

C) Gras saturés

D) Acides gras trans

E) Cholestérol

F) Glucides

G) Fibres

H) Sucre

I) Protéines

J) Sel/Sodium

K) Vitamines

L) Fer

M) Calcium

Q14 Je vais vous lire certains énoncés. Veuillez me dire si vous êtes fortement d'accord, assez d'accord, ni d'accord ni en désaccord, assez en désaccord ou fortement en désaccord avec chacun des énoncés suivants.

RANDOMIZE MT LIST

LISEZ LA LISTE AUSSI SOUVENT QU'IL LE FAUT

NE LISEZ PAS "NE SAIT PAS"

Fortement d'accord

Appendix

Assez d'accord
Ni d'accord ni en désaccord
Assez d'accord
Fortement en désaccord

RANDOMIZE LIST

- A) Certains types de fibres alimentaires peuvent aider à faire baisser le cholestérol sanguin.
- B) Les acides gras trans ont à peu près le même rôle que les gras saturés dans l'alimentation.
- C) Réduire les gras dans le régime alimentaire peut faire baisser le cholestérol sanguin.
- D) Un régime alimentaire riche en fibres peut aider à prévenir le cancer du côlon.
- E) Tous les glucides sont mauvais pour la santé.
- F) La margarine contient la même quantité de matières grasses que le beurre.
- G) La quantité de cholestérol que les gens mangent constitue le facteur principal qui affecte leur cholestérol sanguin.
- H) La plupart des Canadiens ont assez de vitamines antioxydantes dans leur régime alimentaire.

Q15 AND Q16 HAVE THE SAME LONG BATTERY. PLEASE ARRANGE TO ASK Q15 THEN Q16 AT THE SAME TIME FOR EACH ITEM IN THE BATTERY.

EX.

(Au cours de la dernière année, avez-vous obtenu de l'information nutritionnelle auprès de la source suivante...) INSERT MT?

(Et, dans quelle mesure est-ce qu'/que (INSERT MT) est/sont crédible(s) comme source d'information sur l'alimentation et la nutrition?)

Q15

Les gens peuvent obtenir de l'information sur la nourriture et la nutrition auprès de sources différentes. Veuillez me dire auprès de quelles sources d'information suivantes vous avez personnellement obtenu de l'information sur la nourriture et la nutrition au cours de la dernière année.

(Au cours de la dernière année, avez-vous obtenu de l'information nutritionnelle auprès de la source suivante... INSERT ?)

RANDOMIZE MT LIST AND ALSO ASK Q16 FOR EACH ITEM

NE LISEZ PAS "NE SAIT PAS"

OUI

NON

NE SAIT PAS

RANDOMIZE LIST

- A) Un médecin de famille
- B) Un diététiste/nutritionniste
- C) D'autres professionnels de la santé (p. ex. infirmières, chiropraticien, pharmacien)
- D) Les magazines et les journaux
- E) Le matériel du gouvernement
- F) Le matériel des fabricants alimentaires
- G) La publicité sur les aliments
- H) Les livres
- I) Les émissions à la radio/télé
- J) Les étalages dans les magasins
- K) Les étiquettes de produits
- L) Les allégations sur les suppléments alimentaires
- M) Les magasins d'aliments naturels
- N) Les amis/la parenté/les collègues
- O) Les programmes de conditionnement physique/de perte de poids
- P) Le matériel d'associations de santé (Société du Cancer/Fondation des maladies du coeur/Association du diabète)
- Q) Internet ou le Web

Q16

Et, dans quelle mesure croyez-vous que ces sources sont crédibles en matière d'information sur la nourriture et la nutrition? Veuillez évaluer leur crédibilité sur une échelle de 5 points où 1 signifie pas du tout crédible, et 5 signifie extrêmement crédible.

(Et, dans quelle mesure est-ce qu'/que (INSERT) est/sont crédible(s) comme source d'information sur l'alimentation et la nutrition?)

RANDOMIZE MT LIST AND ALSO ASK SK Q16 FOR EACH ITEM

RESPONDENT OF SCALE AS NECESSARY

NE LISEZ PAS "NE SAIT PAS"

1 - PAS DU TOUT CRÉDIBLE(S)

2

3

4

5 - EXTRÊMEMENT CRÉDIBLE(S)

NE SAIT PAS

Appendix

RANDOMIZE LIST

- A) Un médecin de famille
- B) Un diététiste/nutritionniste
- C) D'autres professionnels de la santé (p. ex. infirmières, chiropraticien, pharmacien)
- D) Les magazines et les journaux
- E) Le matériel du gouvernement
- F) Le matériel des fabricants alimentaires
- G) La publicité sur les aliments
- H) Les livres
- I) Les émissions à la radio/télé
- J) Les étalages dans les magasins
- K) Les étiquettes de produits
- L) Les allégations sur les suppléments alimentaires
- M) Les magasins d'aliments naturels
- N) Les amis/la parenté/les collègues
- O) Les programmes de conditionnement physique/de perte de poids
- P) Le matériel d'associations de santé (Société du Cancer/Fondation des maladies du coeur/Association du diabète)
- Q) Internet ou le Web

Q17

En pensant spécifiquement aux étiquettes sur les différents produits alimentaires que vous achetez, à quelle fréquence lisez-vous les étiquettes, autrement que pour la marque ou la saveur? Diriez-vous que vous lisez les étiquettes toujours, habituellement, parfois, seulement la première fois que vous achetez un produit ou jamais?

Toujours

Habituellement

Parfois

Seulement la première fois que j'achète un produit

Jamais

IF OTHER THAN "NEVER" AT Q17 ASK Q18, Q19 AND Q20

IF "NEVER" AT Q17 SKIP TO Q21

Q18

Quand vous achetez de la nourriture, pour lesquels des éléments suivants regardez-vous l'étiquette afin d'avoir de l'information?

LISEZ LA LISTE SAUF «AUCUNE DE CES RÉPONSES»

Nutrition

Ingrédients

Allégations sur les nutriments ou la santé

AUCUNE DE CES RÉPONSES

Q19

Quand vous regardez l'information nutritionnelle sur les emballages de produits alimentaires, soit au magasin ou à la maison, à quelle fréquence utilisez-vous cette information pour les raisons suivantes? Diriez-vous souvent, parfois, rarement ou jamais?

(À quelle fréquence utilisez-vous l'information...)

RANDOMIZE MT LIST

LISEZ LA LISTE AUSSI SOUVENT QU'IL LE FAUT

NE LISEZ PAS "NE SAIT PAS"

Souvent

Parfois

Rarement

Jamais

NE SAIT PAS

Appendix

- a) pour comparer des types d'aliments différents, comme comparer des barres granola et des biscuits.
- b) pour comparer des types d'aliments similaires, comme comparer deux marques différentes de craquelins.
- c) pour savoir quelle quantité d'un produit alimentaire vous et votre famille devriez manger.
- d) pour voir si l'aliment est à haute ou basse teneur en certains nutriments comme les glucides.
- e) pour avoir une idée générale de la teneur en calories d'un aliment.
- f) pour voir si l'aliment contient un ingrédient spécifique.
- g) pour voir si l'aliment contient peut-être des noix.
- h) pour trouver des aliments étiquetés comme étant à haute ou basse teneur en nutriments comme les matières grasses, les fibres ou les vitamines (par exemple, «faible en gras» ou «source de calcium»).
- i) pour trouver des aliments qui se réclament bons pour la santé (par exemple, «Une saine alimentation, comportant une grande variété de légumes et de fruits, peut aider à réduire le risque de certains types de cancer»).
- j) pour trouver des aliments qui sont cachés.
- k) pour voir si le produit est biologique.
- l) pour trouver des aliments qui n'ont pas subi de transformation génétique (sans OGM).

Q20

Quand vous cherchez de l'information nutritionnelle sur l'étiquette, trouvez-vous habituellement l'information que vous cherchez?

LISEZ LA LISTE

NE LISEZ PAS "NE SAIT PAS"

Souvent

Parfois

Rarement

Jamais

NE SAIT PAS

Q21

Avez-vous amélioré ou changé vos habitudes alimentaires au cours de la dernière année?

Oui

Non

Ne sait pas - Incertain(e) - Ne se rappelle pas

IF YES TO Q21 ASK Q22, Q23, Q24

IF NO OR NE SAIT PAS AT Q21 SKIP TO Q25

Q22

Quel est ou quels sont les changements les plus significatifs que vous avez faits pour améliorer vos habitudes alimentaires au cours de la dernière année?

NE LISEZ PAS LA LISTE. ACCEPTEZ TOUTES LES MENTIONS

A AUGMENTÉ SA CONSOMMATION DE PROTÉINES

A LIMITÉ SA CONSOMMATION DE GLUCIDES

A RÉDUIT SA CONSOMMATION DE SEL

A ESSAYÉ DE CONSOMMER MOINS DE MATIÈRES GRASSES

A ESSAYÉ DE CONSOMMER MOINS DE GRAS SATURÉS

A ESSAYÉ DE CONSOMMER MOINS DE GRAS TRANS

A MANGÉ PLUS DE LÉGUMES - FRUITS

A MANGÉ DES ALIMENTS BIOLOGIQUES

A RÉDUIT SA CONSOMMATION DE SUCRE

A PRIS MOINS DE COLLATIONS/CHOISI DES COLLATIONS DIFFÉRENTES

A RÉDUIT SA CONSOMMATION DE CALORIES - A MANGÉ MOINS - A SURVEILLÉ SON POIDS

A RÉDUIT SA CONSOMMATION DE CAFÉINE

A PRIS DES SUPPLÉMENTS VITAMINIQUES/MINÉRAUX

A MANGÉ PLUS DE FIBRES, DE GRAINS ENTIERS, DE FIBRES ALIMENTAIRES

AUTRE AYANT TRAIT AU RÉGIME ALIMENTAIRE (PRÉCISEZ)

NE SAIT PAS (SPONTANÉMENT)

Q23

Pourquoi avez-vous fait ce changement?

SONDEZ AU BESOIN : Y a-t-il d'autres raisons?

NE LISEZ PAS LA LISTE

POUR SE SENTIR MIEUX

POUR AIDER À PRÉVENIR LES MALADIES DU COEUR

POUR AIDER À PRÉVENIR LES MALADIES DU CÔLON

POUR AIDER À PRÉVENIR LES PROBLÈMES DE PRESSION ARTÉRIELLE (HAUTE OU BASSE)

POUR VIVRE PLUS LONGTEMPS

Appendix

POUR AIDER À PRÉVENIR LE CANCER
POUR AIDER À PRÉVENIR LE DIABÈTE
POUR RESTER EN SANTÉ MALGRÉ SON ÂGE AVANCÉ
PARCE QUE SON MÉDECIN LUI A SUGGÉRÉ DE RÉDUIRE SA CONSOMMATION
PARCE QU'ON DIT QUE C'EST IMPORTANT À LA TÉLÉ, À LA RADIO, DANS LES
JOURNAUX
POUR PERDRE DU POIDS
SA FAMILLE - SES AMIS SONT PRÉOCCUPÉS
AUTRE (PRÉCISEZ)
NE SAIT PAS

Q25 Veuillez me dire à quelle fréquence vous faites ce qui suit au cours d'une semaine type

LISEZ LA LISTE AUSSI SOUVENT QU'IL LE FAUT
NE LISEZ PAS "NE SAIT PAS"
Tous les jours
Plus de 4 fois par semaine
Trois fois ou moins par semaine
Les fins de semaine seulement
NE SAIT PAS

DO NOT RANDOMIZE LIST

- a) Mangez des repas préparés à la maison
- b) Commandez des repas pour emporter ou faire livrer à la maison
- c) Prenez un petit-déjeuner
- d) Mangez au restaurant

Q26 Prenez-vous des vitamines, des suppléments à base de plantes ou d'autres suppléments alimentaires?

NB PRÉCISEZ

- Oui, des multivitamines
- Oui, des vitamines ou des minéraux individuels
- Oui, d'autres suppléments alimentaires PRÉCISEZ
- Non

Q27 Essayez-vous présentement de perdre du poids, d'en gagner ou ni l'un ni l'autre?

Perdre du poids
Gagner du poids
Ni l'un ni l'autre

IF NEITHER AT Q27 ASK Q28 THEN SKIP TO Q31
IF LOSE WEIGHT OR GAIN WEIGHT AT Q27 ASK Q29 AND Q30

Q28 Comment maintenez-vous votre poids actuel?

NE LISEZ PAS LA LISTE
ACCEPTEZ TOUTES LES MENTIONS
NB AUTRE (PRÉCISEZ)
EN AYANT UNE BONNE ALIMENTATION
EN MANGEANT SEULEMENT TROIS REPAS PAR JOUR
RIEN DE SPÉCIAL
EN SUIVANT DES RÉGIMES
EN FAISANT DE L'EXERCICE
NE SAIT PAS
AUTRE, PRÉCISEZ

Q29 Que faites-vous pour essayer de modifier votre poids?

NE LISEZ PAS LA LISTE
ACCEPTEZ TOUTES LES MENTIONS
NB AUTRE (PRÉCISEZ)

EN SUIVANT DES RÉGIMES
EN FAISANT DE L'EXERCICE
EN SAUTANT DES REPAS
EN PRENANT DES PILULES POUR MAIGRIR
EN PARTICIPANT À DES PROGRAMMES DE CONTRÔLE DU POIDS
EN MANGEANT DAVANTAGE
EN PRENANT DES SUPPLÉMENTS DE PROTÉINES ADDITIONNELS (BOISSONS,
EN POUVRE)
AUTRE, PRÉCISEZ

Appendix

Q30 Pourquoi aimeriez-vous changer votre poids?
NE LISEZ PAS LA LISTE
ACCEPTEZ TOUTES LES MENTIONS
NB AUTRE (PRÉCISEZ)

POUR ÊTRE PLUS ATTRAYANT(E)
POUR AMÉLIORER MA SANTÉ GÉNÉRALE
POUR DIMINUER LE RISQUE DE MALADIE DU COEUR (CRISE CARDIAQUE,
MAINTENIR LA PRESSION ARTÉRIELLE OU LE NIVEAU DE CHOLESTÉROL
SANGUIN
POUR DIMINUER LE RISQUE DE SOUFFRIR DE DIABÈTE
AUTRE, PRÉCISEZ

Q31 Au cours de la dernière année, avez-vous essayé ou adopté un régime alimentaire en vogue?
Oui
Non
Refuse

IF YES TO Q31 ASK Q32
OTHERS SKIP TO Q33

Q32 IF YES TO Q31
Lequel?

NE LISEZ PAS LA LISTE
ACCEPTEZ TOUTES LES MENTIONS
WEIGHT WATCHERS
ATKINS (MONTIGNAC AU QUÉBEC)
JENNY CRAIG
CLINIQUE DU DR. BERNSTEIN
ZONE
SCARSDALE
SOUTH BEACH
SLIM FAST - REMPLACEMENT DE REPAS

Il ne me reste que quelques questions qui serviront à classer vos réponses.

D1 Quel est votre état matrimonial actuel?

LISEZ LA LISTE AU BESOIN

NE LISEZ PAS REFUSE

Célibataire, jamais marié(e)

Marié(e)

En union de fait

Divorcé(e)

Séparé(e)

Veuf/veuve

REFUSE

D2 Combien de personnes y a-t-il dans votre foyer?

D3 IF >1 AT D2

Avez-vous des enfants de moins de 18 ans qui demeurent actuellement avec vous?

OUI

NON

Refuse

D4 IF CHILDREN UNDER 18 AT D3

Combien de ces enfants se situent dans les groupes d'âge suivants...

ENTREZ LE NOMBRE POUR CHAQUE GROUPE D'ÂGE

Nouveau-né à 5 ans

6 à 11 ans

12 à 17 ans

D5 Dans lequel des groupes d'âge suivants vous situez-vous?

LISEZ LA LISTE

NE LISEZ PAS «REFUSE»

18 à 24 ans

25 à 34 ans

35 à 44 ans

Appendix

45 à 54 ans
55 à 64 ans
65 à 75 ans
Plus de 75 ans
REFUSE

D6 Quel est le niveau d'études le plus élevé que vous avez terminé?
LISEZ LA LISTE AU BESOIN
NE LISEZ PAS «NE SAIT PAS/REFUSE»
COURS PRIMAIRE EN PARTIE
COURS PRIMAIRE AU COMPLET
COURS SECONDAIRE EN PARTIE
COURS SECONDAIRE AU COMPLET
CÉGEP/COURS TECHNIQUE/COLLÈGE COMMUNAUTAIRE EN PARTIE
CÉGEP/COURS TECHNIQUE/COLLÈGE COMMUNAUTAIRE AU COMPLET
UNIVERSITÉ (1ER CYCLE) EN PARTIE
UNIVERSITÉ (1ER CYCLE) AU COMPLET
UNIVERSITÉ (2E-3E CYCLE) AU COMPLET
AUTRE
NE SAIT PAS/REFUSE

D7 À des fins statistiques seulement, quel est le revenu total de votre foyer avant impôts, c'est-à-dire le revenu total de tous les membres de votre foyer? Est-il de 50 000 \$ ou plus, ou est-il de moins de 50 000 \$ par année?
50 000 \$ OU PLUS
MOINS DE 50 000 \$
NE SAIT PAS
REFUSE

IF D7 UNDER \$50,000 ASK D8
IF D7 OVER \$50,000 ASK D9

D8 Est-il de...?
LISEZ LA LISTE
NE LISEZ PAS NE SAIT PAS/REFUSE
45 000 \$ à 49 999 \$
35 000 \$ à 44 999 \$
25 000 \$ à 34 999 \$
15 000 \$ à 24 999 \$
Moins de 15 000 \$

NE SAIT PAS
REFUSE

D9

Est-il de...?

LISEZ LA LISTE
NE LISEZ PAS NE SAIT PAS/REFUSE
50 000 \$ à 59 999 \$
60 000 \$ à 74 999 \$
75 000 \$ à 79 999 \$
80 000 \$ à 99 999 \$
100 000 \$ ou plus
NE SAIT PAS
REFUSE