

## APPENDIX 2: QUESTIONNAIRE

### Student Food Survey

The Food Standards Agency is interested in talking to students about a number of issues related to food. We need your co-operation and would be grateful if you would answer the questions below. Thank you for your support and please be assured that all the information you provide is confidential.

All the questions relate to where you usually live during term time.

*Firstly, we'd like to ask you about where you live and your responsibility for food shopping.*

**Q1: Do you live ...**

With your parents	<input type="checkbox"/>	1	
With your partner	<input type="checkbox"/>	2	
With your partner and children	<input type="checkbox"/>	3	<b>Go to Q19</b>
With your children	<input type="checkbox"/>	4	
In catered university accommodation	<input type="checkbox"/>	5	
In self-catering university accommodation	<input type="checkbox"/>	6	
In a private house with other students	<input type="checkbox"/>	7	
Other (please specify)	<input type="checkbox"/>	8	

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**Q2: Do you usually prepare and eat food with a group of people, or do you prepare and eat food individually?**

Prepare and eat food as part of a group ☐ 1      Prepare and eat food individually ☐ 2

**Q3: Which of the following do you have access to in your accommodation?**  
Please tick all that apply.

Hob/Cooking rings	<input type="checkbox"/>	1
Oven	<input type="checkbox"/>	1
Grill	<input type="checkbox"/>	1
Fridge	<input type="checkbox"/>	1
Freezer	<input type="checkbox"/>	1
Microwave	<input type="checkbox"/>	1
Storage facilities (eg food cupboards)	<input type="checkbox"/>	1
Cooking equipment (eg saucepans, knives)	<input type="checkbox"/>	1

*Now we'd like to ask you some questions about shopping for food.*

**Q4: On average, how much would you spend on food per week? This includes food that you buy to cook as well as eating out.**

Less than £20 per week	<input type="checkbox"/>	1
£20-29 per week	<input type="checkbox"/>	2
£30-£39 per week	<input type="checkbox"/>	3
£40-£49 per week	<input type="checkbox"/>	4
£50 per week or more	<input type="checkbox"/>	5
I don't know	<input type="checkbox"/>	6

**Q5: When you are buying food, which 3 of the following factors do you consider most? Please tick 3 factors only**

Quality or freshness of the food	<input type="checkbox"/>	1
Habit or routine	<input type="checkbox"/>	1
Price of the food	<input type="checkbox"/>	1
How much money I have	<input type="checkbox"/>	1
The availability of the food in the shops I go to	<input type="checkbox"/>	1
Taste	<input type="checkbox"/>	1
Convenience in preparation	<input type="checkbox"/>	1
Foods I know how to cook/prepare	<input type="checkbox"/>	1
Someone else decides on most of the food I eat	<input type="checkbox"/>	1
Other (please specify)	<input type="checkbox"/>	1

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**Q6: How often do you usually buy groceries?**

Every day	<input type="checkbox"/>	1
Every 2-3 days	<input type="checkbox"/>	2
About once a week	<input type="checkbox"/>	3
Once a month	<input type="checkbox"/>	4
Less often	<input type="checkbox"/>	5

**Q7: Where do you buy most of your groceries?**

On the internet	<input type="checkbox"/>	1	<b>Go to Q10</b>
Supermarkets	<input type="checkbox"/>	2	
Local shops (eg Spar, Mace, garages)	<input type="checkbox"/>	3	
Markets	<input type="checkbox"/>	4	
Other (please specify)	<input type="checkbox"/>	5	

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**Thinking about where you buy most of your groceries ...**

**Q8: How far is it from where you live?**

Less than 1 mile	<input type="checkbox"/>	1
1-2 miles	<input type="checkbox"/>	2
3-4 miles	<input type="checkbox"/>	3
More than 4 miles	<input type="checkbox"/>	4

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**Q9: How do you usually get your groceries home?**

- |                              |                          |   |
|------------------------------|--------------------------|---|
| On the bus                   | <input type="checkbox"/> | 1 |
| By bicycle                   | <input type="checkbox"/> | 2 |
| I drive                      | <input type="checkbox"/> | 3 |
| Someone else gives me a lift | <input type="checkbox"/> | 4 |
| I walk                       | <input type="checkbox"/> | 5 |
| The groceries are delivered  | <input type="checkbox"/> | 6 |
| Other (please specify)       | <input type="checkbox"/> | 7 |
- 

**Q10: Do you shop there for any of these reasons? Please tick all that apply.**

- |  |                          |   |
|--|--------------------------|---|
| It's easy to get to                          | <input type="checkbox"/> | 1 |
| Value for money – it's cheaper to shop there | <input type="checkbox"/> | 1 |
| There is a good choice of food               | <input type="checkbox"/> | 1 |
| The quality of the food is good              | <input type="checkbox"/> | 1 |
| Other (please specify)                       | <input type="checkbox"/> | 1 |
- 

**Q11: How many shops selling a variety of groceries could you walk to in less than 15 minutes from where you live?**

**If none, please go to Q13**

**Q12: How do you rate the shops selling groceries within 15 minutes walk of where you live, in terms of ...**

**Please tick one box in each row.**

	Very good	Good	Neither good nor bad	Bad	Very bad
Quality of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choice of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q13: In general, how much do you usually like or dislike shopping for food?**

- |  |                          |   |
|--|--------------------------|---|
| I really like food shopping              | <input type="checkbox"/> | 1 |
| I like food shopping                     | <input type="checkbox"/> | 2 |
| I neither like nor dislike food shopping | <input type="checkbox"/> | 3 |
| I dislike food shopping                  | <input type="checkbox"/> | 4 |
| I really dislike food shopping           | <input type="checkbox"/> | 5 |

**Q14: Please indicate how often the following happens to you.**

**Please tick one box in each row.**

	Every day	4-6 days per week	1-3 days per week	Once every 2 weeks	One a month or less	Never
You do not have enough food to eat because you can't get to a grocery shop?						
You do not have a main meal and you get through the day by just having a snack or a drink when you feel like it?						
You worry that your food will run out because you do not have enough money to buy more?						

***The next section looks at cooking.***

**Q15: How much do you like or dislike cooking?**

- |                                    |                          |   |
|------------------------------------|--------------------------|---|
| I really like cooking              | <input type="checkbox"/> | 1 |
| I like cooking                     | <input type="checkbox"/> | 2 |
| I neither like nor dislike cooking | <input type="checkbox"/> | 3 |
| I dislike cooking                  | <input type="checkbox"/> | 4 |
| I really dislike cooking           | <input type="checkbox"/> | 5 |

**Q16: On average, how often do you prepare or cook your main meal of the day from fresh or raw ingredients?**

- |                     |                          |   |                  |
|---------------------|--------------------------|---|------------------|
| Once a day          | <input type="checkbox"/> | 1 | <b>Go to Q18</b> |
| 2-3 times per week  | <input type="checkbox"/> | 2 |                  |
| About once per week | <input type="checkbox"/> | 3 | <b>Go to Q17</b> |
| 2-3 times per month | <input type="checkbox"/> | 4 |                  |
| About once a month  | <input type="checkbox"/> | 5 |                  |
| Less often          | <input type="checkbox"/> | 6 |                  |

**Q17: Why do you not cook a main meal every day?**

**Please tick all that apply.**

- |  |                          |   |                  |
|--|--------------------------|---|------------------|
| I don't know how to cook at all                      | <input type="checkbox"/> | 1 | <b>Go to Q19</b> |
| I don't know how to cook a variety of foods or meals | <input type="checkbox"/> | 1 |                  |
| Someone else usually cooks for me                    | <input type="checkbox"/> | 1 | <b>Go to Q18</b> |
| I don't enjoy cooking                                | <input type="checkbox"/> | 1 |                  |
| I usually eat pre-packed/convenience foods           | <input type="checkbox"/> | 1 |                  |
| I can't afford it                                    | <input type="checkbox"/> | 1 |                  |
| Lack of cooking facilities                           | <input type="checkbox"/> | 1 |                  |
| Lack of storage facilities                           | <input type="checkbox"/> | 1 |                  |
| I usually eat take-away food                         | <input type="checkbox"/> | 1 |                  |
| Lack of time   | <input type="checkbox"/> | 1 |                  |
| Other (please specify)                               | <input type="checkbox"/> | 1 |                  |

**Q18: Where did you learn to cook?**

**Please tick all that apply.**

At school	<input type="checkbox"/>	1
At home	<input type="checkbox"/>	1
Other (please specify)	<input type="checkbox"/>	1

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**Q19: Which of the following describes you?**

**Please tick all that apply.**

I am a vegan (I don't eat meat, fish, dairy or other products derived from animals)	<input type="checkbox"/>	1
I am completely vegetarian	<input type="checkbox"/>	1
I am mainly vegetarian – I eat fish but not meat	<input type="checkbox"/>	1
I eat meat	<input type="checkbox"/>	1
I am following a strict diet to lose weight	<input type="checkbox"/>	1
I am on a casual diet to lose weight	<input type="checkbox"/>	1
I am on a special diet for medical reasons	<input type="checkbox"/>	1
I am on a special diet due to allergies	<input type="checkbox"/>	1
I am on a special diet for religious reasons	<input type="checkbox"/>	1

**Q20: Which of the following types of food do you eat regularly (at least 2 or 3 days per week)?**

**Please tick all that apply.**

Fresh vegetables/salads	<input type="checkbox"/>	1
Fruit	<input type="checkbox"/>	1
Eggs	<input type="checkbox"/>	1
Ready-made meals (heated in the oven/microwave)	<input type="checkbox"/>	1
Other convenience foods (eg fish fingers, burgers, chips)	<input type="checkbox"/>	1
Dairy products (milk, cheese, yoghurt)	<input type="checkbox"/>	1
Meals prepared from raw fresh fish	<input type="checkbox"/>	1
Meals prepared from raw fresh chicken	<input type="checkbox"/>	1
Meals prepared from other raw fresh meat	<input type="checkbox"/>	1

**Q21: How often do you buy food from the following outlets?****Please tick one box in each row.**

	Every day	4-6 times a week	2-3 times a week	Once a week	Less often	Never
Takeaway or fast food outlet (eg fish and chip shops, Chinese takeaway, McDonalds)	1	2	3	4	5	6
University canteen or refectory (hot food)	1	2	3	4	5	6
University sandwich/coffee/snack bar	1	2	3	4	5	6
University shop	1	2	3	4	5	6
Other coffee shop	1	2	3	4	5	6
Other takeaway sandwich outlet	1	2	3	4	5	6
Pub	1	2	3	4	5	6
Mobile food outlet	1	2	3	4	5	6
Sports club	1	2	3	4	5	6
Ready to eat takeaway food from supermarkets	1	2	3	4	5	6
Vending machine	1	2	3	4	5	6

**Q22: How often do you ...?****Please tick one box in each row.**

	Every day	4-6 times a week	2-3 times a week	Less often	Never
Eat breakfast					
Eat fried food					
Drink alcohol					

**Q23: Compared to a year ago, how often do you eat or drink the following?****Please tick one box in each row.**

	More than a year ago	Same as a year ago	Less than a year ago	I never eat or drink this
Foods or drinks containing sugar (eg sweets, cakes, soft drinks)				
Foods containing fat (eg fried food, crisps)				
Fruit				
Vegetables or salad				
Bread, cereals, rice, pasta, potatoes				
Milk and dairy products				
Meat (all types: red, white and processed)				
Fish				
Unsalted nuts, beans, chickpeas, lentils				
Salt in your food				
Alcohol				

**Q24: How often do you look at the labels with nutritional information on food?**

Always	<input type="text"/>	1
Fairly often	<input type="text"/>	2
Sometimes	<input type="text"/>	3
Never	<input type="text"/>	4

**Q25: If you were looking at the nutritional information on a jar of salad cream and it said the product contained 20g of sugar per 100g, would you think this is a lot or a little?**

A lot	<input type="text"/>	1
An acceptable amount	<input type="text"/>	2
A little	<input type="text"/>	3
I don't know	<input type="text"/>	4

**Q26: If you were looking at the nutritional information on a box of cornflakes and it said the product contained 2g of salt per 100g, would you think this is a lot or a little?**

A lot	<input type="text"/>	1
An acceptable amount	<input type="text"/>	2
A little	<input type="text"/>	3
I don't know	<input type="text"/>	4

**Q27: If you were looking at the nutritional information on a packet of digestive biscuits and it said the product contained 20g of fat per 100g, would you think this is a lot or a little?**

A lot	<input type="text"/>	1
An acceptable amount	<input type="text"/>	2
A little	<input type="text"/>	3
I don't know	<input type="text"/>	4

**Q28: How many portions of fruit and vegetables should you eat every day?**

<input type="text"/>	portions per day
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**Now we would like to ask some questions about your lifestyle.**

**Q29: Do you feel you lead a ...**

- Very healthy lifestyle ☐ 1  
 Fairly healthy lifestyle ☐ 2  
 Not very healthy lifestyle ☐ 3  
 Unhealthy lifestyle ☐ 4

**Q30: Thinking about the last week how many times did you take exercise lasting about 30 minutes? By exercise, we mean any physical activity that increases your heart rate.**

- Every day ☐ 1  
 4-5 times a week ☐ 2  
 2-3 times a week ☐ 3  
 Less than twice a week ☐ 4  
 Never ☐ 5

**Q31: How often do you use the sports/fitness facilities in each of the following?  
 Please tick one box in each row.**

	Every day	4-6 times a week	2-3 times a week	Less often	Never
University sports centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports club eg GAA, rugby, tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council-owned facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gym equipment at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Finally could you please give us, confidentially of course, a few background details about yourself?**

**Q32: I am ...**

Male ☐ 1

Female ☐ 2

**Q33: I am ...**

years old

**Q34: What year of study are you in?**

- Level 0/Foundation ☐ 1  
 First ☐ 2  
 Second ☐ 3  
 Third ☐ 4  
 Fourth/Fifth ☐ 5  
 Postgraduate ☐ 6

**Q35: Are you studying full time or part time?**

Full time ☐ 1

Part time ☐ 2



**Q36: Are your fees for university paid by ...**

- |  |                          |   |
|--|--------------------------|---|
| You                                    | <input type="checkbox"/> | 1 |
| Your parents                           | <input type="checkbox"/> | 2 |
| Education and Library Board            | <input type="checkbox"/> | 3 |
| A bursary (eg from DHSSPS or industry) | <input type="checkbox"/> | 4 |
| Other (please specify)                 | <input type="checkbox"/> | 5 |
- 

**Q37: Do you have a job?**

- |                              |                          |   |
|------------------------------|--------------------------|---|
| Yes – I have a full time job | <input type="checkbox"/> | 1 |
| Yes – I have a part time job | <input type="checkbox"/> | 2 |
| No                           | <input type="checkbox"/> | 3 |

**Q38: Which university or college do you attend?**

- |                                   |                          |   |
|-----------------------------------|--------------------------|---|
| Queen's University                | <input type="checkbox"/> | 1 |
| St Mary's College                 | <input type="checkbox"/> | 2 |
| Stranmillis College               | <input type="checkbox"/> | 3 |
| University of Ulster, Jordanstown | <input type="checkbox"/> | 4 |
| University of Ulster, Belfast     | <input type="checkbox"/> | 5 |
| University of Ulster, Magee       | <input type="checkbox"/> | 6 |
| University of Ulster, Coleraine   | <input type="checkbox"/> | 7 |
| University of Ulster, Portrush    | <input type="checkbox"/> | 8 |

**Q39: Which subject are you studying?**

**Q40: Have you ever heard of the Food Standards Agency?**

- |     |                          |   |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| No  | <input type="checkbox"/> | 2 |

**Finally, please use this box tell us about any other comments you would like to make relating to the issues raised in this questionnaire.**

**We are planning to organise other research projects among students in the next few months. If you would be interested in taking part, please tick this box, ☐ and fill in your contact details below.**

**All completed surveys can be entered into a prize draw. If you would like to take part, please indicate which prize you would prefer, and fill in your contact details below.**

A food hamper	<input type="checkbox"/>	1
Cooking equipment essentials	<input type="checkbox"/>	2
A nutritional assessment (what you eat and what you <i>should</i> eat)	<input type="checkbox"/>	4

**Name**

\_\_\_\_\_

**Email address**

\_\_\_\_\_

**Thank you for your help.**

**For more information on the Food Standards Agency, look at  
[www.food.gov.uk](http://www.food.gov.uk)**

**For more information on eating well, look at [www.eatwell.gov.uk](http://www.eatwell.gov.uk)**

**For more information about ARK, look at [www.ark.ac.uk](http://www.ark.ac.uk)**