



Healthy Eating - Quantitative Consumer Research

Final Report

Health Canada

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Introduction

The Office of Nutrition Policy and Promotion (ONPP) serves as a centre for nutrition within Health Canada, striving to promote the nutritional health and well being of Canadians. To effectively promote and support healthy eating among Canadians, a better understanding of the factors that influence eating behaviours is needed. While much is now known about how nutrition contributes to good health, there is limited understanding of what Canadians know and think about nutrition, and how such knowledge and attitudes are formed. To address this knowledge gap, Health Canada commissioned Decima Research to conduct a quantitative survey to collect the required information from Canadians across the country.

The specific objectives of this research are to:

- Investigate Canadians' knowledge of and attitudes towards nutrition and healthy eating;
- Examine the determinants of these attitudes; and
- Provide information for guiding subsequent communications planning.

The results will be used to guide the planning of communications to Canadians about nutrition, and about how nutrition impacts their health.

This survey is based on telephone interviews conducted with a representative sample of 3,005 Canadians (18 years and older) between February 28 and March 12, 2003. The results drawn from this sample can be expected to be accurate to the full population of Canadians within plus or minus 1.8 percent, in 19 out of 20 samples. The margin of error is larger for sub-samples. A more detailed description of the methodology used to conduct this study is provided at the back of this report, along with a copy of the survey questionnaire.

This report begins with an executive summary and key conclusions, followed by a detailed analysis of the survey findings. Provided under separate cover is a set of detailed "banner" tables that present the results for all questions by key regional and demographic sub-groups. The detailed analysis section of the report denotes these tables by question number (e.g. *Q.1*) for easy reference.



Executive Summary

The findings from this survey reveal that Canadians are generally aware of many key principles of healthy eating, and that a majority report they are making some level of sustained effort to follow these principles. This accurately represents what consumers believe is important, but probably overstates the true level of knowledge of, or actions taken around, healthy eating. What is clear is that nutrition and healthy eating are well-established social values among the Canadian public.

The following are key results from the study:

Knowledge and Attitudes About Healthy Eating

- Most Canadians believe they are reasonably well-informed about what constitutes healthy eating. They are most likely to say they know a great deal about the amount of fruits and vegetables they should eat on a daily basis (52%). By comparison, the public feels somewhat less knowledgeable about the appropriate amounts of dairy (39% know a great deal), grain products (34%) and meat/substitutes (34%) to eat daily, although no more than one in four say they know little or nothing in each case. Four in ten (41%) say they know a great deal about the relationship between what they eat and their health.
- The public's self-assessed level of knowledge is partially validated by the finding that the majority place a fair amount of importance on a number of aspects of healthy eating. The greatest emphasis is given to the importance of eating lots of fruits and vegetables, drinking lots of water, and eating a balanced diet with a mix of foods (in each case at least 80% of Canadians say this is "very important" for people in general).
- Elements that are less widely identified as components of healthy eating include limiting consumption of certain food types (fat, sugar, salt, cholesterol, alcohol, caffeine), eating fresh/natural foods, and avoiding others (e.g. those containing preservatives, pesticides). Canadians are least apt to define healthy eating in terms of avoiding genetically modified foods (38% say "very important") and eating organic foods (23%). On the other hand, very few consumers (less than 10%) maintain that most of these elements are not very or not at all important aspects of healthy eating.
- Beyond the importance of these specific guidelines, most Canadians also appear to believe in other key aspects of diet and health. The majority agree that there is an important link between what they eat and their health (76% strongly agree), that diet is an important priority at any age (80%), and that physical activity is important to staying healthy (84%).
- Analysis of the data reveals that gender and (self-assessed) knowledge emerge as significant determinants of these attitudes towards healthy eating. A variety of other factors (e.g., age, food



sufficiency, frequency of eating out) were found to play a role in some attitudes but not in others. The combination of variables explored in this study offers only a partial explanation of healthy eating knowledge and attitudes, indicating that further research is needed to more fully identify the relevant contributing factors.

Current Eating and Meal Preparation Practices

- When it comes to planning meals at home, Canadians are most likely to place a high priority on having meals that taste good (79% say this is very important), followed closely by eating a healthy meal (74%). By comparison, less emphasis is given to the likes/dislikes of others in the household (57%), ease of meal preparation (34%), caloric content (32%) and cost (21%). Meal planners and non-planners hold similar priorities, although meal planners tend to give greater emphasis to each aspect. Women (who make up the lion's share of meal planners) are more likely than men to emphasize all of these home meal priorities, but most notably point to convenience considerations (ease of preparation and cost).
- A majority of Canadians claim to have incorporated healthy eating into their lifestyle. Eight in ten say that they are doing what they can to plan (82%) and/or eat (81%) healthy meals, and six in ten (60%) acknowledge that they feel some guilt when they haven't eaten properly. Three in four (76%) claim they eat healthy without having to think about it.
- Daily time pressures do not appear to be a significant obstacle to healthy eating, based on the measured impact of self-reported time pressures on attitudes and behaviors. No more than one in four Canadians say they lack the time to shop for (17%), prepare (25%) or eat (23%) healthier meals. At the same time, four in ten meal planners agree that they would plan healthier meals if they had more time or more energy to do so.
- Eating meals outside the home is a fairly common occurrence for Canadians. Seven in ten eat out at least once per week, and more than one-fifth (22%) do so four or more times per week. This practice is more common among younger male consumers, and those with higher levels of socio-economic status. Consumers are more likely than not to perceive restaurant meals as offering larger portions and more calories. More frequent eating out is associated with less knowledge of healthy eating, and lower importance given to most aspects of healthy eating.
- Close to half (48%) of Canadian households include at least one individual who has a diet-related health condition, most commonly in the form of heart disease, acid reflux disease or diabetes. The incidence of such conditions increases with age and body mass index (BMI), and decreases with socio-economic status. The presence of such conditions, however, does not appear to contribute to knowledge of, or attitudes towards, healthy eating.
- Most (72%) Canadians can be described as "food sufficient", defined as possessing the necessary money or resources to have an adequate amount of both the quantity and types of food



they want on a consistent basis. One in four (23%) indicate that quantity is not an issue, but that type might be at times (it's unclear, however, whether this is a function of limited resources or other factors, such as preference or seasonal availability). Three percent of the population fully meets the criteria for food insufficiency.

Intentions and Efforts to Eat Healthy

- The fact that most Canadians believe they are doing what they can to eat healthy is reflected in the finding that many say they are making a sustained effort to do so. Almost two-thirds (64%) indicate they have been working on eating healthier for more than six months (constituting the maintenance stage in the established "intentions to change" index), while another one in six (16%) have begun doing so in the past six months (action stage). Such efforts are most likely to be reported by women, consumers 35 years and over, B.C. residents and those with higher socio-economic status, as well as those in good health but with a diet-related illness in the household.
- In terms of food *type*, consumers are most likely to be making changes by eating more vegetables (58%), fruit and fruit juices (52%) and fish (45%), while at the same time reducing their consumption of red meat (40%). Considerably fewer are focusing on changing their consumption of chicken or meat alternatives, vitamin supplements, dairy products, grain products or eggs.
- In terms of food *quantity*, more than four in ten (43%) Canadians say they are currently attempting to lose weight, while another quarter (24%) have done so in the past. As might be expected, current weight loss efforts are most widespread among women, consumers over 25 years of age and those with a high BMI (56% among those classified as overweight, and 78% among those classified as obese). Notably, fewer than half of those consumers currently trying to lose weight were advised to do so by a health professional.

Canada's Food Guide to Healthy Eating

- Canada's Food Guide to Healthy Eating appears to be a well-established source of information on healthy eating in the minds of the Canadian public. More than eight in ten (86%) say they are aware of it, and close to seven in ten (68%) report having looked at it, in most cases in the past 12 months. Awareness and use is highest among women, consumers 35 to 54 years of age, and those with at least a high school education. It is also more apt to be used by meal planners and those currently working to lose weight (groups comprised mainly of women).
- This broad level of awareness and use of the Food Guide is partially validated by the finding that almost all consumers who claim familiarity are able to recall (without prompting) at least something about the information presented in the Guide. Canadians are most likely to identify messages about eating a balance of foods from different food groups (41% of those who have



looked at the Guide), while others recall such themes as serving sizes, nutritional information, an emphasis on fruits and vegetables, and limiting certain foods (e.g. cholesterol, fat).

- The Food Guide is most commonly used by Canadians to choose the right kinds of food for healthy eating (62%) and to assess their eating habits (57%). By comparison, fewer consumers are using the Guide to decide on how much to eat (45%), to teach children about healthy eating (43%) or to specifically plan meals (39%).
- Because overall awareness of and exposure to the Food Guide are so widespread, it is not possible from these data to determine its impact in informing public knowledge and attitudes about healthy eating. What does emerge, however, is that Canadians who use the Food Guide to choose the types and amounts of food to eat are more likely to feel knowledgeable about healthy eating, and to ascribe greater importance to some aspects of healthy eating.



Detailed Analysis

Profile of Canadians

A key objective of this research is to examine the determinants of Canadians' knowledge of and attitudes towards healthy eating. Towards this goal, information was collected for a number of different factors that were hypothesized to contribute to the formation of knowledge and attitudes. This section of the report describes the variables that were investigated, and their interrelationships. A subsequent section then explores the impact of these variables on attitudes and knowledge towards healthy eating.

Socio-demographics

The following table compares survey participants to the Canadian population (from 2001 Census data) by region and on a range of socio-demographic characteristics.

Comparison of Survey Participants to Canadian Population

	Sample ¹ %	Population ² %
Region/Province		
Atlantic	8	8
Québec	25	24
Ontario	37	38
Prairies	16	10
British Columbia	13	13
Education Level		
Grade school/Some high school	14	23
Completed high school	24	24
College/some university	32	31
University graduate	29	23
Gender		
Male	48	49
Female	52	51
Age		
18-24	10	12
25-34	16	17
35-44	24	22
45-54	21	19
55-64	15	12
65+	13	17
Household size		
One	28	26
Two	29	33
Three	18	16
Four	17	16
Five or more	8	9

¹ Weighted data

² From 2001 Census data



Data was also collected for household income and ethnic/cultural background (no comparable census data is available on these specific measures).¹

Profile of Participants for Income and Ethnic Background

	Sample %
Household Income	
Under \$25,000	15
\$25,000 to under \$40,000	18
\$40,000 to under \$60,000	20
\$60,000 to under \$80,000	15
\$80,000 or more	19
No answer/Refused	14
Ethnic Background	
Canadian	48
European (Northern, Southern etc.)	19
Québécois	11
English	11
French	8
Caucasian/white	7
Asian/Indian sub-continent	4
Other mentions (none >2%)	7
No answer/Refused	5

Three-quarters (77%) of participants completed the survey in English, and one-quarter completed it in French (24%). Almost all French interviews (99%) were conducted in Quebec.

Household Composition

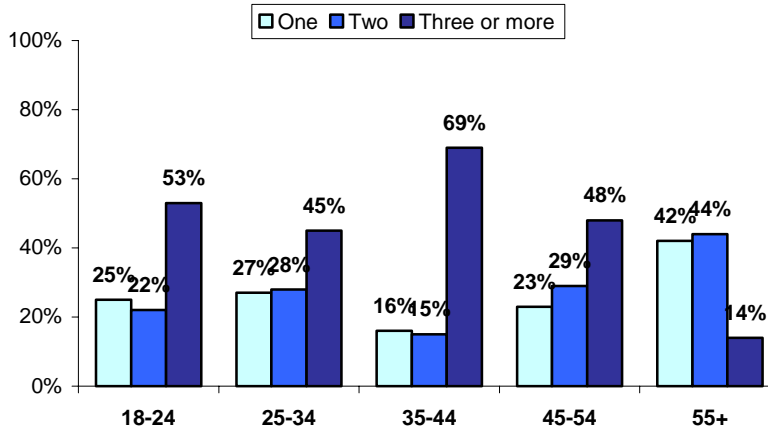
Over half of Canadians live in single-person (28%) or two-person (29%) households. The remainder (43%) live in households that include three or more people. Residents of Quebec (18%) are least likely to live in a single-person household. (Q.2)

People 55 years and over are more likely to live alone (42%), as are those with the lowest incomes (52% among those with incomes under \$25,000) and without a high school degree (35%). However, these results are primarily due to age since older Canadians are over-represented among those with lower socioeconomic status.

¹ As is standard for sample surveys, this sample under represents Canadians with the least education. Since education level and income are often related, it is likely that those with the lowest income level are also under-represented. However, these groups are large enough to analyze independently, which permits an understanding of the characteristics, attitudes and behaviour among those without a high school education, and those with household incomes under \$25,000 a year.

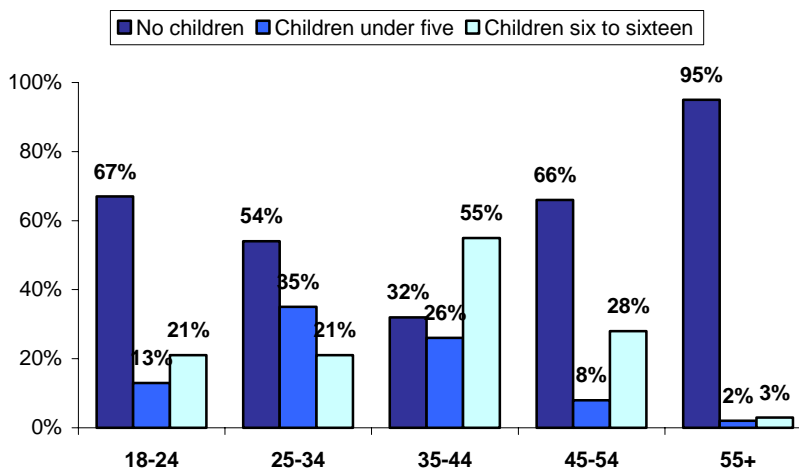


Number of People in Household By Age



Over one-third (36%) of individuals surveyed live in households that include children under the age of sixteen. More households include older children (six to sixteen; 26%) than younger kids (five years or under; 15%). Age is the key factor differentiating households that have children versus those who do not. Canadians 25 to 34 years of age are most likely to have a child under six living with them (35%), while those aged 35 to 44 are most likely to live in a household that includes a child between the ages of six and sixteen (55%). (Q.3-6)

Children Living in Household By Age

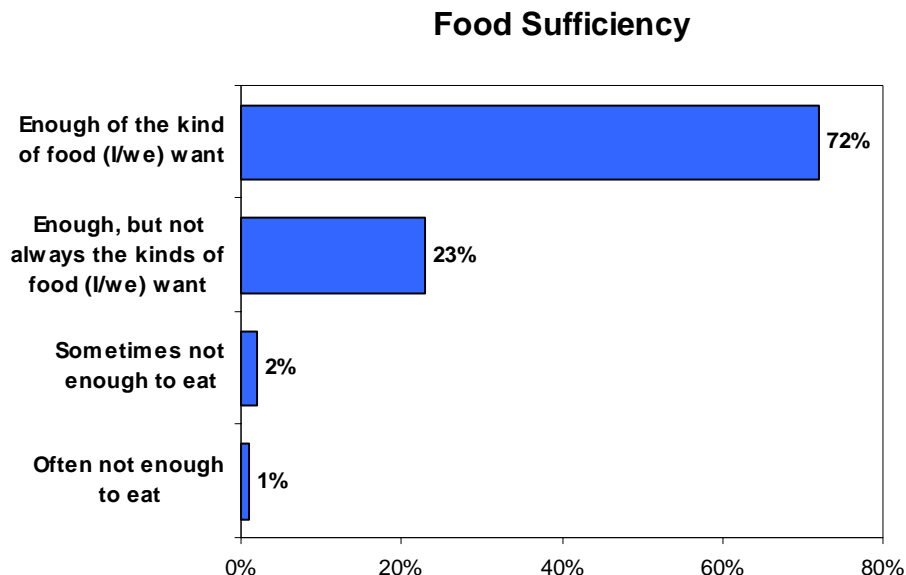




Food Sufficiency/Insufficiency

The majority of Canadians are "food sufficient", which is defined as having access to the kind and quantity of food desired.

"Food insufficiency" is an existing measure defined as "an inadequate amount of food intake due to a lack of money or resources".² It was hypothesized to be an important determinant of Canadians' attitudes and knowledge about healthy eating. When asked to characterize the food eaten in their household in the last year, the majority (72%) of Canadians indicated that they had enough of the kind of food they wanted; this group is classified as food sufficient. Another one in four (23%) fell short of full food sufficiency, indicating that they had enough food, but not always the kind they wanted. Very few Canadians indicated that they sometimes (2%) or often (1%) did not have enough to eat; this group is classified as food insufficient.³ (Q.19)



A key factor influencing food insufficiency is household income. Canadians earning under \$25,000 a year were least likely to say they had enough of the kinds of foods they wanted (60%), and most likely to say they sometimes or often did not have enough to eat (11% combined). Food sufficiency is most common among those 55 years and older (81%) and university postgraduates (78%).

² c.f. Tarasuk, Valerie. Discussion Paper on Household and Individual Food Insecurity (2001).

³ Although the food sufficiency measure included in this survey gives an indication of the prevalence of inadequate amount of food intake, it does not give a direct indication of prevalence of *food security* in Canada. Food insecurity is a broader concept that refers to limited or uncertain ability to acquire acceptable foods in socially acceptable ways. (Life Sciences Research Office, S.A. Andersen, ed., "Core Indicators of Nutritional State for Difficult to Sample Populations," *The Journal of Nutrition*, Vol. 120, 1990, 1557S-1600S).



Two-person households (77%) are also more likely to say they have both the amount and the kinds of food they want. This skews towards adult-only households, since households with children are slightly less likely to be categorized as food sufficient (69%) and more likely to say they have enough food but not the kinds they want (28%). The likelihood of food insufficiency is highest among single-person households (6%). Since single-person households are more likely to have lower levels of household income, the finding that food insufficiency is highest among this group is also a function of income.

In subsequent analyses, this measure was treated as a dichotomous variable (enough of the kind of food desired, or full food sufficiency, versus all other responses) due to the limited variability in the distribution of responses to this question.

Women and Pregnancy

Women 18 to 44 years of age (47% of the total sample of women) were asked if they were currently pregnant, or if they were planning to become pregnant within the next year. Three percent (3%) of women of childbearing age indicated that they were pregnant, and a further nine percent (8%) were planning a pregnancy in the near future. Current (6%) and planned future (16%) pregnancy is highest in the 25 to 34 year old age group. (*Q.43c/d*)

These sub-samples (n=20 currently pregnant; n=61 planning pregnancy) are too small to yield definitive results on the impact of pregnancy on healthy eating attitudes.

Health

Data was also collected for a number of health-related factors, including Body Mass Index (BMI) based on self-reported height and weight, overall health status, the presence of diet-related diseases and previous efforts to lose weight.

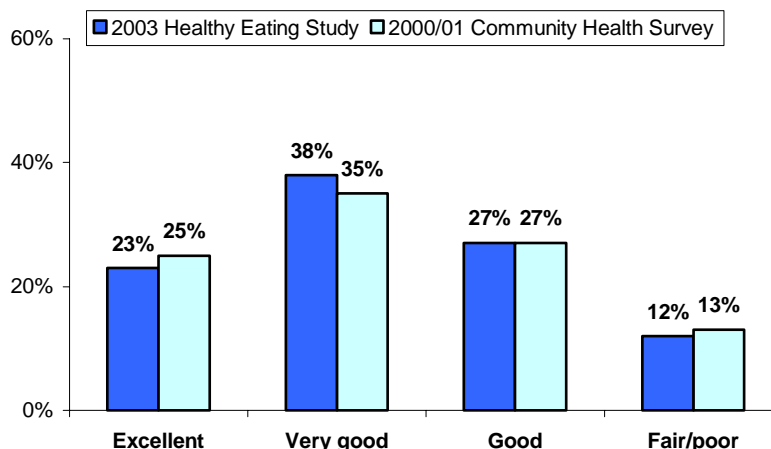
Overall Self-Reported Health Status

The overall self-reported health status of most Canadians is excellent or good. Only one in ten describe their health as fair or poor.

Canadians were asked how they would describe their general health, based on a well-established measure of overall health status. The results of the current survey are consistent with those found in the 2000/01 Community Health Survey conducted by Statistics Canada. In 2003, one-quarter (23%) of Canadians report that their overall health is excellent. The majority of Canadians describe their health as very good (38%) or good (27%), while just over one in ten (12%) say their health is fair or poor. (*Q.36*)



Overall Health Status



Health status is fairly consistent across regions and genders, but differs by age and socioeconomic status. Older Canadians are more likely to describe their health as fair or poor (19% among those 55 years and older). Since older Canadians are over-represented among those with lower socioeconomic status, a related finding is that those with the lowest incomes (23% among those with incomes under \$25,000) and without a high school degree (24%) also report poorer health.

Body Mass Index (BMI)

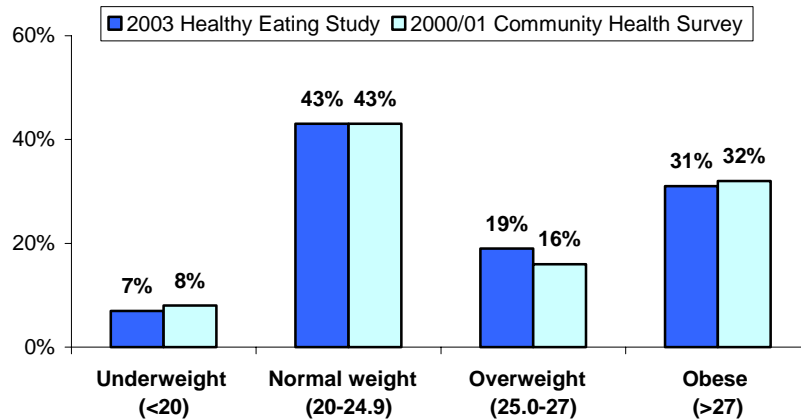
Nearly one in two Canadians can be classified as overweight or obese, while a similar proportion fit into the normal range for Body Mass Index, according to the recently updated guidelines.

Self-reported height and weight data were collected in order to calculate Body Mass Index (BMI), which has been classified into ranges associated with health risks (pregnant women were excluded from this analysis). In order to compare to the 2000/01 Community Health Survey conducted by Statistics Canada, BMI was first classified according to the guidelines used prior to the 2003 update.

Using the pre-2003 guidelines, BMI results were found to be comparable to the 2000/01 Community Health Survey. Over four in ten (43%) Canadians can be classified as normal weight, while the majority (50%) are either overweight or obese. A small proportion (7%) is underweight. (Q.37/38)



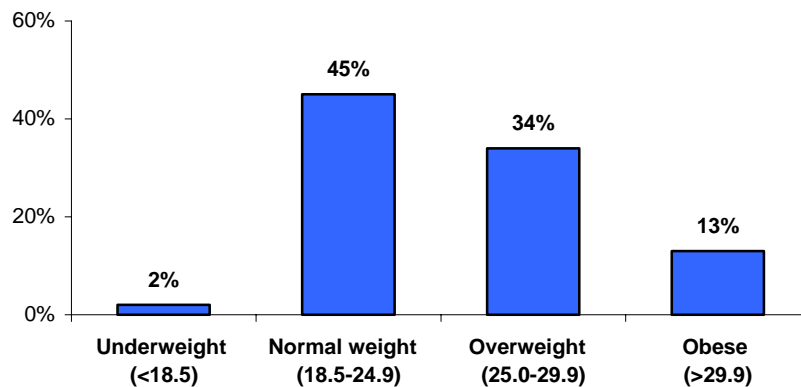
Body Mass Index (Previous Guidelines)



2003 data excludes those who did not provide their height/weight, and women who are pregnant (n=2,812)

The BMI results classified according to the 2003 updated guidelines are shown in the graph below. A fairly equal proportion of Canadians are classified as normal weight (45%) or overweight/obese (47% combined). Considerably fewer individuals are considered obese (13%) than by the previous guidelines (31%). Instead, the number of Canadians who are overweight has increased from one in five (19%) to one in three (34%).

Body Mass Index (2003 Updated Guidelines)



Data excludes those who did not provide their height/weight, and women who are pregnant (n=2,812)

Across the country, the highest proportion of Canadians with a BMI over 25.0 (overweight or obese) is in the Atlantic provinces (58%), and the lowest proportion is in Quebec (46%) and British Columbia (47%).



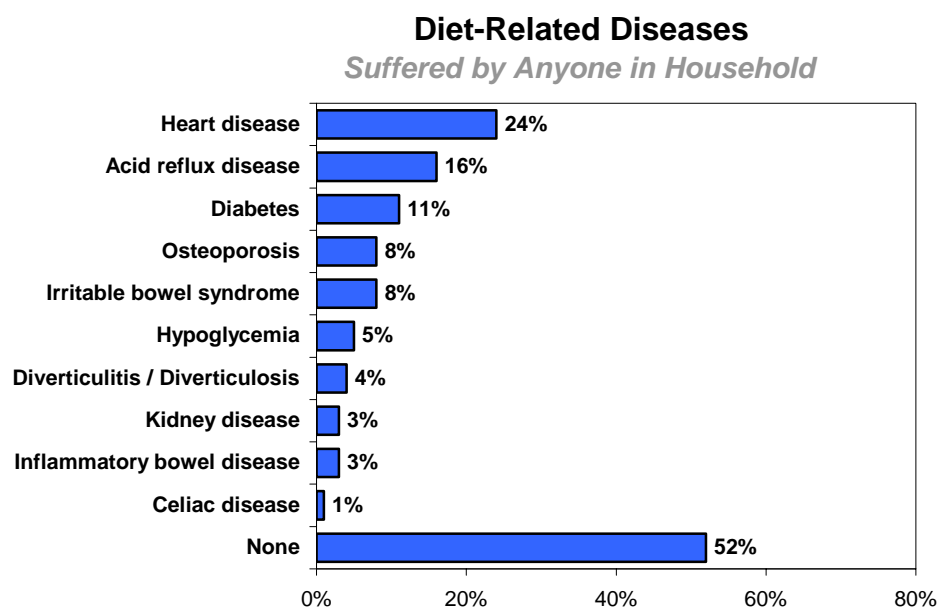
Men (62%) are considerably more likely to be in the overweight or obese range of BMI than are women (37%). The tendency towards higher BMI scores also increases with age. Canadians 35 years and older are more likely to have higher BMI scores (55% overweight or obese), while those 18 to 24 years of age are most likely to be normal weight (73%). However, younger respondents are also the most likely to be underweight (4% among 18 to 34 year olds). Another factor is education, with almost six in ten (58%) of those without a high school degree are overweight or obese, compared to only 47 percent of those with a postsecondary education.

Overall health status is also related to BMI. Almost two-thirds (64%) of those in excellent health are in the normal range for BMI, compared to only three in ten (30%) individuals in fair or poor health. Obesity (BMI score of 30 or more) is most common (35%) among those who reported themselves to be in fair or poor health.

Diet-related Health Conditions

About half of Canadian households include one or more members who have a health condition that typically can be treated through diet modification.

Certain health conditions are related to specific dietary recommendations, for treatment and prevention. A question was asked to identify the presence of each of ten health conditions in either the survey participant or someone in their household, since these people may demonstrate a noticeably different set of attitudes or knowledge around diet and eating. Heart disease is the most common illness, with one in four (24%) households who have at least one member suffering this condition. Acid reflux disease (16%) and diabetes (11%) are the next most widespread conditions, while the remaining illnesses are not suffered by more than one in ten Canadian households. (Q.39)





Given the low incidence of most of these diseases in the population and in this sample, further analysis focused primarily on the presence versus absence of *any* such condition. About half (52%) of Canadian households do not have a member that suffers a diet-related health condition. One-third (31%) of survey participants suffer the condition themselves (either alone or with another family member), while one in six (17%) live with a family member who suffers from the condition.

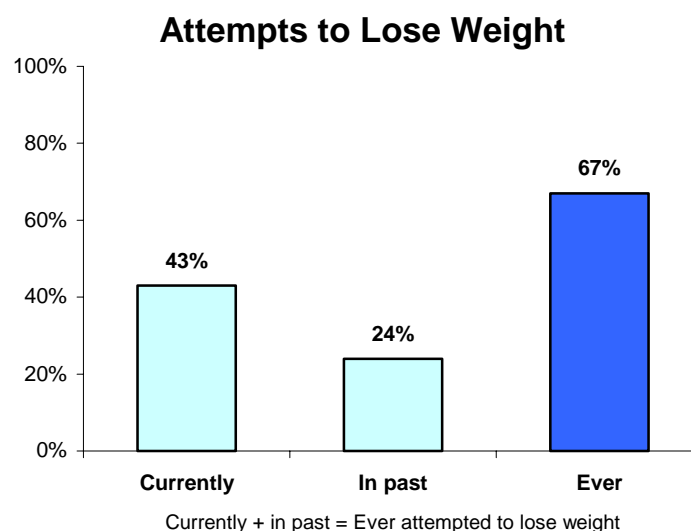
Not surprisingly, the presence of diet-related conditions is highly correlated with self-reported health status and therefore shares many of the same sub-group differences. The most common of these are age and socioeconomic status. Those living in a household where someone suffers any of these types of health conditions are most likely to be 55 years of age and older (71%), without a high school diploma (58%) and earning under \$25,000 per year (51%).

Those with higher BMI scores are also more likely to personally suffer from a diet-related illness. More than one-third (36%) of Canadians who are classified as overweight or obese (according to the 2003 updated guidelines) have one of the ten illnesses asked about, compared to one-quarter (25%) of those who are within the normal range.

Weight Loss Experience

Over four in ten Canadians said that they are currently trying to lose weight. Current weight loss attempts are most common among women and Canadians 25 years and older.

In the qualitative research conducted prior to this study, a common motivation to eat healthier was weight gain and the corresponding desire to lose that weight. To further explore the relationship between attempts at weight loss and attitudes towards healthy eating, participants were asked about their efforts to lose weight (currently and in the past), as well as whether or not they have ever been advised by a health professional to lose weight.





A large majority (67%) of Canadians report having tried to lose weight at some point during their lifetime. Over four in ten (43%) individuals indicate that they are currently trying to lose weight, while another one in four (24%) said they had tried in the past to lose weight. (Q.40-41)

Demographic differences are similar for both *current* and *any* weight loss attempts, therefore the results presented here will refer to current efforts to lose weight. The key differentiators are age and gender. Women (49%) are more likely than men (37%) to be trying to lose weight. As well, weight loss efforts are more common among Canadians 25 years of age and older (45%) than among younger individuals (25%).

Not surprisingly, current weight loss efforts are most common among individuals who are classified as overweight (56%) or obese (78%), than among those who are normal weight (23%), according to their BMI (2003 updated guidelines).

While two-thirds of the population have tried to lose weight at some point in their lifetime, most of these weight loss efforts have not been motivated by direct recommendations from a medical professional. About one in five (22%) Canadians have ever been advised by a doctor or other health-care worker to lose weight. Of those currently trying to lose weight (43% of total sample), less than four in ten (38%) were advised to do so by a health-care professional. (Q.42)

The likelihood of receiving such advice increases with age, with one quarter (28%) of Canadians 45 years and older (28%) indicating they had been told to lose weight, compared to eight percent of 18 to 24 year olds. Doctor recommendations about weight loss are also related to health status. Advice to lose weight is most often received by individuals with fair or poor health (42%), individuals who have a chronic health condition (36%), and those whose BMI indicates they are overweight (26%) or obese (59%) compared to people in the normal range (7%).

Lifestyle Issues

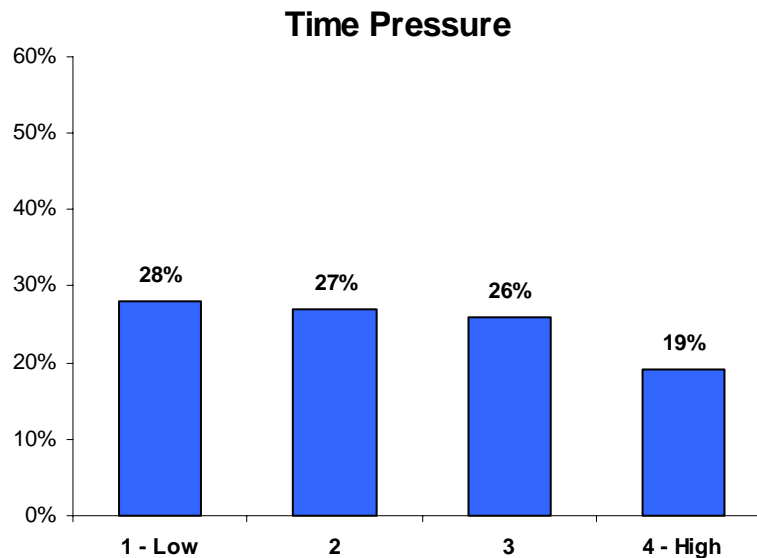
Time Pressure

Time pressure is more common among middle-aged Canadians, individuals in higher socioeconomic groups, and those who live in larger households.

One barrier to healthy eating that individuals frequently mention is a lack of time. To further investigate this relationship, survey participants were asked a series of questions to quantify the amount of time they spend on various activities. This included time spent on household activities (e.g., cleaning, shopping, cooking, caring for others), time spent at work, school or volunteering, and time spent travelling to and from these various activities. On the other end of the spectrum, questions were also asked about the amount of leisure or "free" time available, and the amount of time spent watching television, playing video games or playing on a computer. A "time pressure" index was



created, ranging from low to high, from the combination of these questions, reflecting the amount of time pressure to which respondents were exposed.⁴ (Q.8-13)



Time pressure varies quite considerably among regions and demographic sub-groups. Residents of Ontario are most likely to experience the highest level of time pressure (21%) compared to Quebec (16%), the Prairie provinces (17%) and British Columbia (19%). Residents of the Maritimes are polarized in how much time pressure they face, reporting both the highest (22%) and lowest (33%) levels.

By age, 35 to 44 year olds (38%) face the highest time pressure. In comparison, only eight percent of older respondents (55 years and over) experience such a high level of time pressure. Time pressure also increases with socioeconomic status, so that those with postsecondary schooling and those with incomes over \$60,000 are more likely to face the highest level of time pressure.

Household composition is also a factor influencing time pressure. Individuals who live in households with three or more people (26% vs. 14% among one or two-person households), and those who live in households with children (27% vs. 15% among those without kids), experience the most time pressure.

⁴ The amount of time spent on each activity included in the index was recoded as follows: most time spent=3, moderate time spent=2, least time spent=1, no time spent=0. For each respondent, a time pressure score was calculated as the sum of each activity, with leisure time and television time subtracted from this. Each respondent was placed in one of four "time pressure" groups according to their calculated amount of time pressure.



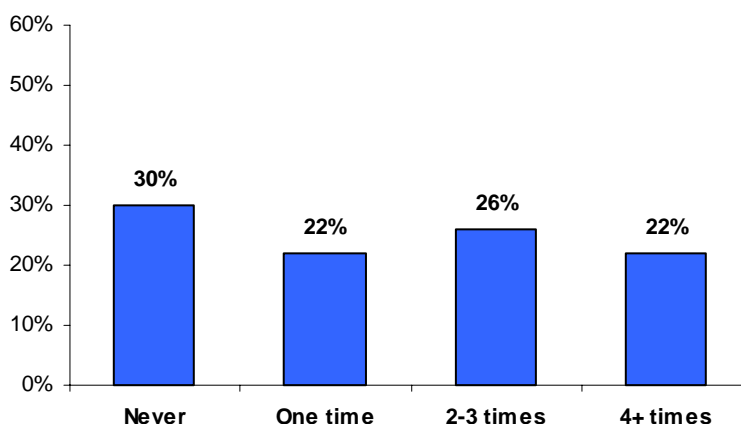
Eating Out

Eating a restaurant meal is a fairly common occurrence for Canadians. Most individuals feel that these meals offer larger portions and more calories than meals at home.

Another hypothesis was that the frequency of eating away from home might relate to knowledge or attitudes about healthy eating. To explore this, survey participants were asked how often they had eaten out for lunch and dinner, and if they had eaten while travelling in a vehicle, in the past week. As with time pressure, an "eating out" index was created that summarizes the total number of times these individuals ate out in the previous week.⁵

Seven in ten (70%) Canadians ate at least one meal in a restaurant during the previous seven days. More than one in two (55%) had eaten lunch out at least once in the previous week (1.3 times on average), while slightly fewer (44%) had eaten at least one dinner out (0.8 on average). Just over one in ten (13%) Canadians reported eating a meal in the previous week while travelling in a vehicle. (Q.14-16)

Frequency of Eating Out in Previous Week



Across the country, residents of the Atlantic provinces eat out less frequently (39% ate out 2 or more times) than those in other provinces (48%).

Eating out is less common among women (36% never ate out during the previous week) than men (24%). The frequency of dining away from home decreases with age, with 43 percent of Canadians 55 years and older saying they did not eat out in the past week, compared to only 20 percent of 18 to 24 year olds. Socioeconomic status is another factor, with almost half (45%) of those without a high

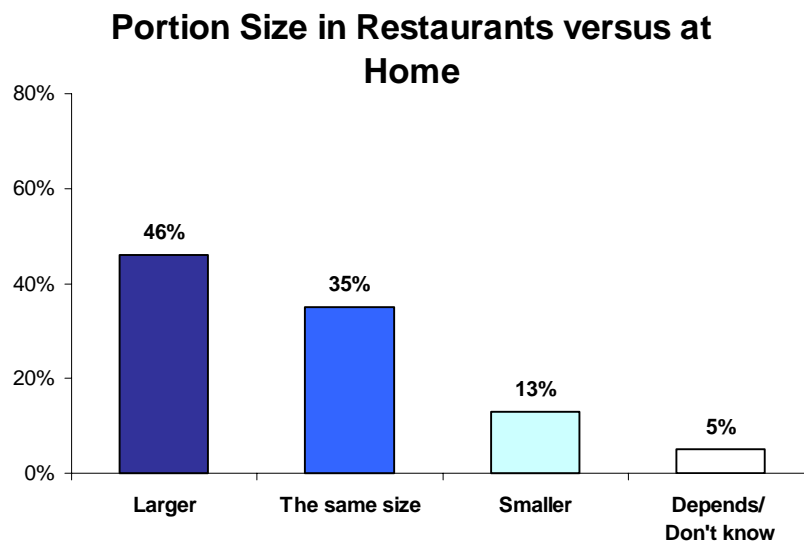
⁵ An individual's score was calculated as the number of times they had eaten out at lunch and dinner, plus whether they had eaten a meal in their vehicle, in the previous seven days.



school diploma and four in ten (40%) of those with incomes under \$40,000 indicating that they did not eat out at all in the previous week.

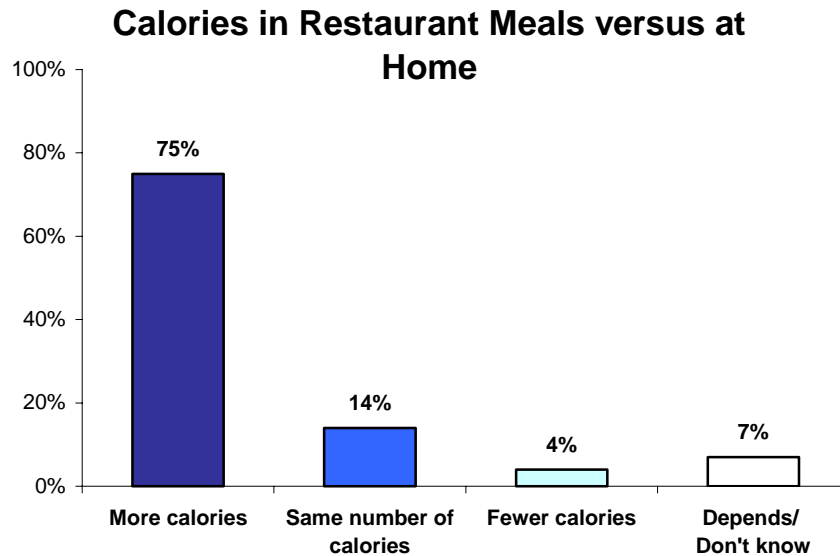
Canadians who face the least time pressure are also less likely to eat out (43% never ate out during the previous week). The common denominator that helps to explain this is that older Canadians (55 years and older) both face less time pressure *and* are less likely to eat out.

When asked about the differences between meals eaten in a restaurant compared to those eaten at home, almost half (46%) of Canadians indicated that portion sizes in restaurants are larger. About one in three (35%) felt meals served in restaurants and ate home were the same size, while 13 percent said restaurant portions were actually smaller. (*Q.17*)



A similar question was asked about the number of calories contained in restaurant meals compared to those served at home. The large majority (75%) of Canadians feel that meals served in restaurants contain more calories. In contrast, 14 percent said the number of calories is similar between restaurant meals and those served at home, while a few (4%) said restaurant meals contain fewer calories. (*Q.18*)

The opinions that restaurants serve larger meals and meals with more calories are held both by those who eat out frequently and those who eat out infrequently. Women and Canadians with higher levels of education are more likely to believe that restaurants offer larger meals, with more calories. In addition, the opinion that restaurant meals are larger is more likely to be held by older Canadians (55 years and over), those who live in single or two-person households, and those who do not have children living with them, as well as by residents of Ontario, the Prairie provinces and British Columbia (compared to Quebec and the Maritimes).



Healthy Eating Experience

Meal Planning Status

More than four in five women are the meal planners for their household, while men are more likely to share the responsibility or to rely on someone else in their household for meal planning.

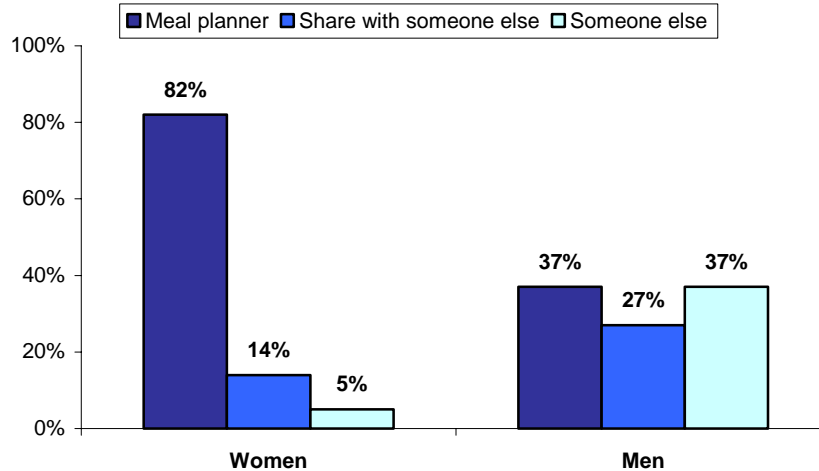
Another factor that was hypothesized to impact an individual's knowledge of or attitudes towards healthy eating is whether or not they are responsible for planning meals for their household. Six in ten (60%) Canadians report that they are the sole meal planner for their household, while one in five each indicate that they share the responsibility (20%) or that the responsibility falls on someone else (20%). (Q7)

The primary responsibility for meal planning differs considerably between women and men. The large majority (82%) of women report themselves to be the meal planner for their household, compared to less than four in ten (37%) men. Men are more likely to report that they share meal planning duties with someone else (27%) or that someone else in their household has this responsibility (37%).



Meal Planner Status

Women vs. Men



About half (46%) of meal planners in this survey are from single-person households, and therefore reflect the characteristics of those households. That is, Canadians aged 55 plus, those with lower household incomes, and those without a high school degree are more likely to live alone and are therefore more likely to be meal planners.

Among survey participants who live in households with two or more people (72% of the total sample), just under half (45%) are meal planners, while 28 percent share the responsibility equally with someone else, and 28 percent say someone else is responsible for meal planning. Again among this group, we observe that women are more likely to be the sole meal planner (74%) compared to men (15%). Canadians between 18 and 24 years who live in a multiple-person household are much more likely to have someone else prepare their meals for them (53%).

Intentions to Change Eating Habits

Almost two-thirds of Canadians report that they have been trying to eat healthier for more than six months.

A set of five questions was asked in order to construct an "intentions to change" index, an existing measure that has been shown in previous studies to be predictive of attitudes about healthy eating. The index encompasses six stages that reflect different levels of effort made to change eating habits. The table below presents the definitions of the six stages, and the proportion of Canadians that can be classified into each stage. (Q.20-24)



Intentions to Change Eating Habits

Stage	Definition	%
Pre-Contemplation	Never or not currently changing habits to eat healthier, and have not thought about such changes in past month	13
Contemplation	Never or not currently changing habits to eat healthier, thought about such changes but are <i>not</i> confident that will make changes in coming month	1
Decision	Never or not currently changing habits to eat healthier, thought about such changes and <i>confident</i> that will make changes in coming month	3
Action	Eating or trying to eat healthier for six months or less	16
Maintenance	Eating or trying to eat healthier for more than six months	64
Relapse	Ever tried to change habits to eat healthier, but not currently trying to eat healthier	4

Most Canadians are currently making efforts towards eating healthier. The majority (64%) are in the *maintenance* phase, and a further one in six (16%) are in the *action* stage. Another 13 percent of Canadians are neither making efforts towards nor thinking about changing their eating habits (*pre-contemplation*). Only a few individuals are either thinking about making changes (4%; *contemplation* or *decision*) or have given up their efforts (4%; *relapse*).

Across Canada, residents of British Columbia (71%) are most likely to fit into the maintenance stage (versus 63% in the rest of the country). Women (69%) are also more likely than men (59%) to be maintaining their efforts, and less likely (9%) to have never contemplated such changes (compared to 16% of men).

Maintenance efforts are highest among Canadians 35 years and older (69%; compared to 42% among 18-24 year olds and 55% among 25-34 year olds). Instead, younger individuals are more likely to have only recently been making eating changes. The action phase is most common among 18 to 34 year olds (24%), and declines with age (9% among those 55 years and older). Another factor is level of education, where those with a postsecondary education (68%) are more likely to be in the maintenance stage (versus 53% among those without a high school degree). In turn, those without a high school degree (22%) are more likely to be in the pre-contemplation stage (versus 9% among those with a postsecondary education).

Several health factors relate to the level of effort individuals are putting into changing their eating habits (although it cannot be determined which element *caused* the other). Canadians in excellent or very good health (66%) are more likely to be in the maintenance phase than are individuals in fair or poor health (58%). Those who suffer from a chronic health condition (68%) or who live with



someone who does (66%) are also more likely to be maintaining healthier eating habits. In contrast, those who do not have a diet-related illness, nor live with someone who does, are more likely to be in the pre-contemplation stage (15%). The action phase is most common among individuals who are currently trying to lose weight (23%), compared to those who have tried in the past (9%) or never tried to lose weight (11%).



Experience with Canada's Food Guide

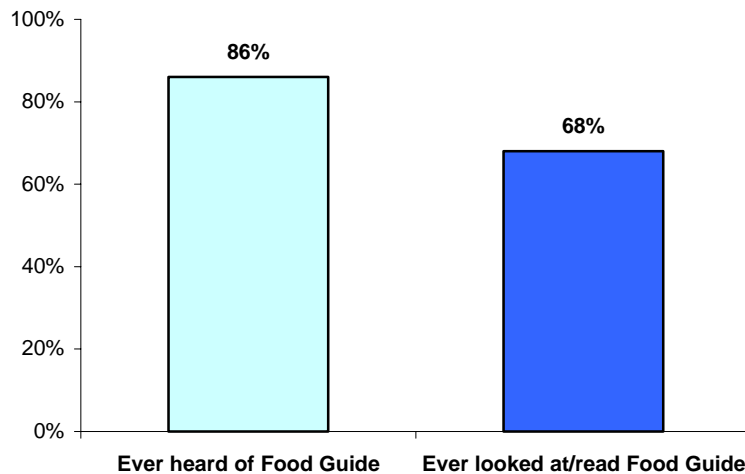
Canada's Food Guide to Healthy Eating was created in 1992 to provide consumers with a pattern for establishing healthy eating habits through the daily selection of foods. In addition to exploring the possible determinants previously discussed (e.g., age, gender, health status), this research addressed the extent to which the Food Guide is a factor in promoting healthy eating. A series of questions probed Canadians' awareness and use of the Food Guide, and this section reports on how and by whom this publication has been used.

Awareness and Use of the Food Guide

There is widespread awareness of Canada's Food Guide, and most Canadians have also looked at this publication.

The reach of the Food Guide has been broad, as the large majority of Canadians are aware of this publication, and most have also seen or looked at it. When asked, more than four in five (86%) Canadians said they had heard of the Food Guide, and seven in ten (68%) had ever looked at it. (Q.31/32)

Awareness and Use of Food Guide



Across the country, more than eight in ten residents in each region have heard of the Food Guide, although awareness is highest in the Maritimes (92%). Women (91%) are more likely than men (80%) to be aware of the publication. Awareness is highest among the 35-54 year old age group (91%), compared to both younger (84%) and older (81%) individuals. Those without a high school diploma (69%) are least likely to have heard of the Food Guide, while individuals with some university education or who have completed a college degree (92%) are most likely to be aware of the publication. Awareness also increases with household income (79% among those with incomes under \$25,000 versus 90% among those with incomes \$40,000 or more).



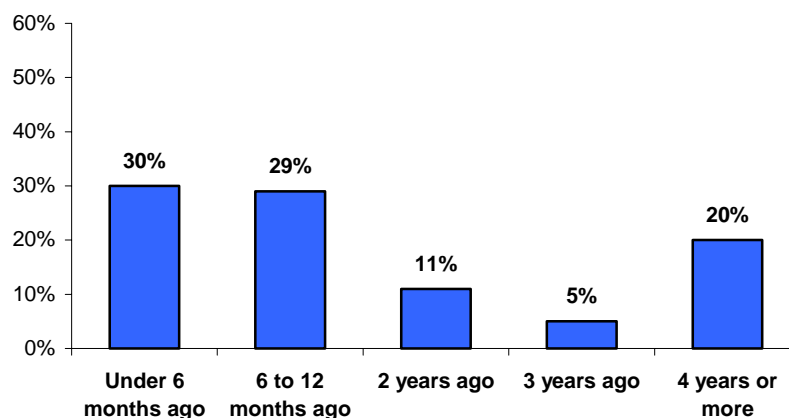
Food Guide awareness is higher among Canadians who are in the maintenance (90%), action (84%) or relapse (85%) phases of trying to change their eating habits, compared to those in the pre-contemplation (73%) or contemplation/decision (70%) stages. Meal planners are also more likely to have heard of the Food Guide (88%) than are those who live in a household where someone else has responsibility for meal planning (82%).

Awareness also varies according to certain health characteristics. Canadians who report themselves to be in excellent health are more likely to have heard of the Food Guide (91%) than are those in fair or poor health (76%). Individuals who have ever tried to lose weight are more likely to be aware of this publication (87%) than those who have not made a weight loss attempt (83%).

Use of the Food Guide follows similar regional and demographic patterns. Use is highest in the Atlantic provinces (76%), among women (77%), 35 to 54 year olds (74%), and individuals with postsecondary education (75%) and incomes over \$40,000 a year (73%). Meal planners (70%) or those who share meal planning (69%), individuals in the maintenance phase of their efforts to change their eating habits (75%), those in excellent health (77%) and those who have ever attempted to lose weight (70%) are also more likely to have used or looked at the Food Guide.

Among Canadians who have seen the Food Guide, more than half (59%) last looked at it in the past year. Another 16 percent said they had looked at it about two to three years ago, while one in five (20%) indicated it had been four or more years since they had seen it. (Q.33)

When Last Looked at Food Guide¹



¹ Among those who have ever looked at Food Guide (n=2,052)



Main Messages from the Food Guide

Canadians are most likely to identify balance as the key message from the Food Guide.

The Food Guide contains a number of messages about healthy eating, including the classification of the four food groups, the kinds of foods for healthy eating, and the number and size of servings recommended. Given all these different messages, what are the main things that consumers think the Food Guide is telling them? For four in ten (41%) Canadians who have ever looked at the Food Guide, the key message is “a balanced diet from all food groups”. Other messages commonly mentioned include the size or number of servings (29%), the nutrition elements or values provided (26%) and to choose from all food groups (18%). Very few (6%) individuals were unable to identify a main message from the Food Guide.

Key Things Canada’s Food Guide Says¹

	%
Eat balance of foods/balanced diet from all food groups	41
Serving number/size	29
Nutrition elements/value/information on food	26
Choose from all food groups	18
Encourages eating (more) fruits/vegetables	12
Lifestyle issues	10
<i>(Net) - Limit foods</i>	<i>(10)</i>
Limiting other foods	6
Limiting cholesterol/(saturated) fat	5
Educational guidelines/recommendations	5
Moderation/calorie intake	4
Encourages eating grains/cereal/pasta	4
Any criticisms of Food Guide	3
What foods make up food groups	3
Other mentions (none > 2%)	18
Don't know	6

¹ Among those who have ever looked at the Food Guide (n=2,052)

The types of messages varied somewhat between residents of Quebec and those in other provinces. Quebec residents were more likely to mention a balanced diet from all food groups, and less likely to talk about serving size/number, nutrition elements/value or eating fruits/vegetables as Food Guide messages.

The main message mentioned by most demographic groups was a balanced diet, with the exception of Canadians 18 to 24 years of age who were most likely to talk about serving size/number. In



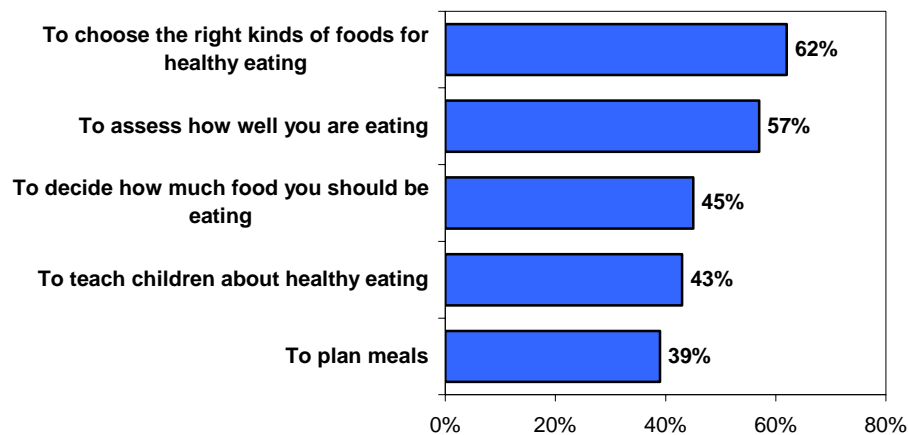
addition, serving size/number was mentioned more often by women than by men, and by those in higher socioeconomic groups. Mentions of eating fruit/vegetables and limiting certain foods increased with age.

Ways Food Guide is Used

The Food Guide has been most commonly used to choose the types of foods that constitute healthy eating, and to evaluate healthy eating habits.

Canadians were probed about what ways they had ever used the Food Guide. The two most common ways in which the Food Guide has been used is to choose the right foods for healthy eating (62%) and to assess how well they have been eating (57%). (Q.35)

Ways in Which Food Guide Used¹



¹ Among those who have ever looked at the Food Guide (n=2,052)

Women have used the Food Guide for all of these various reasons more commonly than have men. Older Canadians are more likely to have taught children about healthy eating (48% among those 35 years and older) and to have planned meals (43% among those 45 years and older) using the Food Guide. Meal planners are more likely to have used the Food Guide to decide how much food they should be eating (49%).

Individuals in the maintenance (42%) or action (40%) phase of efforts to change their eating habits are most likely to use the Food Guide to plan their meals. As well, those who are currently trying to lose weight are more likely to have used the Food Guide for choosing the right kinds of foods (68%), to decide how much to eat (52%) and to plan meals (45%).



Attitudes Towards and Knowledge of Healthy Eating

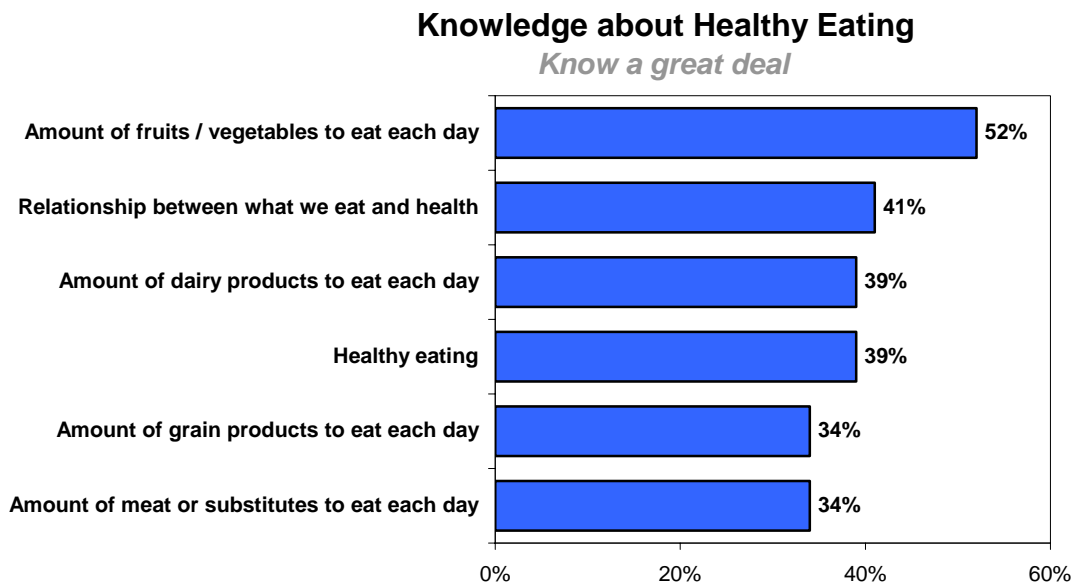
This section of the report explores Canadians' attitudes towards and understanding of healthy eating. For each measure, the overall themes or patterns are presented first, followed by a discussion of the factors that were found to contribute to these attitudes, perceptions and knowledge.

Self-Assessed Knowledge of Healthy Eating

Self-reported healthy eating knowledge is a single dimension, where the more a person understands about one area of healthy eating, the more they also know about other areas.

Canadians were asked whether they know a great deal, know something, know a little or know nothing about each of six items which relate to healthy eating, as a measure of perceived knowledge (their actual knowledge was not tested or measured). According to this knowledge self-assessment, the general public was most likely to indicate that they know a lot about the amount of fruit and vegetables they should eat each day (52%). (Q28)

The next most common areas that are well-understood are the relationship between what we eat and how healthy we are (41%), the amount of dairy products that should be eaten each day (39%), and healthy eating (in general)(39%). One in three individuals said that they know a great deal about the amount of grain products (34%) and meat or meat-substitutes (34%) that they should eat in a day.



To explore whether any broad themes underlie the public's understanding of healthy eating, a factor analysis was conducted. However, this produced only one factor, indicating that all the statements are intercorrelated. That is, the more a person knows about one area of healthy eating, the more they also know about the other areas.



The variables included in this study have limited power to predict healthy eating knowledge, suggesting that other factors are at work. However, gender, previous experience with healthy eating habits and education level were found to be statistically significant contributors.

The next step was to undertake a regression analysis. The purpose here was to understand which attributes or characteristics of Canadians contribute to knowledge of healthy eating. A total of 16 variables (6 socio-demographic, 2 lifestyle, 5 health and 3 healthy eating experience) were regressed against knowledge.⁶

In general, it appears there are a variety of contributors to Canadians' understanding of healthy eating, including socio-demographic, lifestyle, previous healthy eating experience, and overall health factors. The R^2 value for this regression equation is 0.25, which can be interpreted to mean that 25% of the variance in knowledge of healthy eating is explained by this model. It suggests that these predictor variables provide only a partial explanation of the variation in people's knowledge of healthy eating, and in part reflects the fact that such knowledge is a complicated concept. It also indicates that other variables, not identified in this study, are playing a role. Further research is required to identify these other determinants.

Determinants of Knowledge About Healthy Eating¹

Predictor variables	Beta Coefficient
Socio-demographic	
Women	.20
Postsecondary education	.15
45 years or older	.13
Larger household size	.08
Food sufficient	.06
Health	
Excellent health status	.08
Lifestyle	
Higher time pressure	.04
Eat out more frequently	-.06
Healthy Eating Experience	
Maintenance (efforts to change)	.16
Used Food Guide for amount of food	.13
Used Food Guide for kind of food	.10

Adjusted R^2 = .25, $F=71.25$ ($p < .001$)

¹ Table entries are standardized regression coefficients (Beta)

⁶ An index of knowledge was created to serve as the dependent variable in this regression analysis. First, responses were recoded as follows: know a great deal=3, know something=2, know a little=1 and know nothing=0. A mean score was then calculated for each respondent by adding together their responses for each knowledge attribute and dividing by the total number (6) of attributes.



Several variables were found to be *statistically significant predictors* of healthy eating knowledge. These are presented in the preceding table (the coefficient indicates the strength of the contribution of each predictor variable in relation to the others). In each case, the relationship was also confirmed through bivariate methods (simple cross-tabulation).

The results of the regression analysis indicate that greater knowledge of healthy eating is more likely among women, older Canadians (45 years and over), those with a postsecondary education, those who live in larger households, and among individuals who are food sufficient. Other factors that characterize people with good knowledge of healthy eating are an excellent self-reported health status, more exposure to time pressures, more than six months experience trying to eat healthier (maintenance phase), and previous exposure to the Food Guide in order to choose types and amounts of food. As well, Canadians who eat out more frequently are less likely to have a good understanding of healthy eating.

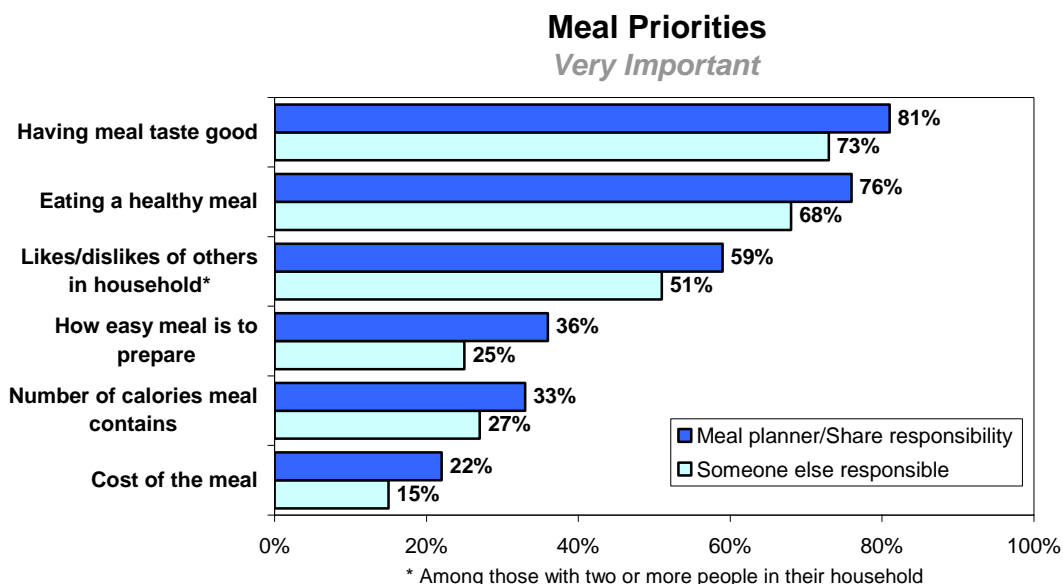
Since it is possible that knowledge about healthy eating may have an impact on people's attitudes towards this issue, self-assessed knowledge was also included as a possible determinant in subsequent analyses of Canadians' beliefs and orientations.

Priorities for Eating and Planning Meals

Taste and health are Canadians' main priorities when planning or eating meals at home.

The survey also addressed the importance that Canadians place on different aspects of meals they eat at home. Respondents were asked about six possible aspects, in terms of whether they were considered to be very, somewhat, not very or not at all important to meal planning or eating. The question differed depending on whether it was addressed to meal planners or those who share responsibility for meal planning (asked about things that were important when *preparing* evening meals for their household) or to individuals for whom someone else plans meals (asked about things that were important when they *eat* meals at home). (Q.25-26)

The relative importance assigned to each aspect is consistent between those who plan meals and those who do not. However, the absolute importance placed on each item is slightly higher among meal planners, in all cases. Both meal planners (81%) and non-meal planners (73%) rate taste as the most important aspect of meals eaten at home, followed by health (76% and 68%, respectively). Of moderate importance are the likes and dislikes of others in the household. Ease of preparation, number of calories and cost of the meal are lower priorities for both meal planners and non-planners. The differences in meal priorities between various socio-demographic groups are discussed in the following section on the regression analysis.



Next, a factor analysis was used to explore themes underlying these priorities. Since the initial results showed little variation between meal planners and non-planners, the combined data for the two groups was used in the factor analysis. The original six statements were thus reduced to three factors.

Themes Underlying Meal Priorities

Factor 1 Health	Factor 2 Taste	Factor 3 Convenience/cost
Eating a healthy meal Number of calories meal contains	Having meal taste good Likes/dislikes of others in household	How easy meal is to prepare Cost of the meal

The factors represent three considerations - health, taste and convenience/cost - made when Canadians eat or plan meals at home. While health and taste are straightforward, the grouping of ease of preparation and cost together into a "convenience/cost" factor is less so. This third factor may reflect the relationship between the higher cost of pre-packaged, easy to prepare meals versus the comparatively lower cost of individual, fresh foods that then require more preparation to turn into a meal.



Self-reported knowledge about healthy eating is the main contributor to making health a meal priority. Other determinants include consistent healthy eating experiences, and age.

In addition to their value in summarizing Canadians' meal priorities, these three factors were also the basis for the creation of multi-variable indices that were then used in regression analyses.⁷ As with knowledge of healthy eating, the purpose was to identify those characteristics of the Canadian public that best explain or predict the meal priorities they hold.

Determinants of Meal Priorities¹

Predictor variables	Factor 1 Health	Factor 2 Taste	Factor 3 Convenience/cost
Socio-demographic			
Female	.04	.11	.21
45 years or older	.10	-	-
Income \$80K+	-	-	-.06
Postsecondary education	-.06	-	-
Larger household size	-	-.13	-
Food sufficient	-	.05	-.07
Health			
Ever tried to lose weight	.11	.08	-
Higher BMI	-	-	.07
Lifestyle			
Eat out more frequently	-.09	-	-
Healthy Eating Experience			
Knowledge of healthy eating	.23	.05	-
Maintenance (efforts to change)	.16	-	-
Adjusted R ²	.16	.09	.16
F (p<.001)	65.44	33.50	49.52

¹ Table entries are standardized regression coefficients (Beta)

In general, characteristics that were found to influence knowledge of healthy eating were also found to influence meal priorities. For example, women are more likely than men to hold health, taste and convenience as meal priorities. However, self-assessed knowledge was an additional predictor variable included for these regression analyses, and it was identified as the largest contributor to the belief that health is an important aspect of planning or eating a meal. That is, Canadians who report that they know more about healthy eating are more likely to consider health to be a meal priority. Knowledge was also a significant, although smaller, predictor of taste as a meal priority, but not of convenience/cost.

⁷ A total of 17 variables (6 socio-demographic, 2 lifestyle, 5 health and 4 healthy eating experience) were regressed against each of the five factors. The table "Determinants of Meal Priorities" presents only those variables found to be statistically significant predictors of Canadians' meal priorities.



As well as the determinants already mentioned, Canadians 45 years or older, those who have ever tried to lose weight and those who are in the maintenance phase of efforts to change their eating habits are more likely than others to perceive health to be a priority when planning or eating a meal. In contrast, those with a postsecondary education and those who eat out more frequently are less likely to consider health a priority.

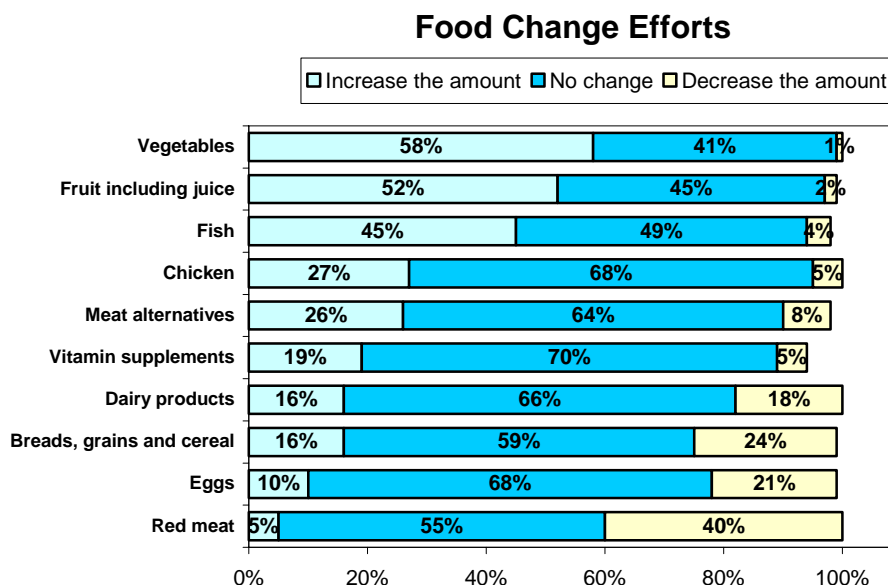
The perception that taste is an important aspect of meals eaten at home is more likely to be held by Canadians who are food sufficient and those who have ever tried to lose weight. Individuals who live in larger households are less likely to see taste as a priority.

Finally, convenience/cost is more likely to be a priority among Canadians with higher BMI scores, and less so among those with higher incomes or who are food sufficient.

Food Change Efforts

Canadians are most likely to say they are trying to eat more vegetables, fruit and fish, and less red meat.

With a focus on attitudes towards healthy eating, this research did not attempt to objectively measure food consumption. Instead, as a directional measure of eating intentions, respondents were asked if they were currently trying to change their diet by increasing or decreasing the amount of certain foods. The list of foods was based on the food groups in Canada's Food Guide to Healthy Eating, and was broadened to include vitamin supplements. (Q.27)



Canadians are most likely to report they are trying to increase the amount of vegetables (58%), fruit (52%) and fish (45%) that they eat. Chicken (27%) and meat alternatives (26%) form the next 'tier'



of foods for which a fair number of Canadians are trying to increase their consumption, together with vitamin supplements (19%). However, the majority in fact report no change in their eating habits for chicken or meat alternatives, and their usage of vitamins.

Red meat is the food item Canadians are most likely to be trying to decrease (40%), followed by breads, grains and cereals (24%) and eggs (21%). Individuals are equally likely to be increasing (16%) and decreasing (18%) their consumption of dairy products.

A factor analysis, which was conducted to look for underlying patterns in these ten food items, resulted in four factors. The first factor – "chicken/plant-based foods" – includes chicken, vegetables, fruit and vitamin supplements into one group. The remaining foods were grouped as follows: meal alternatives and fish; eggs and red meat; breads, grains, cereals and dairy products.

Themes Underlying Food Change Efforts

Factor 1 Chicken/plant-based	Factor 2 Meat alternatives/fish	Factor 3 Eggs/red meat	Factor 4 Bread/dairy
Chicken Vegetables Vitamin supplements Fruits including fruit juice	Meat alternatives Fish	Eggs Red meat	Breads, grains, cereals Dairy products

The characteristics that appear to define food change efforts are food sufficiency, health and the status of people's commitment to changing their eating habits.⁸ Canadians who are food insufficient or who have enough to eat but not the *type* they want are more likely than those who are food sufficient to be trying to increase most foods, including breads and grains (19%), vegetables (68%), fruit (60%), red meat (7%) and eggs (14%). This group is also most likely to be trying to increase the vitamins they take (24%).

Secondly, Canadians who are currently dieting (and in some cases those with higher BMI scores) are more likely to be trying to decrease their consumption of eggs, breads and grains, dairy products and red meat. In turn, they are trying to increase vegetables, fruits and fish. People who have been trying to change their eating habits for less than six months (action) or more than six months (maintenance) report a similar pattern in their efforts to increase or decrease certain foods.

⁸ A regression analysis was not run for food change efforts, because an index for this variable cannot be created. An index would require that each food be classified according to whether it is desirable to increase or decrease consumption. However, this judgement differs depending on each individual.



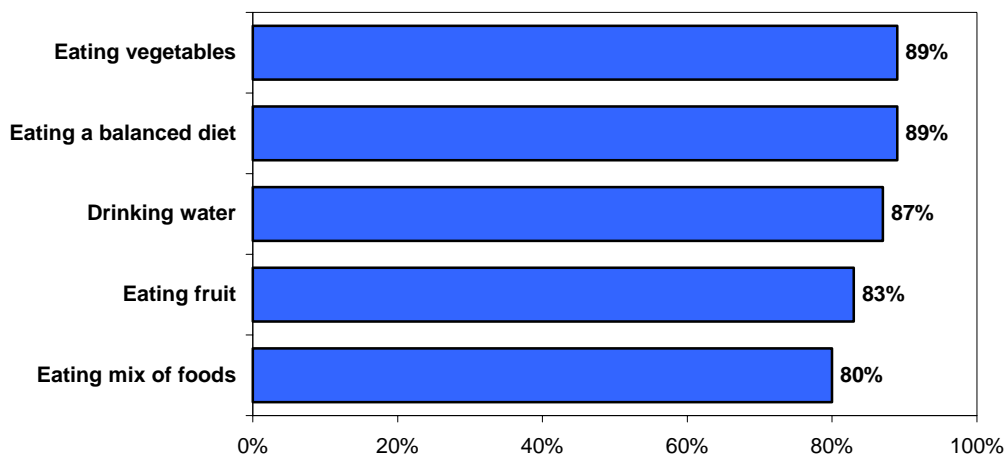
Elements Important to Healthy Eating

Canadians think about healthy eating in a variety of different ways, including avoiding certain foods, eating fresh or unmodified foods, eating a balance of foods, eating plant-based or animal-based foods, and eating at regular times.

One of the key objectives of this research is to understand what Canadians know and think about nutrition and healthy eating. Survey participants were presented with a list of 28 statements, including healthy eating guidelines that are general (for example, eat a variety of foods) and those that relate to specific foods (for example, eat lots of whole grain products). Each statement was rated as very important, somewhat important, not very important or not at all important to healthy eating.

Of all the statements, Canadians were most likely to identify eating vegetables and eating a balanced diet as components of healthy eating practices. Nine in ten (89%) individuals rated each of these two elements as very important. Rounding out the top five most commonly recognized concepts were drinking water (87%), eating fruit (83%) and eating a mix of foods from various food groups (80%).

Elements 'Very Important' to Healthy Eating
Top 5 mentions

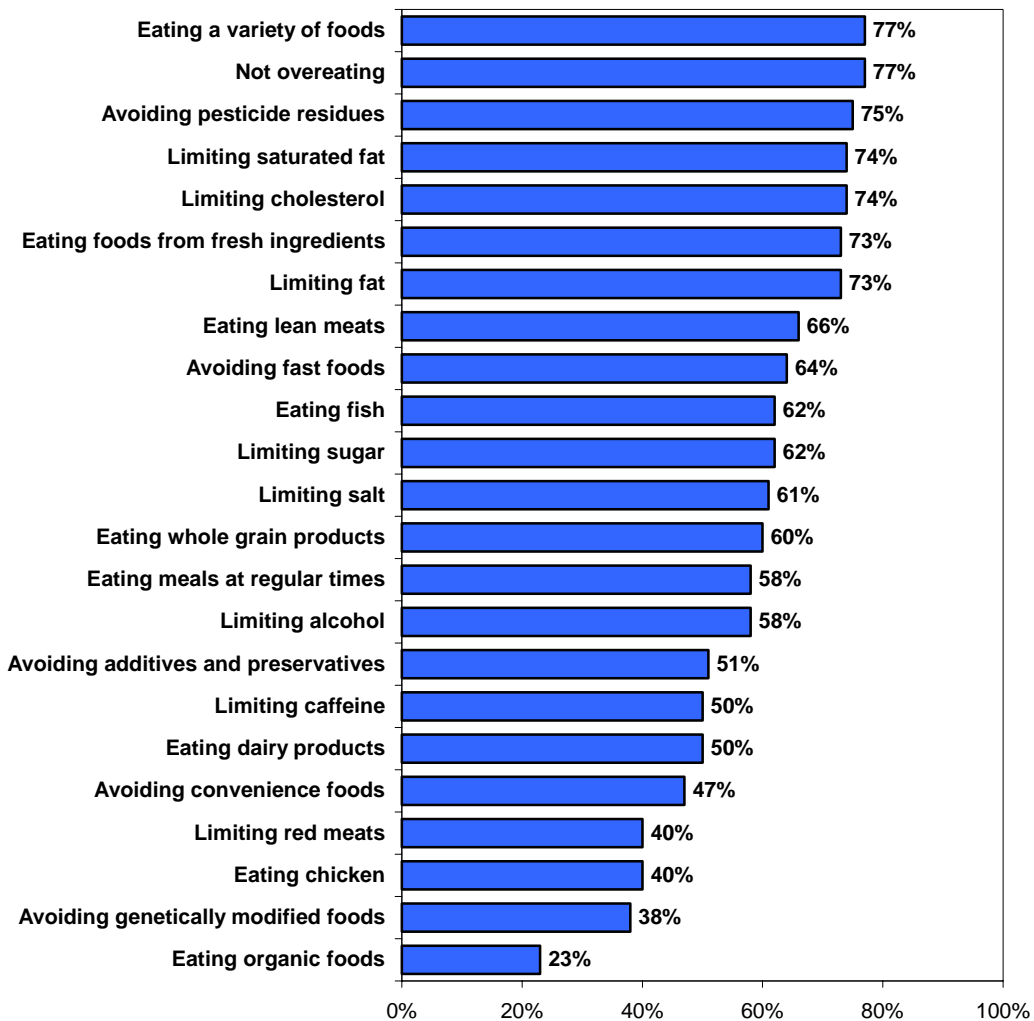


The remaining statements also divide into "tiers" of importance. Not overeating (77%) and limiting cholesterol (74%) fall into a moderately important category, while avoiding convenience foods (47%), limiting red meats (40%), avoiding genetically modified foods (38%) and organic foods (23%) are felt to be considerably less important to healthy eating.



Elements 'Very Important' to Healthy Eating

All other mentions



Next, a factor analysis was used to determine if these attitudes are conceptually and statistically related and could be grouped together. The original 28 statements were thus reduced to seven factors.

The first factor – “avoidance” – reflects the view that healthy eating means limiting foods that should be eaten in moderation, such as fat, sugar and cholesterol. Next, “fresh/unmodified” summarizes the belief that healthy foods are those that are fresh or organic, and have not been altered through the use of pesticides, additives and preservatives, or genetic modification. A third way Canadians think about healthy eating is “variety/balance”, addressing the idea that people should strive to achieve a balanced diet by eating a range of different foods. Fourth, the dimension of “plant-based foods/water” reflects those eating habits which are most commonly believed to be healthy, including eating vegetables, fruit and whole grain foods, and drinking water. The fifth factor, “animal-based



foods”, sums up the perception that healthy eating also includes dairy products, and meat and alternatives.

Themes Underlying Important Elements of Healthy Eating

Factor 1 Avoidance	Factor 2 Fresh/Unmodified	Factor 3 Variety/Balance	Factor 4 Plant-based/Water
Limiting fat	Avoiding genetically modified foods	Eating mix of foods from various food groups	Eating lots of vegetables
Limiting saturated fat	Eating organic foods	Eating variety of foods	Eating lots of fruit
Limiting sugar	Avoiding additives and preservatives	Eating balanced diet	Drinking lots of water
Limiting salt	Avoiding pesticide residues on fruit/vegetables	Not overeating	Eating lots of whole grain
Limiting cholesterol	Eating fresh foods		
Limiting red meats			
Limiting alcohol			
Limiting caffeine			
Factor 5 Animal-base	Factor 6 Avoid Convenience	Factor 7 Eat regularly	
Eating chicken	Avoiding convenience foods	Eating meals at regular times	
Eating dairy products	Avoiding fast foods		
Eating fish			
Eating lean meats			

In the original analysis, three of the 28 statements did not clearly fit with any one factor. A correlation analysis showed that “avoiding convenience foods such as frozen dinners” and “avoiding fast foods” were moderately related attitudes (.38 correlation coefficient), therefore they were combined into a distinct variable for subsequent analyses. “Eating meals at regular times” was the third statement that did not fit, and moving forward, was considered independently from the other themes or beliefs surrounding healthy eating.

Two variables that emerge as determinants of Canadians' attitudes towards healthy eating are self-assessed knowledge of the subject, and gender.

In addition to their value in summarizing perceptions of healthy eating, the factors were also the basis for the creation of multi-variable indices that were then used in regression analyses.⁹ The purpose of

⁹ A total of 17 variables (6 socio-demographic, 2 lifestyle, 5 health and 4 healthy eating experience) were regressed against each of the seven factors. However, it was decided to eliminate factor seven from the analysis due to a very low R² score (0.03).



the regression analyses was to understand which attributes or characteristics of the Canadian public best explain these attitudes towards healthy eating.

As with knowledge and meal priorities, it appears that a variety of explanations contribute to Canadians' perceptions of healthy eating. Again, these are only partial explanations (R^2 less than .17 for all). Nonetheless, there are some indicators of healthy eating attitudes that can be gleaned from this analysis. The following table presents those variables that were found to be *statistically significant predictors* of healthy eating attitudes.

Determinants of Important Elements of Healthy Eating¹

Predictor variables	Factor 1 Avoidance	Factor 2 Fresh/ Unmodified	Factor 3 Variety/ Balance	Factor 4 Plant- based/water	Factor 5 Animal- based	Factor 6 Avoid fast food
Socio-demographic						
Female	.09	.14	.11	.10	.14	.09
45 years or older	.12	.07	.07	-	.13	.06
Income \$80K+	-	-.06	.05	-	-	-
Postsecondary education	-	-	.06	-	-	-
Larger household size	-	.04	-	-	.05	-
Health						
Ever tried to lose weight	.08	-	.06	-	.05	-
Lifestyle						
Eat out more frequently	-.07	-.07	-	-.08	-.07	-.07
Higher time pressure	-	-	.04	.05	.05	.06
Healthy Eating Experience						
Knowledge of healthy eating	.21	.13	.20	.24	.12	.18
Maintenance (efforts to change)	.10	.08	.12	.09	-	.08
Used Food Guide for kind of food	.07	-	.07	.05	.09	-
Adjusted R^2	.16	.09	.16	.13	.11	.09
F (p<.001)	65.44	33.50	49.52	59.77	37.26	38.69

¹ Table entries are standardized regression coefficients (Beta)
Note: Factor 7 was eliminated from this analysis ($R^2 = .03$)

Gender is a key socio-demographic factor that influences perceptions of healthy eating. Women are more likely than men to believe that avoidance of certain foods, eating fresh or unmodified foods, eating a variety or balance, eating plant-based and animal-based foods, avoiding convenience foods and eating at regular times constitute healthy eating. Older Canadians (45 years and older) are also more likely than younger people to hold each of these perception of healthy eating, with the exception of “plant-based foods and water” which is a perception held equally by all age groups.

Other socio-demographic factors are useful indicators of certain attitudes towards healthy eating. Those with postsecondary education and higher levels of household income (\$80,000 or more) are more likely to believe that healthy eating relates to the concept of “variety/balance”. In contrast,



those with higher incomes are *less* likely than lower income Canadians to consider “fresh/unmodified foods” an important element of healthy eating.

In terms of lifestyle variables, an increased frequency of eating out is negatively related to a variety of attitudes. For example, individuals who eat out more frequently are less likely to express the belief that healthy eating means limiting some foods and avoiding convenience and fast foods, eating fresh or unmodified foods, or eating plant-based and animal-based foods. Those who feel more time pressured are more likely to feel that healthy eating involves variety/balance, and both plant-based and animal-based foods.

The sole health status factor influencing attitudes is whether an individual has ever tried to lose weight. Those that have dieted are more likely to relate healthy eating to avoiding certain foods, eating a variety/balance and eating animal-based foods.

Overall, self-assessed knowledge about healthy eating is one of the most important determinants of people’s attitudes. Knowing more about healthy eating is a significant predictor of each of the six attitudes (factors) about healthy eating that were included in the regression. In terms of other previous experience, individuals who have made an effort to eat healthier for more than six months (maintenance) are also more likely to hold most of these attitudes towards healthy eating (the exception is that this group is no more likely to express the idea that healthy eating involves animal-based foods). Finally, Canadians who have previously used the Food Guide are more likely to perceive these concepts as important to healthy eating (with the exception that they are no more likely to feel it is important to eat fresh or unmodified foods).

General Attitudes Towards Healthy Eating

Attitudes towards healthy eating include the perceptions that barriers, including lack of time, interfere with healthy eating, that some individuals are doing as much as possible to eat healthy, and that the relationships between eating habits, exercise and health are true.

This question was oriented towards more general attitudes about healthy eating, in contrast to the previous question. Respondents were asked if they strongly agree, generally agree, generally disagree or strongly disagree with each of sixteen statements (or ten statements if they were not a meal planner) that touched on the relationships between healthy eating and, for example, time pressure, physical activity, and guilt feelings. (*Q.30*)

Almost all Canadians agree that "being physically active is important to staying healthy" (99% agree strongly or somewhat), that " all ages should be concerned about what they eat" (98%), and that "what I eat affects my health" (92%).

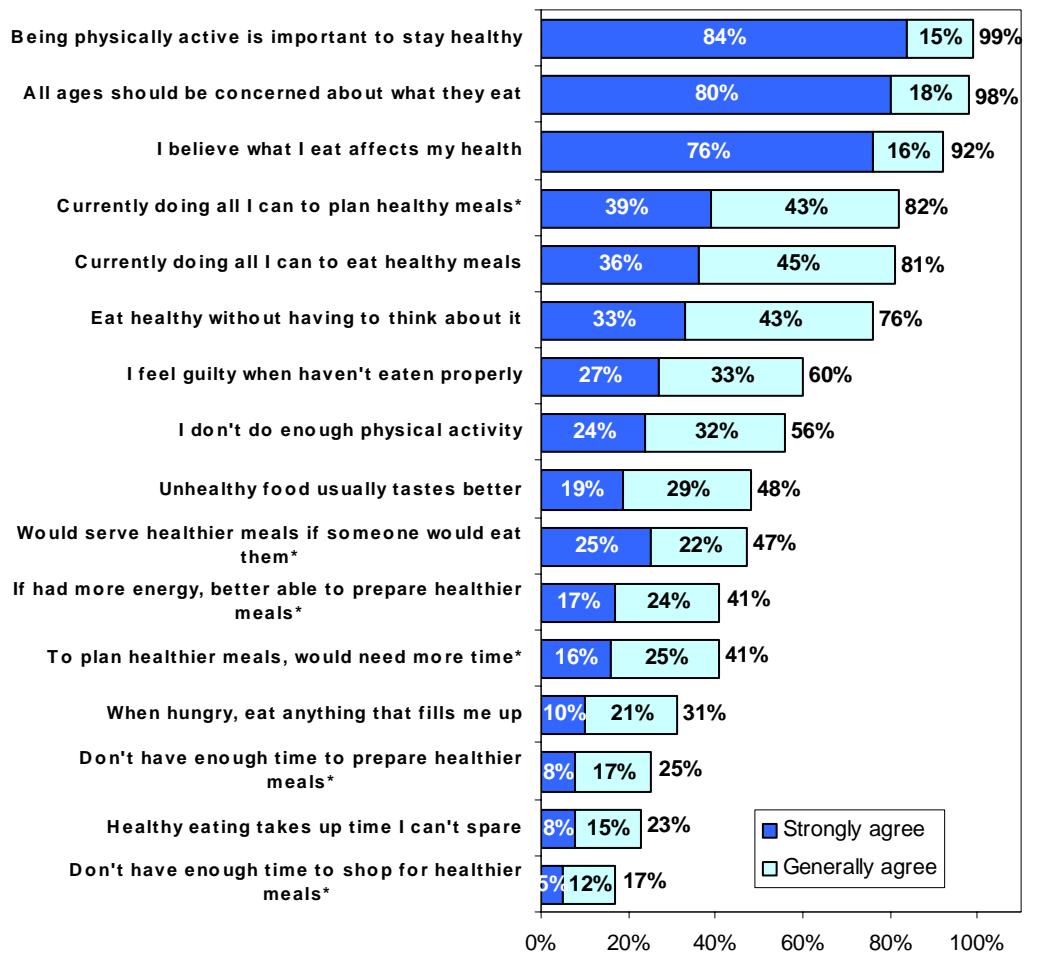
The level of agreement is also high among Canadians that they are currently doing all they can to plan (82% strongly or somewhat) or eat (81%) healthier meals, and that they eat healthy without



having to think about it (76%). However, fewer Canadians are as definite in these opinions as they are for the three top-ranked statements, which received considerably higher top box ("agree strongly") scores.

No more than one in four Canadians felt that time pressures interfered with shopping for (17%), preparing (25%) or eating (23%) healthy meals.

General Attitudes Towards Healthy Eating



* Among meal planners or those who share the responsibility for meal planning



As with the question about elements important to healthy eating, a factor analysis was conducted on these general attitudes to explore underlying themes. This analysis reduced the original sixteen statements to four factors.¹⁰ (Q.30)

The first factor can be described as a "lack of time", because it reflects some individuals' views that healthy eating requires time that they just do not have. Second, "already eating healthy" summarizes the view some individuals hold that they cannot or do not need to improve their already-healthy eating habits. The third factor encompasses the barriers (other than lack of time) that may prevent healthy eating for some. A fourth underlying theme to people's attitudes are the broadly-accepted principles relating to health, including the beliefs that what you eat and physical activity contribute to your health.

Themes Underlying General Attitudes Towards Healthy Eating

Factor 1 Lack of time	Factor 2 Already eating healthy	Factor 3 Barriers	Factor 4 Principles
Don't have time to prepare healthier meals	Doing all I can to plan healthy meals	Would serve healthier meals if someone would eat them	Being physically active is important to stay healthy
Healthy eating takes up time I can't spare	Doing all I can to eat healthy meals	If had more energy would prepare healthier meals	I believe what I eat affects my health
Don't have time to shop for healthier meals	Healthy eating done without having to think about it	Unhealthy foods tastes better	People should be concerned about what they eat
To plan healthier meals, need more time		Feel guilty when haven't eaten properly	
When hungry, eat anything that fills me up		Don't do enough physical activity	

Self-reported knowledge of healthy eating practices is an important contributor to an individual's belief that they currently have healthy eating habits. In contrast, those with less understanding are more likely to perceive barriers to healthy eating, such as lack of time.

Again, these factors were used as the basis for creating multi-variable indices that served as the dependent variable in the subsequent regression analysis.¹¹ The purpose of the regression was to identify those characteristics that are *statistically significant contributors* to these general attitudes towards healthy eating, and these are presented in the following table.

¹⁰ Another factor analysis was attempted combining all the statements from "elements important to healthy eating" and "general attitudes" (Questions 29 and 30). However, the resulting factors were similar to those created when the questions were handled independently, and did not combine attitudes from the two different questions. Since this did not contribute further to summarizing the data, only the independent factor analyses for the two questions are discussed here.

¹¹ Consistent with the regression analyses conducted on the previous questions, the same 17 variables (6 socio-demographic, 2 lifestyle, 5 health and 4 healthy eating experience) were regressed against each of the four factors.



Determinants of General Attitudes Towards Healthy Eating¹

Predictor variables	Factor 1 Lack of time	Factor 2 Already eat healthy	Factor 3 Barriers	Factor 4 Principles
Socio-demographic				
Female	-	.05	-	-
45 years or older	-.04	.08	-	-
Income \$80K+	-	-	-	.09
Postsecondary education	-.06	-.13	-.07	.06
Larger household size	.06	-	.05	-
Food sufficient	-.15	.11	-.11	-
Health				
Excellent health status	-.07	.04	-.16	.05
Ever tried to lose weight	-	-.07	.10	.06
Higher BMI	-	-.08	.06	-
Doctor recommended diet	.06	-.05	.07	-
Lifestyle				
Eat out more frequently	.12	-.18	.07	-
Higher time pressure	.07	-	-	.04
Healthy Eating Experience				
Knowledge of healthy eating	-.20	.29	-.08	.17
Maintenance (efforts to change)	-.14	.08	-	.12
Used Food Guide for amount of food	-.04	-	-	-
Adjusted R ²	.18	.23	.11	.10
F (p<.001)	48.03	66.54	33.93	36.78

¹ Table entries are standardized regression coefficients (Beta)

The results of these regressions are similar to those conducted on previous questions. Specifically, while the combination of variables only offers a partial explanation of these attitudes (R² between .10 and .23), self-reported knowledge about healthy eating emerges as a key determinant of people's attitudes. Canadians who think they are more knowledgeable are also more likely to think they already have healthy eating habits, and to believe in the relationships between physical activity, food and health. Those who are less knowledgeable are more likely to perceive barriers to healthy eating, including a lack of time.

Another contributor to these general attitudes is health. People who report excellent health are more likely to think they are doing all they can to eat healthy meals, and less likely to perceive barriers to healthy eating. The opposite is the case for Canadians with higher BMI scores, who have tried to lose weight or who have been told by a doctor to do so. These individuals are less likely to think they are already healthy eaters, and are more likely to see barriers to doing so.



In terms of socio-demographic variables, the perception of barriers is related to the lack of a postsecondary education, a larger household size, and food insufficiency (or have enough but not type of food desired). Females and Canadians aged 45 years or older are more likely to express the opinion that they are already doing their best to eat healthy.

In terms of lifestyle factors, more frequent eating out relates to the perception of barriers, including time, to healthy eating. This group is less likely to feel they are already eating as well as they can. Not surprisingly, individuals who experience more time pressure are more likely to feel lack of time is a barrier to their healthy eating habits.



Conclusions

The results of this study portray a noticeably positive picture, in terms of the Canadian public's knowledge of, and attitudes towards, healthy eating. For the clear majority, consumers feel they know quite a bit about what constitutes healthy eating, ascribe a fair amount of importance to key principles of healthy eating, and believe they are making a sustained effort to eat healthy.

While it is clear that these findings are accurately capturing a subjective reality, they do not reveal a fully accurate picture of people's actual knowledge or behavior when it comes to healthy eating (something this study was not designed to specifically measure). Indeed, the reported levels of knowledge and healthy eating behaviors are likely overstated, due to social desirability. What these findings do show clearly is that nutrition and healthy eating are well-established social values. Canadians recognize, acknowledge and value the importance of healthy eating, both in principle and in terms of their own personal health and well-being.

While positive attitudes are firmly in place, and driving intentions to eat healthy, there is clearly a gap between intention and action. Obstacles to action include limited knowledge about how to eat healthy (elements of healthy eating not well understood), social influences (e.g. peer pressure) and structural constraints (e.g., income, limited availability of healthy food choices).

This study provides valuable insight into the Canadian public's perspective around healthy eating, but it can only tell part of the story. Further research is clearly needed to more fully identify the factors that play a role in knowledge, attitudes and behaviours around healthy eating. A key objective of such efforts should be to clarify how people define healthy eating, and how they practice it for themselves. While there appears to be public consensus on the importance of some elements of healthy eating (e.g. balanced meals, eating lots of fruits and vegetables), the current research did not dig deeply enough to determine what such elements really mean to them. Moreover, it is likely that different segments of the population define these concepts in different ways. This suggests that future investigations may need to put as much effort into addressing the public's concept of healthy eating as on identifying the factors that influence it.



Study Methodology

Questionnaire Design

Decima Research reviewed and provided recommended revisions to the questionnaire provided by Health Canada. The questionnaire was translated by Decima's in-house translation team, and was checked by Health Canada's translator. Prior to being finalized, the survey was pre-tested in English and French.

Sample Design and Selection

The sample for this study was designed to complete interviews with a representative sample of 3,000 Canadians (18 years and older). The sample was stratified by province and region to ensure adequate sub-samples for meaningful regional analysis. Quotas for gender were also implemented (51% female and 49% males, +/-2%) to ensure appropriate representation on that key dimension.

The sample was drawn using SurveySampler technology which ensures that all residential listings in Canada have an opportunity to be selected for inclusion in the survey. Within those households selected, respondents 18 years or older were screened for random selection using the "last birthday" method, which provides an efficient means of ensuring the sample approximates the population according to gender and age. Up to eight callbacks were used to reach selected respondents who may not have been available at the time of the call.

Survey Administration

The survey was conducted in English and French by telephone using computer-assisted-telephone-interviewing (CATI) technology, from Decima's facilities in Ottawa, Toronto and Montreal, between February 28 and March 12, 2003. All interviewing was conducted by fully trained and supervised interviewers, and a minimum of 15 percent of all completed interviews were independently monitored and validated in real time. The average length of time required to complete an interview was 20 minutes.

Sample Disposition

A total of 29,691 telephone numbers were called for this study, from which 3,005 households were qualified as eligible (adults 18 years and older) and completed the survey. The overall response rate is 12%. The final disposition of all contacts is presented in the following table, following Professional Marketing Research Society (PMRS) guidelines and in accordance with the reporting standards established by the Canadian Association of Marketing Research Organizations (CAMRO).



Sample Disposition Report

A. Total Number Attempted (Lines 1-14)	33,564
1. Not in Service	3,013
2. Fax/Modem	571
3. Business/Residential	369
B. Total Eligible Numbers (Lines 4-14)	29,611
4. Busy	675
5. Answering Machine	3,645
6. No Answer	7,697
9. Selected/Eligible Respondent Not Available	2,734
7. Language	754
8. Illness, Incapable	95
C. Total Asked (Lines 10-14)	14,011
10. Household Refusal	3,586
11. Respondent Refusal	6,779
12. Qualified Respondent Break Off	157
D. Co-operative Contacts (Lines 13-14)	3,489
13. Disqualified	484
14. Completed Interview	3,005
Refusal Rate = (10+11+12)/C	75%
Response Rate = D/B	12%

Sample Distribution

A sample of 3,005 drawn from the Canadian population would be expected to provide results accurate to within plus or minus 1.8 percent in 95 out of 100 samples. The margin of sampling error will be greater for regional and provincial sub-samples, as presented below.



Sample Distribution by Region

Region/Province	Unweighted Sample	Margin of Error ¹
Atlantic Region (8%)	(502)	(±4.4%)
Newfoundland (2%)	126	±8.7%
Nova Scotia (3%)	151	±7.8%
Prince Edward Island (1%)	100	±9.8%
New Brunswick (2%)	125	±8.8%
Québec (24%)	600	±4.0%
Ontario (38%)	900	±3.3%
Prairie Region (17%)	(558)	(±4.1%)
Manitoba (4%)	130	±8.6%
Saskatchewan (3%)	127	±8.7%
Alberta (10%)	301	±5.7%
British Columbia (13%)	445	±4.6%
CANADA (100%)	3,005	±1.8%

¹ at 95% confidence level

Multivariate Analysis

Factor analysis was conducted using Principal Components Analysis with Varimax Rotation (set to extract eigenvalues over 1). The regressions were conducted using the Ordinary Least Squares (OLS) method with a stepwise procedure to identify the best fitting models.



Appendix A: Survey Questionnaire (English and French)



Decima Research Inc.
February 28, 2003

**Health Canada
2003 Nutrition Survey
Final Questionnaire**

Introduction

Good morning/afternoon/evening. My name is _____ and I am calling from Decima Research, on behalf of Health Canada. Today we are conducting a survey with individuals about attitudes towards nutrition and healthy eating. The purpose of this survey is to help Health Canada plan new education programs about nutrition and healthy eating.

We choose telephone numbers at random and then select one person from each household at random to be interviewed. To do this, we would like to speak to the person in your household, 18 years and older, who has had the most recent birthday.

Your participation in this survey is voluntary. Please be assured that your responses are confidential and will not be reported individually nor attributed to you personally.

[IF ASKED: Decima is a professional research company hired by Health Canada to conduct this survey]
[IF ASKED: The survey will take about 20 minutes to complete]

Part One

1. Do you work in a job in which you teach nutrition or advise others on nutrition, or as a nutritionist, or as a dietician in a food-service environment? [1.00]
 - Yes THANK AND TERMINATE CALL
 - No CONTINUE
 - Don't know/no answer THANK AND TERMINATE CALL



6b. [IF 4 OR MORE IN Q2 ASK:] And how many of those living with you are older than sixteen years of age?

ENTER NUMBER

- Don't know/no answer

7. Who is the person primarily responsible for planning meals in your household, would you say that this is you, you equally with someone else, or someone else? [3.00]

- Respondent Responsible
- Equally with someone else
- Someone else

VOLUNTEERED

- Don't know/No answer

Part Two

8. Thinking about how much leisure or "free" time you have in an average week, would you say that you have none, less than 5 hours, 5 to 10 hours, or more than 10 hours? [4.00]

- None
- Less than 5 hours
- 5 to 10 hours
- More than 10 hours

VOLUNTEERED

- Don't know/no answer

9. I'd like to know how much time you spend each week on unpaid activity that helps maintain your household. Such activity includes shopping, cooking, housework, house maintenance, and caring for others. Would you say that you spend less than 10 hours, 10 to 20 hours, or more than 20 hours each week on such activity? [5.00]

- Less than 10 hours
- 10 to 20 hours
- More than 20 hours

VOLUNTEERED

- Don't know/no answer

10a. Are you currently enrolled in a school, college or university?

- Yes
- No
- Don't know/no answer



10b. Do you do any work that earns you money? [6.00]

- Yes
- No
- Don't know/no answer

10c. Do you currently volunteer at least once a week? By volunteering, I mean performing work of an unpaid nature for a public or non-profit organization, including coaching sports teams.

- Yes
- No
- Don't know/no answer

IF YES AT Q.10a, ASK Q.11a/b. OTHERWISE SKIP TO INSTRUCTION BEFORE Q.12a.

11a. How many hours do you spend each week travelling to and from the institution in which you are enrolled as a student? Would you say less than 5 hours, 5 to 10 hours, or more than 10 hours?

- Less than 5 hours
- 5 to 10 hours
- More than 10 hours

VOLUNTEERED

- Don't know/no answer

11b. And how many hours excluding this travel time do you spend each week attending classes, studying and doing assignments? Would you say less than 20 hours, 20 to 40 hours, or more than 40 hours?

- Less than 20 hours
- 20 to 40 hours
- More than 40 hours

VOLUNTEERED

- Don't know/no answer

IF YES AT Q.10b, ASK Q.12a/b. OTHERWISE SKIP TO INSTRUCTION BEFORE Q.12c.

12a. How many hours do you spend each week travelling to and from work? Would you say less than 5 hours, 5 to 10 hours, or more than 10 hours? [6.01]

- Less than 5 hours
- 5 to 10 hours
- More than 10 hours

VOLUNTEERED

- Don't know/no answer



12b. And how many hours excluding this travel time do you work each week? Would you say less than 20 hours, 20 to 40 hours, or more than 40 hours? [6.02]

- Less than 20 hours
- 20 to 40 hours
- More than 40 hours

VOLUNTEERED

- Don't know/no answer

IF YES AT Q.10c, ASK Q.12c/d. OTHERWISE SKIP TO Q.13.

12c. How many hours do you spend each week travelling to and from the place or places where you volunteer?

ENTER NUMBER. IF GIVES RANGE, CHOOSE MID-POINT.

_____ HOURS

- Don't know/no answer

12d. And how many hours excluding this travel time do you spend volunteering each week?

ENTER NUMBER. IF GIVES RANGE, CHOOSE MID-POINT.

_____ HOURS

- Don't know/no answer

13. On an average day during the week, how many hours in total do you spend watching television, playing video games or in recreational activity on a computer? [7.00]

ENTER NUMBER. IF GIVES RANGE, CHOOSE MID-POINT.

_____ HOURS

- Don't know/no answer

14. For the past 7 days ending last night, how many times did you eat lunches that were prepared in a restaurant or cafeteria? Please include meals eaten in restaurants and those purchased as "take-out" or supplied to you by "delivery." [8.00]

ENTER NUMBER. SHOULD NOT EXCEED 7. IF GIVES RANGE, CHOOSE MID-POINT.

_____ TIMES

- Don't know/no answer



15. For the past 7 days ending last night, how many times did you eat evening meals that were prepared in a restaurant or cafeteria? Again, please include meals eaten in restaurants and those purchased as "take-out" or supplied to you by "delivery." [8.01]

ENTER NUMBER. SHOULD NOT EXCEED 7. IF GIVES RANGE, CHOOSE MID-POINT.

_____ TIMES

- Don't know/no answer

16. In the past week, did you eat a meal while travelling in a vehicle? [9.00]

- Yes

- No

- Don't know/no answer

17. Would you say that the portions served in restaurants are larger, about the same size, or smaller than the portions that you would eat if you were eating a similar meal at home? [10.00]

- Larger

- The same size

- Smaller

VOLUNTEERED

- Depends/qualified

- Don't know/no answer

18. Would you say that meals served in restaurants contain more calories, the same number of calories, or fewer calories than the meals you eat at home? [11.00]

- More calories

- Same number of calories

- Fewer calories

VOLUNTEERED

- Depends/qualified

- Don't know/no answer

Part Three

19. Which of the following best describes the food eaten in your household in the last 12 months? [12.00]

READ LIST – CODE ONE ONLY

- Enough of the kind of food [I/we] want

- Enough, but not always the kinds of food [I/we] want

- Sometimes not enough to eat

- Often not enough to eat

VOLUNTEERED

- Don't know/no answer



25. [ASK IF SOMEONE ELSE RESPONSIBLE FOR MEAL PLANNING OR DK/NA AT Q7] I am going to read you a list of things that might be important when you eat meals at home. For each one please tell me if it is very important, somewhat important, not very important or not at all important. So how important is...? [14.00]

ROTATE

- a. Having the meal taste good [14.10]
- b. Eating a healthy meal [14.20]
- c. How easy the meal is to prepare [14.30]
- d. The cost of the meal [14.40]
- e. The number of calories the meal contains [14.50]
- f. [ASK IF ONE OR MORE IN Q2] The likes and dislikes of the other [people/person BASED ON Q2] in your household with whom you are eating [14.60]

- Very important
 - Somewhat important
 - Not very important
 - Not important at all
- VOLUNTEERED
- Don't know/no answer



26. [ASK IF RESPONDENT ALONE OR EQUALLY WITH SOMEONE ELSE RESPONSIBLE FOR MEAL PLANNING AT Q7 OR 0 AT Q2] Now I'd like you to think about the things that might be important when you are preparing evening meals for everyone in your household. For each one please tell me if it is very important, somewhat important, not very important or not at all important. So how important is.. [15.00]
ROTATE

- a. Having the meal taste good [15.10]
- b. Eating a healthy meal [15.20]
- c. How easy the meal is to prepare [15.30]
- d. The cost of the meal [15.40]
- e. The number of calories the meal contains [15.50]
- f. [ASK IF ONE OR MORE IN Q2] The likes and dislikes of the other [people/person BASED ON Q2] in your household with whom you are eating [15.60]

- Very important
 - Somewhat important
 - Not very important
 - Not important at all
- VOLUNTEERED
- Don't know/no answer



27. For each of the following foods, please tell me if you are currently trying to change your diet by increasing or decreasing the amount you eat, or if you are keeping the amount you eat the same.

[16.00]

READ AND ROTATE. IF INDICATES CHANGE, PROBE FOR INCREASE OR DECREASE.

- a. Breads, grain products and cereals [16.01]
- b. Vegetables [16.02]
- c. Fruit including fruit juice [16.03]
- d. Fish [16.04]
- e. Red meat [16.05]
- f. Chicken [16.06]
- g. Eggs [16.07]
- h. Dairy products such as milk and cheese [16.08]
- i. Meat alternatives. Meat alternatives include foods such as nuts and dried peas and beans [16.09]
- j. Vitamin supplements (that is vitamins in pill or liquid form) [16.10]

- Increase the amount
- Decrease the amount
- No change

VOLUNTEERED

- Don't know/no answer



28. For each of the following, please tell me if you would say you know a great deal about it, know something, know a little or know nothing about it. So how much would you say you know about...?:

[17.00]

READ A AND B IN THIS ORDER, ROTATE C,D,E,F.

- a. Healthy eating [17.10]
- b. The relationship between what we eat and how healthy we are [17.20]
- c. The amount of fruits and vegetables that you should eat each day [17.30]
- d. The amount of grain products that you should eat each day [17.40]
- e. The amount of dairy products that you should eat each day [17.50]
- f. The amount of meat or meat-substitutes that you should eat each day [17.60]

- Know a great deal

- Know something

- Know a little

- Know nothing

VOLUNTEERED

- Don't know/no answer



29a. I am going to read you a list of specific things that might be important to healthy eating for people in general. For each one, please tell me if it is very important, somewhat important, not very important or not at all important to healthy eating. So how important is...? [18.00]

READ AND ROTATE

- a. Limiting caffeine [18.01]
- b. Limiting the amount of fat [18.02]
- c. Limiting sugar [18.03]
- d. Eating lots of whole grain products [18.04]
- e. Limiting the amount of cholesterol [18.07]
- f. Limiting the amount of saturated fat (that is animal fat found in meat and dairy products) [18.08]
- g. Eating lots of fruit [18.09]
- h. Eating lots of vegetables [18.10]
- i. Eating lean meats [18.11]
- j. Limiting red meats [18.12]
- k. Eating fish [18.13]
- l. Eating chicken [18.14]
- m. Eating dairy products such as milk and cheese [18.15]
- n. Limiting salt [18.18]
- o. Limiting alcohol [18.19]
- p. Drinking lots of water [18.20]

- Very important
 - Somewhat important
 - Not very important
 - Not important at all
- VOLUNTEERED
- Don't know/no answer
 - Depends/qualified
 - Refused



29b. I am going to read you a list of general guidelines that might be important to healthy eating for people in general. For each one, please tell me if it is very important, somewhat important, not very important or not at all important to healthy eating. So how important is...? [18.00]

READ AND ROTATE

- a. Eating organic foods [18.05]
- b. Avoiding pesticide residues on fruit and vegetables [18.06]
- c. Eating a variety of foods [18.16]
- d. Eating a balanced diet [18.17]
- e. Not overeating [18.21]
- f. Eating a mix of foods from various food groups [18.22]
- g. Eating foods made from fresh ingredients [18.23]
- h. Avoiding genetically modified foods [18.24]
- i. Avoiding additives and preservatives [18.25]
- j. Avoiding convenience foods such as frozen dinners [18.26]
- k. Avoiding fast food [18.27]
- l. Eating meals at regular times [18.28]

- Very important
- Somewhat important
- Not very important
- Not important at all

VOLUNTEERED

- Don't know/no answer
- Depends/qualified
- Refused



30. I'm going to read you a list of statements. For each one please tell me whether you strongly agree, generally agree, generally disagree or strongly disagree [19.00]

READ AND ROTATE

- a. People of all ages should be concerned about what they eat [19.01]
- b. I believe that what I eat will affect my health [19.02]
- c. I feel guilty when I haven't eaten properly [19.03]
- d. When I am hungry I'll eat anything that fills me up [19.04]
- e. I feel that I am currently doing all I can to eat healthy meals [19.05]
- f. Healthy eating is something that I do without having to think about it [19.06]
- g. Healthy eating takes up time that I just don't have to spare [19.07]
- h. Unhealthy food usually tastes better [19.08]
- i. Being physically active is important if I want to stay healthy [19.09]
- j. I don't do enough physical activity [19.10]
- k. [ASK IF YOU OR EQUALLY YOU AND SOMEONE ELSE IN Q7 OR 0 AT Q2] I feel that I am currently doing all I can to plan healthy meals [19.11]
- l. [ASK IF YOU OR EQUALLY YOU AND SOMEONE ELSE IN Q7 OR 0 AT Q2] I don't have enough time to shop for healthier meals [19.12]
- m. [ASK IF YOU OR EQUALLY YOU AND SOMEONE ELSE IN Q7 OR 0 AT Q2] I don't have enough time to prepare healthier meals [19.13]
- n. [ASK IF YOU OR EQUALLY YOU AND SOMEONE ELSE IN Q7 OR 0 AT Q2] If I had more energy I'd be better able to prepare healthier meals [19.14]
- o. [ASK IF YOU OR EQUALLY YOU AND SOMEONE ELSE IN Q7 OR 0 AT Q2] To plan healthier meals I would need more time [19.15]
- p. [ASK IF YOU OR EQUALLY YOU AND SOMEONE ELSE IN Q7 OR 0 AT Q2] I'd serve healthy meals more often, if I lived with someone who'd eat them [19.16]

- Strongly agree
 - Generally agree
 - Generally disagree
 - Strongly disagree
- VOLUNTEERED
- Don't know/no answer



35. Have you ever used Canada's Food Guide for any of the following...
READ AND ROTATE

- a. To assess how well you are eating
- b. To plan meals
- c. To decide how much food you should be eating
- d. To teach children about healthy eating
- e. To choose the right kinds of foods for healthy eating

- Yes

- No

VOLUNTEERED

- Depends/qualified

- Don't know/no answer

Part 6

Now I have some questions about your health...

36. In general, would you say your health is excellent, very good, good, fair or poor? [24.00]

- Excellent

- Very good

- Good

- Fair

- Poor

VOLUNTEERED

- Don't know/no answer

37. How tall are you without shoes? [29.00]

VERIFY UNITS OF MEASUREMENT

____ Feet ____ Inches

OR

____ Metres ____ Centimetres

VOLUNTEERED

- Don't know/no answer



38. Can you tell me how much you weigh? [30.00]
VERIFY UNITS OF MEASUREMENT

_____Pounds

OR

_____Kilograms

VOLUNTEERED

- Don't know/no answer



39a. Have you [IF 1 OR MORE IN Q2:] or anyone else in your household ever been told by a doctor or other health-care worker that you have any of the following... [25.00]
READ AND ROTATE. READ DESCRIPTIONS IN BRACKETS ONLY IF NECESSARY
[IF ONLY ONE PERSON IN HOUSEHOLD, RECORD "YES" RESPONSE AS "YES SELF"]
[IF TWO OR MORE IN HOUSEHOLD, FOR EACH "YES" RESPONSE ASK:] Is this something you have or someone else has?

- a. Heart disease including hardening of the arteries, angina, high blood pressure, high cholesterol, heart attack and stroke [25.01]
- b. Celiac disease (a lack of ability to tolerate Gluten, a protein in grains such as wheat, rye and barley) [25.02]
- c. Hypoglycemia (low blood sugar) [25.03]
- d. Diabetes (a metabolic disease characterized by high blood sugar) [25.04]
- e. Diverticulitis or Diverticulosis (presence of small outpouchings – diverticulae – of the wall of the large intestine) [25.05]
- f. Acid reflux disease (occurs when stomach acid enters the esophagus from the stomach. Primary symptom is heartburn) [25.06]
- g. Inflammatory bowel disease, that is Crohn's disease or Ulcerative colitis (diseases that affect the digestive system and cause symptoms of abdominal pain, cramping, weight loss, fatigue and diarrhea)[25.07]
- h. Irritable bowel syndrome (a disorder that involves abdominal pain associated with constipation and diarrhea) [25.08]
- i. Kidney disease [25.09]
- j. Osteoporosis (loss of bone density) [25.10]

- Yes, self
 - Yes, others in household only
 - Yes, self and others
 - No
- VOLUNTEERED
- Don't know/no answer

40. Are you currently attempting to lose weight? [26.00]

- Yes
 - No
 - Don't know/no answer
- SKIP TO Q42



41. Have you ever attempted to lose weight in the past? [27.00]

- Yes
- No
- Don't know/no answer

42. Have you ever been advised by a doctor or other health-care worker that you should lose weight? [28.00]

- Yes
- No
- Don't know/no answer

H. Demographics

To finish up, I'd like to ask you a few questions about you and your household for statistical purposes only. Please be assured that your answers will remain completely confidential.

43. In which of the following age categories can I place you? [31.00]

READ

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 and over

VOLUNTEERED

- No Response/Refused

43b. RECORD GENDER [37.00]

- Male
- Female

43c. (IF 18-44 AT Q.43 AND FEMALE AT Q.43b, ASK:) And are you currently pregnant?

- Yes SKIP TO Q.44
- No ASK Q.43d
- No response/Refused SKIP TO Q.44



43d. (IF NO AT Q.43c, ASK:) And are you planning to become pregnant within the next year?

- Yes
- No
- No response/Refused

44. What is the highest level of education you have completed? [32.00]
READ IF NECESSARY - CODE ONE ONLY

- Elementary school
- Some high school
- Completed high school
- Some community college/technical college/CEGEP
- Completed community college/technical college/CEGEP
- Some university
- Completed university
- Post-graduate degree
- No schooling
- VOLUNTEERED
- No Response/Refused

45. To which ethnic or cultural group would you say that you belong? [44.00]
DO NOT READ - CODE UP TO TWO RESPONSES

- Canadian
- English
- French
- Quebecois
- Irish
- Scottish
- Chinese
- Northern European (German, Austrian Dutch, Scandinavian, Finnish)
- Southern Europe (Italian, Spanish, Portuguese)
- Eastern European (Czech/Slovak, Hungarian, Polish, Croatian, Russian, Ukrainian)
- Greek/Macedonian
- Indian/Pakistani/Sikh/Bengali/Sri Lankan/Tamil/Bangladesh
- Japanese/Korean
- Jewish
- Native Indian/Inuit
- Black
- Welsh
- West Indian/Caribbean
- Oceanic (Australian, New Zealander)
- Other (SPECIFY _____)
- No Answer/Refused



46. For statistical purposes only, we need information about your household income. Please tell me which of the following categories applies to your total household income for the year 2002? [36.00]
READ - CODE ONE ONLY

- Under \$25,000
- \$25,000 to under \$ 40,000
- \$ 40,000 to under \$ 60,000
- \$ 60,000 to under \$ 80,000
- \$ 80,000 or more

VOLUNTEERED

- Don't Know/Refused

47. And finally, may I have the first three digits of your postal code? [35.00]
(NEW BRUNSWICK ONLY:) And finally, may I have the six digits of your postal code?
RECORD

This completes the survey. In case my supervisor would like to verify that I conducted this interview, may I have your first name?

First Name: _____

On behalf of Health Canada, thank you very much for your cooperation.

RECORD:

49. Language of interview [38.00]

- English
- French

50. Province [39.00]

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland
- Nova Scotia
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan



51. Urban vs. Rural

- Urban core
- Urban fringe
- Rural fringe
- Urban outside CMA/CA
- Rural outside CMA/CA



Centre de recherche Décima
Le 28 février 2003

Santé Canada
Sondage 2003 sur la nutrition

Questionnaire finale

Introduction

Bonjour/Bonsoir. Mon nom est _____. Je travaille pour le Centre de recherche Décima, et je vous appelle pour le compte de Santé Canada. Aujourd'hui, nous effectuons un sondage sur l'attitude des gens face à la nutrition et la saine alimentation. L'objectif de cette étude est d'aider Santé Canada à développer de nouveaux programmes éducatifs sur la nutrition et la saine alimentation.

Nous choisissons les numéros de téléphone au hasard, puis nous sélectionnons au hasard une personne de chaque foyer pour que celle-ci puisse répondre au sondage. Pour ce faire, nous aimerions parler à la personne de votre foyer, âgée de 18 ans et plus, qui a été la dernière à fêter son anniversaire de naissance.

Votre participation à ce sondage n'est pas obligatoire. Vous pouvez être assuré que vos réponses demeureront confidentielles. De plus, les résultats ne seront jamais présentés individuellement et, en aucun cas, ils ne permettront de vous identifier personnellement.

[SI ON LE DEMANDE : Décima est une entreprise de recherches professionnelles qui a été mandatée par Santé Canada pour l'exécution de ce sondage.]

[SI ON LE DEMANDE : Répondre au sondage devrait prendre environ 20 minutes de votre temps.]

1^{re} partie

1. Avez-vous un emploi dans lequel vous enseignez la nutrition ou conseillez les autres au niveau de la nutrition, du genre nutritionniste ou diététiste travaillant dans un environnement de services alimentaires? [1.00]

- | | |
|------------------------------|--|
| - Oui | REMERCIEZ LE RÉPONDANT ET TERMINEZ L'APPEL |
| - Non | CONTINUEZ |
| - Ne sait pas/pas de réponse | REMERCIEZ LE RÉPONDANT ET TERMINEZ L'APPEL |



2. Combien de personnes ont habité avec vous pendant la moitié ou plus de la moitié du mois dernier? Veuillez inclure les enfants de tous les âges, mais sans vous inclure vous-même. [2.00]

- 0 PASSEZ À Q8
- 1 DEMANDEZ Q3
- 2 PASSEZ À Q4
- 3 PASSEZ À Q4
- Autre (précisez) SI PLUS DE 3, PASSEZ À Q5
- Ne sait pas/Pas de réponse/Refuse PASSEZ À Q7

3. [SI UNE PERSONNE, TEL QUE MENTIONNÉ À Q2, DEMANDEZ :] Quel âge a la personne qui habite avec vous? Est-ce que cette personne a...? LISEZ [2.10]

- Cinq ans et moins
 - Six à seize ans
 - Plus de seize ans
- DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse

4. [SI 2 OU 3 À Q2, DEMANDEZ] Quel âge ont les [INSÉREZ LE NOMBRE DE Q 2] autres personnes qui habitent avec vous? Veuillez m'indiquer la catégorie dans laquelle se situe l'âge de chaque personne... [2.20]
LISEZ ET ENTREZ L'ÂGE DE CHAQUE PERSONNE

1 ^{re} personne	2 ^e personne	3 ^e personne
- Cinq ans et moins	- Cinq ans et moins	- Cinq ans et moins
- Six à seize ans	- Six à seize ans	- Six à seize ans
- Plus de seize ans	- Plus de seize ans	- Plus de seize ans
DÉCLARE SPONTANÉMENT	DÉCLARE SPONTANÉMENT	DÉCLARE SPONTANÉMENT
- Ne sait pas/Pas de réponse	- Ne sait pas/Pas de réponse	- Ne sait pas/Pas de réponse

5. [SI 4 OU PLUS À Q2, DEMANDEZ] Parmi les personnes qui habitent avec vous, combien de personnes sont âgées de cinq ans et moins? [2.30]
ENTREZ LE NOMBRE

-
- Ne sait pas/pas de réponse



6. [SI 4 OU PLUS À Q2, DEMANDEZ :] Et, parmi les personnes qui habitent avec vous, combien de personnes sont âgées de six à seize ans? [2.40]
ENTREZ LE NOMBRE

- Ne sait pas/pas de réponse

- 6b. [SI 4 OU PLUS À Q2, DEMANDEZ :] Et, parmi les personnes qui habitent avec vous, combien sont âgées de plus de seize ans?
ENTREZ LE NOMBRE

- Ne sait pas/pas de réponse

7. Dans votre foyer, quelle est la principale personne responsable de la planification des repas? Diriez-vous que c'est vous, que vous partagez cette tâche à part égale avec une autre personne, ou que c'est une autre personne? [3.00]

- Le répondant est la principale personne
 - Le répondant partage cette tâche à part égale avec une autre personne
 - Une autre personne
- DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse

2^e partie

8. Veuillez penser à la quantité de temps libre ou de temps accordé aux loisirs dont vous disposez durant une semaine normale. Diriez-vous que vous n'en avez pas, que vous en avez moins de 5 heures, que vous en avez de 5 à 10 heures ou que vous en avez plus de 10 heures? [4.00]

- N'en a pas
 - Moins de 5 heures
 - 5 à 10 heures
 - Plus de 10 heures
- DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse



9. J'aimerais maintenant savoir combien de temps vous consacrez chaque semaine à des activités domestiques non rémunérées. Ces activités incluent, entre autres, magasiner, cuisiner, faire des travaux ménagers, entretenir la maison et prendre soin des autres. Diriez-vous que vous allouez moins de 10 heures, de 10 à 20 heures ou plus de 20 heures par semaine à ces activités? [5.00]

- Moins de 10 heures
 - De 10 à 20 heures
 - Plus de 20 heures
- DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse

10a. Êtes-vous présentement inscrit dans une école, un collège, un cégep ou une université?

- Oui
- Non
- Ne sait pas/pas de réponse

10b. Avez-vous un travail rémunéré? [6.00]

- Oui
- Non
- Ne sait pas/pas de réponse

10c. En ce moment, faites-vous du bénévolat au moins une fois par semaine? Par bénévolat, je veux dire effectuer du travail non-rémunéré pour un organisme public ou un organisme à but non lucratif, ce qui inclut l'entraînement d'équipes sportives.

- Oui
- Non
- Ne sait pas/pas de réponse

SI OUI À Q.10a, DEMANDEZ Q.11a/b. SINON, PASSEZ AUX DIRECTIVES SITUÉES AVANT Q.12a.

11a. Combien d'heures consacrez-vous chaque semaine aux déplacements reliés à vos études, c.-à-d. le temps nécessaire pour vous rendre et revenir de l'institution où vous êtes inscrit en tant qu'étudiant? Diriez-vous moins de 5 heures, de 5 à 10 heures, ou plus de 10 heures?

- Moins de 5 heures
 - De 5 à 10 heures
 - Plus de 10 heures
- DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse



11b. En excluant ces heures de déplacement, combien d'heures par semaine consacrez-vous à vos études, c.-à-d. à assister à vos cours, à étudier et à faire vos travaux scolaires? Diriez-vous moins de 20 heures, de 20 à 40 heures, ou plus de 40 heures?

- Moins de 20 heures
- De 20 à 40 heures
- Plus de 40 heures

DÉCLARE SPONTANÉMENT

- Ne sait pas/pas de réponse

SI OUI À Q.10b, DEMANDEZ Q.12a/b. SINON, PASSEZ AUX DIRECTIVES SITUÉES AVANT Q.12c.

12a. Combien d'heures consacrez-vous chaque semaine aux déplacements reliés à votre travail, c.-à-d. le temps nécessaire pour vous rendre et revenir de votre lieu de travail? Diriez-vous moins de 5 heures, de 5 à 10 heures, ou plus de 10 heures? [\[6.01\]](#)

- Moins de 5 heures
- De 5 à 10 heures
- Plus de 10 heures

DÉCLARE SPONTANÉMENT

- Ne sait pas/pas de réponse

12b. En excluant ces heures de déplacement, combien d'heures par semaine passez-vous à travailler? Diriez-vous moins de 20 heures, de 20 à 40 heures, ou plus de 40 heures? [\[6.02\]](#)

- Moins de 20 heures
- De 20 à 40 heures
- Plus de 40 heures

DÉCLARE SPONTANÉMENT

- Ne sait pas/pas de réponse

SI OUI À Q.10c, DEMANDEZ Q.12c/d. SINON, PASSEZ À Q.13.

12c. Combien d'heures consacrez-vous chaque semaine aux déplacements reliés au bénévolat, c.-à-d. le temps nécessaire pour vous rendre et revenir du lieu ou des lieux où vous faites du bénévolat? ENTREZ LE NOMBRE. SI LE RÉPONDANT VOUS DONNE UN INTERVALLE DE VALEURS, CHOISISSEZ LE POINT MILIEU.

_____ HEURES

- Ne sait pas/pas de réponse



12d. En excluant ces heures de déplacement, combien d'heures par semaine passez-vous à faire du bénévolat?

ENTREZ LE NOMBRE. SI LE RÉPONDANT VOUS DONNE UN INTERVALLE DE VALEURS, CHOISISSEZ LE POINT MILIEU.

_____ HEURES

- Ne sait pas/pas de réponse

13. Au cours d'une journée normale pendant la semaine, combien d'heures passez-vous, au total, à regarder la télévision, à jouer à des jeux vidéo ou à faire des activités récréatives sur un ordinateur?

[7.00]

ENTREZ LE NOMBRE. SI LE RÉPONDANT VOUS DONNE UN INTERVALLE DE VALEURS, CHOISISSEZ LE POINT MILIEU.

_____ HEURES

- Ne sait pas/pas de réponse

14. Au cours des 7 derniers jours se terminant hier soir, combien de fois avez-vous mangé un dîner qui avait été préparé dans un restaurant ou une cafétéria? Dans ce nombre, veuillez inclure les repas mangés au restaurant, ceux de type «prêt à emporter» et ceux qui vous ont été livrés. [8.00]

ENTREZ LE NOMBRE. NE DEVRAIT PAS DÉPASSER 7. SI LE RÉPONDANT VOUS DONNE UN INTERVALLE DE VALEURS, CHOISISSEZ LE POINT MILIEU.

_____ FOIS

- Ne sait pas/pas de réponse

15. Au cours des 7 derniers jours se terminant hier soir, combien de fois avez-vous mangé un souper qui avait été préparé dans un restaurant ou une cafétéria? Une fois de plus, veuillez inclure les repas mangés au restaurant, ceux de type «prêt à emporter» et ceux qui vous ont été livrés.

[8.01]

ENTREZ LE NOMBRE. NE DEVRAIT PAS DÉPASSER 7. SI LE RÉPONDANT VOUS DONNE UN INTERVALLE DE VALEURS, CHOISISSEZ LE POINT MILIEU.

_____ FOIS

- Ne sait pas/pas de réponse

16. Au cours de la dernière semaine, avez-vous mangé un repas alors que vous étiez dans un véhicule?

[9.00]

- Oui

- Non

- Ne sait pas/pas de réponse



17. Diriez-vous que les portions servies au restaurant sont plus grandes, à peu près égales, ou plus petites que les portions que vous mangeriez à la maison pour un repas du même genre? [10.00]

- Plus grandes
- À peu près égales
- Plus petites

DÉCLARE SPONTANÉMENT

- Cela dépend/ explique
- Ne sait pas/pas de réponse

18. Diriez-vous que les repas servis au restaurant contiennent plus de calories, autant de calories ou moins de calories que les repas que vous mangez à la maison? [11.00]

- Plus de calories
- Autant de calories
- Moins de calories

DÉCLARE SPONTANÉMENT

- Cela dépend/ explique
- Ne sait pas/pas de réponse

3^e partie

19. Lequel des énoncés suivants décrit le mieux la quantité de nourriture que les membres de votre foyer ont mangée au cours des 12 derniers mois? [12.00]

LISEZ LA LISTE – N'ENTREZ QU'UNE SEULE RÉPONSE

- Suffisamment du type de nourriture que [je veux / nous voulons] manger
- Suffisamment, mais pas toujours le type de nourriture que [je voudrais / nous voudrions] manger
- Il arrive parfois que [je n'aie / nous n'ayons] pas assez à manger
- Il arrive souvent que [je n'aie / nous n'ayons] pas assez à manger

DÉCLARE SPONTANÉMENT

- Ne sait pas/pas de réponse

4^e partie

20. Avez-vous déjà changé vos habitudes alimentaires afin d'essayer de manger plus sainement? [13.00]

- Oui
 - Non
 - Ne sait pas/pas de réponse
- PASSEZ À Q23
PASSEZ À Q23



21. En ce moment, mangez-vous ou essayez-vous de manger plus sainement? [13.10]

- Oui
- Non PASSEZ À Q23
- Ne sait pas/pas de réponse PASSEZ À Q23

22. Depuis combien de temps mangez-vous ou essayez-vous de manger plus sainement? Diriez-vous 6 mois ou moins, ou plus de 6 mois? [13.20]

- 6 mois ou moins PASSEZ À Q25
- Plus de 6 mois PASSEZ À Q25
- Ne sait pas/pas de réponse PASSEZ À Q25

23. [SI NON OU NSP/PDR À Q20 OU NSP/PDR À Q21, DEMANDEZ] Au cours du mois dernier, avez-vous pensé à des changements que vous pourriez apporter à votre alimentation afin de manger plus sainement? [13.30]

- Oui
- Non PASSEZ À Q25
- Ne sait pas/pas de réponse PASSEZ À Q25

24. [SI OUI À Q23, DEMANDEZ] Dans quelle mesure êtes-vous confiant que vous apporterez des changements à votre alimentation, au cours du prochain mois, afin de manger plus sainement? Diriez-vous que vous êtes très confiant, assez confiant, pas très confiant, ou pas du tout confiant? [13.40]

- Très confiant
- Assez confiant
- Pas très confiant
- Pas du tout confiant
- DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse



25. [DEMANDEZ SI UNE AUTRE PERSONNE EST RESPONSABLE DE LA PLANIFICATION DES REPAS OU SI NSP/PDR À Q7] Je vais vous lire une liste d'énoncés qui pourraient être importants pour vous lorsque vous mangez vos repas à la maison. Pour chacun d'eux, veuillez me dire si cela est très important, assez important, pas très important ou pas du tout important. Donc, dans quelle mesure l'énoncé suivant est-il important...? [14.00]
ALTERNEZ

a. Manger un repas a bon goût [14.10]

b. Manger un repas sain [14.20]

c. La facilité de préparation du repas [14.30]

d. Le coût du repas [14.40]

e. Le nombre de calories contenues dans le repas [14.50]

f. [DEMANDEZ SI UNE PERSONNE OU PLUS À Q2] Les préférences alimentaires (de l'autre/des autres) [personne/personnes SELON Q2] de votre foyer avec qui vous mangez [14.60]

- Très important

- Assez important

- Pas très important

- Pas du tout important

DÉCLARE SPONTANÉMENT

- Ne sait pas/pas de réponse



26. [DEMANDEZ SI LE RÉPONDANT PLANIFIE LES REPAS SEUL OU AVEC UNE AUTRE PERSONNE À Q7] J'aimerais maintenant que vous pensiez aux éléments qui peuvent être importants lorsque vous préparez le souper pour l'ensemble des membres de votre foyer. Pour chacun des éléments que je vais vous lire, veuillez me dire si cela est très important, assez important, pas très important ou pas du tout important. Donc, dans quelle mesure l'élément suivant est-il important...? [15.00]

ALTERNEZ

- a. Préparer un repas qui a bon goût [15.10]
- b. Manger un repas sain [15.20]
- c. La facilité de préparation du repas [15.30]
- d. Le coût du repas [15.40]
- e. Le nombre de calories contenues dans le repas [15.50]
- f. [DEMANDEZ SI UNE PERSONNE OU PLUS À Q2] Les préférences alimentaires (de l'autre/des autres) [personne/personnes SELON Q2] de votre foyer avec qui vous mangez [15.60]

- Très important
- Assez important
- Pas très important
- Pas du tout important

DÉCLARE SPONTANÉMENT

- Ne sait pas/pas de réponse



27. Pour chacun des aliments suivants, veuillez me dire si, en ce moment, vous essayez de changer votre diète en augmentant ou un diminuant la quantité que vous mangez, ou si vous essayez de manger la même quantité? [16.00]

LISEZ EN ALTERNANCE. SI LE RÉPONDANT INDIQUE UN CHANGEMENT, DEMANDEZ S'IL S'AGIT D'UNE AUGMENTATION OU D'UNE DIMINUTION.

- a. Le pain, les céréales et les autres produits céréaliers [16.01]
- b. Les légumes [16.02]
- c. Les fruits, incluant les jus de fruits [16.03]
- d. Le poisson [16.04]
- e. La viande rouge [16.05]
- f. Le poulet [16.06]
- g. Les oeufs [16.07]
- h. Les produits laitiers comme le lait et le fromage [16.08]
- i. Les substituts de la viande, c.-à-d. des aliments comme les noix, les pois secs et les haricots secs [16.09]
- j. Les suppléments vitaminiques (c.-à-d. des vitamines sous forme de pilules ou de liquides) [16.10]

- Augmenter la quantité

- Diminuer la quantité

- Aucun changement

DÉCLARE SPONTANÉMENT

- Ne sait pas/pas de réponse



28. Pour chacun des énoncés suivants, veuillez me dire quel est votre niveau de connaissances. Diriez-vous que vous avez de grandes connaissances, quelques connaissances, peu de connaissances ou pas du tout de connaissances à ce sujet. Donc, quel est votre niveau de connaissances à l'égard de l'énoncé suivant...?: [17.00]

LISEZ A ET B EN ORDRE, PUIS EN ALTERNANCE C, D, E, F.

- a. Manger sainement [17.10]
- b. La relation entre ce que nous mangeons et notre santé [17.20]
- c. La quantité de fruits et de légumes que vous devriez manger chaque jour [17.30]
- d. La quantité de produits céréaliers que vous devriez manger chaque jour [17.40]
- e. La quantité de produits laitiers que vous devriez manger chaque jour [17.50]
- f. La quantité de viande ou de substituts de la viande que vous devriez manger chaque jour [17.60]

- Beaucoup de connaissances
 - Quelques connaissances
 - Peu de connaissances
 - Pas du tout de connaissances
- DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse



29a. Je vais vous lire une liste d'énoncés qui peuvent être importants pour la population en général dans le cadre d'une saine alimentation. Pour chacun d'eux, veuillez me dire si celui-ci est très important, assez important, pas très important ou pas du tout important dans le cadre d'une saine alimentation. Donc, dans quelle mesure l'élément suivant est-il important...? [18.00]

LISEZ EN ALTERNANCE

- a. Limiter la quantité de caféine [18.01]
- b. Limiter la quantité de matières grasses [18.02]
- c. Limiter la quantité de sucre [18.03]
- d. Manger beaucoup de produits à grains entiers [18.04]
- e. Limiter la quantité de cholestérol [18.07]
- f. Limiter la quantité de gras saturés (c.-à-d. le gras animal que l'on retrouve dans les viandes et les produits laitiers) [18.08]
- g. Manger beaucoup de fruits [18.09]
- h. Manger beaucoup de légumes [18.10]
- i. Manger des viandes maigres [18.11]
- j. Limiter la quantité de viandes rouges [18.12]
- k. Manger du poisson [18.13]
- l. Manger du poulet [18.14]
- m. Manger des produits laitiers comme le lait et le fromage [18.15]
- n. Limiter la quantité de sel [18.18]
- o. Limiter la quantité d'alcool [18.19]
- p. Boire beaucoup d'eau [18.20]

- Très important
 - Assez important
 - Pas très important
 - Pas du tout important
- DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse
 - Cela dépend/explique
 - Refuse



29b. Je vais vous lire une liste de recommandations globales qui peuvent être importantes pour la population en général dans le cadre d'une saine alimentation. Pour chacun des énoncés, veuillez me dire si celui-ci est très important, assez important, pas très important ou pas du tout important dans le cadre d'une saine alimentation. Donc, dans quelle mesure l'énoncé suivant est-il important...? [18.00]

LISEZ EN ALTERNANCE

- a. Manger des aliments biologiques [18.05]
- b. Éviter les résidus de pesticides sur les fruits et les légumes [18.06]
- c. Manger une variété d'aliments [18.16]
- d. Avoir une alimentation équilibrée [18.17]
- e. Ne pas trop manger [18.21]
- f. Manger une variété d'aliments provenant des différents groupes alimentaires [18.22]
- g. Manger des aliments faits à partir d'ingrédients frais [18.23]
- h. Éviter de manger des aliments génétiquement modifiés [18.24]
- i. Éviter les additifs et les agents de conservation [18.25]
- j. Éviter les aliments pré préparés comme les repas surgelés [18.26]
- k. Éviter les aliments de restauration rapide (*fast food*) [18.27]
- l. Manger ses repas à des heures régulières [18.28]

- Très important
 - Assez important
 - Pas très important
 - Pas du tout important
- DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse
 - Cela dépend/ explique
 - Refuse



30. Je vais vous lire une liste d'énoncés. Pour chacun d'eux, veuillez me dire si vous êtes fortement en accord, généralement en accord, généralement en désaccord ou fortement en désaccord. [19.00]
LISEZ EN ALTERNANCE
- a. Les personnes de tous les âges devraient se préoccuper de ce qu'elles mangent. [19.01]
 - b. Je crois que ce que je mange affecte ma santé. [19.02]
 - c. Je me sens coupable lorsque je n'ai pas bien mangé. [19.03]
 - d. Lorsque j'ai faim, je mange n'importe quoi pour me remplir l'estomac. [19.04]
 - e. J'ai l'impression que je fais actuellement tout ce que je peux pour manger des repas sains. [19.05]
 - f. Manger sainement est quelque chose que je fais sans avoir à y penser. [19.06]
 - g. Manger sainement prend du temps et je n'ai pas assez de temps pour cela. [19.07]
 - h. Les aliments qui ne sont pas bons pour la santé ont généralement un meilleur goût. [19.08]
 - i. Il est important d'être actif physiquement si je veux demeurer en santé. [19.09]
 - j. Je ne fais pas assez d'activités physiques. [19.10]
 - k. [DEMANDEZ SI LE RÉPONDANT PLANIFIE LES REPAS SEUL OU AVEC UNE AUTRE PERSONNE À Q7] J'ai l'impression que je fais actuellement tout ce que je peux pour préparer des repas sains. [19.11]
 - l. [DEMANDEZ SI LE RÉPONDANT PLANIFIE LES REPAS SEUL OU AVEC UNE AUTRE PERSONNE À Q7] Je n'ai pas le temps de magasiner pour préparer des repas plus sains. [19.12]
 - m. [DEMANDEZ SI LE RÉPONDANT PLANIFIE LES REPAS SEUL OU AVEC UNE AUTRE PERSONNE À Q7] Je n'ai pas le temps de préparer des repas plus sains. [19.13]
 - n. [DEMANDEZ SI LE RÉPONDANT PLANIFIE LES REPAS SEUL OU AVEC UNE AUTRE PERSONNE À Q7] Si j'avais plus d'énergie, je serais davantage capable de préparer des repas plus sains. [19.14]
 - o. [DEMANDEZ SI LE RÉPONDANT PLANIFIE LES REPAS SEUL OU AVEC UNE AUTRE PERSONNE À Q7] Pour planifier des repas plus sains, j'aurais besoin de plus de temps. [19.15]



p. [DEMANDEZ SI LE RÉPONDANT PLANIFIE LES REPAS SEUL OU AVEC UNE AUTRE PERSONNE À Q7] Je servirais des repas sains plus fréquemment si j'habitais avec quelqu'un qui en mangerait. [19.16]

- Fortement en accord
 - Généralement en accord
 - Généralement en désaccord
 - Fortement en désaccord
- DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse

5^e partie

31. Avez-vous déjà entendu parler d'une publication appelée le Guide alimentaire canadien? [20.00]

- Oui
- Non PASSEZ À Q36
- Ne sait pas/pas de réponse PASSEZ À Q36

32. Avez-vous déjà lu cette publication ou y avez-vous déjà jeté un coup d'oeil? [21.00]

- Oui
- Non PASSEZ À Q36
- Ne sait pas/pas de réponse PASSEZ À Q36

33. À quand remonte la dernière fois où vous y avez jeté un coup d'oeil? [22.00]

ENTREZ LE NOMBRE DE MOIS OU D'ANNÉES
SI LE RÉPONDANT DONNE UN INTERVALLE DE VALEURS, CHOISISSEZ LE POINT CENTRAL.

98 Au cours du mois dernier

_____ Mois

_____ Années

DÉCLARE SPONTANÉMENT

- Ne sait pas/pas de réponse

34. Selon vous, quels messages importants le Guide alimentaire canadien communique-t-il? [23.00]

ENTREZ VERBATIM

-
-
- Ne sait pas/pas de réponse



35. Avez-vous déjà utilisé le Guide alimentaire canadien pour l'une ou l'autre des raisons suivantes...
LISEZ EN ALTERNANCE

- a. Pour déterminer dans quelle mesure vous mangez bien ou non
- b. Pour planifier vos repas
- c. Pour décider quelle quantité d'aliments vous devriez manger
- d. Pour apprendre aux enfants en quoi consiste une saine alimentation
- e. Pour choisir le bon type d'aliments afin d'avoir une saine alimentation

- Oui

- Non

DÉCLARE SPONTANÉMENT

- Cela dépend/ explique

- Ne sait pas/pas de réponse

6^e partie

J'aimerais maintenant vous poser quelques questions à propos de votre santé...

36. En général, diriez-vous que votre santé est excellente, très bonne, bonne, passable ou mauvaise?

[24.00]

- Excellente

- Très bonne

- Bonne

- Passable

- Mauvaise

DÉCLARE SPONTANÉMENT

- Ne sait pas/pas de réponse

37. Combien mesurez-vous sans souliers? [29.00]

VÉRIFIEZ LES UNITÉS DE MESURE

_____pieds _____pouces

OU

_____mètres _____centimètres

DÉCLARE SPONTANÉMENT

- Ne sait pas/pas de réponse



38. Pourriez-vous me dire quel est votre poids? [30.00]

VÉRIFIEZ LES UNITÉS DE MESURE

_____livres

OU

_____kilogrammes

DÉCLARE SPONTANÉMENT

- Ne sait pas/pas de réponse

39a. Est-ce qu'un médecin ou un autre professionnel de la santé vous a déjà dit [SI 2 PERSONNES OU PLUS À Q2 :] à vous ou à quelqu'un d'autre dans votre foyer, que vous aviez l'un ou l'autre des problèmes de santé suivants... [25.00]

LISEZ EN ALTERNANCE. LISEZ LES DESCRIPTIONS ENTRE PARENTHÈSES UNIQUEMENT AU BESOIN

[SI UNE SEULE PERSONNE AU SEIN DU FOYER, ENTREZ LES RÉPONSES «OUI» DANS LA CATÉGORIE «OUI, VOUS-MÊME»]

[SI DEUX PERSONNES OU PLUS AU SEIN DU FOYER, POUR CHAQUE RÉPONSE «OUI», DEMANDEZ :] Est-ce vous qui avez ce problème de santé ou est-ce quelqu'un d'autre dans votre foyer qui en souffre?

a. Une maladie du cœur, ce qui inclut l'artériosclérose, l'angine, l'hypertension, l'hypercholestérolémie, la crise cardiaque et l'accident vasculaire cérébral. [25.01]

b. La maladie coeliaque (une intolérance au gluten, c.-à-d. à une protéine contenue dans les céréales comme le blé, le seigle et l'orge). [25.02]

c. L'hypoglycémie (un taux de sucre trop bas). [25.03]

d. Le diabète (une maladie métabolique caractérisée par un taux de sucre élevé). [25.04]

e. La diverticulite ou la diverticulose (présence de petites poches, appelées diverticules, sur les parois du gros intestin). [25.05]

f. Le reflux gastrique (se produit lorsque l'acide de l'estomac remonte dans l'oesophage. Les principaux symptômes sont des brûlures d'estomac). [25.06]

g. Une maladie inflammatoire de l'intestin, c.-à-d. la maladie de Crohn ou une colite ulcéreuse (des maladies qui affectent le système digestif et qui provoquent des symptômes comme des douleurs abdominales, des crampes, une perte de poids, de la fatigue et de la diarrhée). [25.07]

h. Le syndrome du côlon irritable (un problème de santé qui provoque des douleurs abdominales ainsi que de la constipation et de la diarrhée). [25.08]

i. Une maladie des reins. [25.09]

j. L'ostéoporose (une perte de densité osseuse) [25.10]

- Oui, vous-même

- Oui, d'autres membres de votre foyer

- Oui, vous-même et d'autres membres de votre foyer

- Non

DÉCLARE SPONTANÉMENT

- Ne sait pas/pas de réponse



40. En ce moment, essayez-vous de perdre du poids? [26.00]

- Oui PASSEZ À Q42
- Non
- Ne sait pas/pas de réponse

41. Avez-vous déjà essayé de perdre du poids dans le passé? [27.00]

- Oui
- Non
- Ne sait pas/pas de réponse

42. Est-ce qu'un médecin ou un autre professionnel de la santé vous a déjà conseillé de perdre du poids? [28.00]

- Oui
- Non
- Ne sait pas/pas de réponse

H. Questions démographiques

Pour terminer, j'aimerais vous poser quelques questions sur vous et votre foyer qui serviront à des fins de statistiques uniquement. Veuillez être assuré que toutes vos réponses demeureront entièrement confidentielles.

43. Dans laquelle des catégories d'âge suivantes puis-je vous placer? [31.00]

LISEZ

- 18 à 24 ans
- 25 à 34 ans
- 35 à 44 ans
- 45 à 54 ans
- 55 à 64 ans
- 65 ans et plus

DÉCLARE SPONTANÉMENT

- Pas de réponse/refuse

43b. ENREGISTREZ LE SEXE [37.00]

- Un homme
- Une femme



43c. (SI 18-44 ANS À Q.43 ET FEMME À Q.43b, DEMANDEZ :) Êtes-vous présentement enceinte?

- | | |
|------------------------|----------------|
| -Oui | PASSEZ À Q.44 |
| -Non | DEMANDEZ Q.43d |
| -Pas de réponse/Refuse | PASSEZ À Q.44 |

43d. (SI NON À Q.43c, DEMANDEZ :) Et, prévoyez-vous tomber enceinte au cours de la prochaine année?

- Oui
- Non
- Pas de réponse/Refuse

44. Quel est le plus haut niveau de scolarité que vous ayez complété? [32.00]
LISEZ AU BESOIN – N'ENTREZ QU'UNE SEULE RÉPONSE

- École primaire
 - Quelques années d'études secondaires
 - Études secondaires terminées
 - Quelques années de collège communautaire/de collège technique/de cégep
 - Études de collège communautaire/de collège technique/de cégep terminées
 - Quelques années d'études universitaires
 - Études universitaires terminées
 - Études post-graduées (maîtrise, doctorat)
 - Aucune scolarité
- DÉCLARE SPONTANÉMENT
- Pas de réponse/Refuse



45. À quel groupe ethnique ou culturel appartenez-vous? [44.00]

NE LISEZ PAS – ENTREZ JUSQU'À DEUX RÉPONSES

- Canadien
- Anglais
- Français
- Québécois
- Irlandais
- Écossais
- Chinois
- Européen du Nord (Allemand, Autrichien, Néerlandais, Scandinave, Finlandais)
- Européen du Sud (Italien, Espagnol, Portugais)
- Européen de l'Est (Tchèque/Slovaque, Hongrois, Polonais, Croate, Russe, Ukrainien)
- Grec/Macédonien
- Indien/Pakistanaï/Sikh/Bengali/Sri-Lankais/Tamoul/Bangladaï
- Japonais/Coréen
- Juif
- Autochtone/Inuit
- Afro-américain (Noir)
- Gallois
- Antillais
- Océanique (Australien, Néo-Zélandais)
- Autre (PRÉCISEZ _____)
- Pas de réponse/refuse

46. À des fins statistiques uniquement, nous avons besoin d'informations à propos du revenu de votre foyer. Parmi les catégories suivantes, veuillez me dire quelle est celle qui correspond le mieux au revenu total annuel de votre foyer pour l'année 2002? [36.00]

LISEZ – N'ENTREZ QU'UNE SEULE RÉPONSE

- Moins de 25 000 \$
- De 25 000 à moins de 40 000 \$
- De 40 000 à moins de 60 000 \$
- De 60 000 à moins de 80 000 \$
- 80 000 et plus

DÉCLARE SPONTANÉMENT

- Ne sait pas/Refuse

47. Et, finalement, puis-je avoir les trois premiers caractères de votre code postal? [35.00]

(NOUVEAU-BRUNSWICK UNIQUEMENT :)

Et, finalement, puis-je avoir les six caractères de votre code postal?

ENTREZ



Ceci met fin au sondage. Dans le cas où mon superviseur voudrait vérifier si j'ai bel et bien effectué cette entrevue, puis-je avoir votre prénom?

Prénom : _____

De la part de Santé Canada, nous vous remercions grandement de votre collaboration.

ENTREZ :

49. Langue de l'entrevue [38.00]

- Anglais
- Français

50. Province [39.00]

- Alberta
- Colombie-Britannique
- Manitoba
- Nouveau-Brunswick
- Terre-Neuve
- Nouvelle-Écosse
- Ontario
- Île-du-Prince-Édouard
- Québec
- Saskatchewan

52. Urban vs. Rural

- Urban core
- Urban fringe
- Rural fringe
- Urban outside CMA/CA
- Rural outside CMA/CA