FOOD STANDARDS
Australia • New Zealand
Te Mana Kounga Kai – Ahitereiria me Aotearoa

Consumer Insights Tracker 2024 – Technical Report

Trust and confidence in food regulation, use and understanding of food labelling, and food safety perceptions and behaviours

Acknowledgement of country

Food Standards Australia New Zealand (FSANZ) acknowledges the traditional owners and custodians of country throughout Australia and their continuing connection to land, sea and community. We pay our respects to the people, the cultures and the elders past and present. FSANZ also acknowledges and respects ngā iwi Māori as the tangata whenua of Aotearoa, New Zealand.

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Executive summary

Public confidence in the food supply is a cornerstone of a healthy population and a strong economy. Food Standards Australia New Zealand (FSANZ) is committed to maintaining and enhancing public trust in the food regulatory system in partnership with food and health authorities across Australia and New Zealand. The annual Consumer Insights Tracker (CIT) is a mechanism for understanding everyday consumers' views on the food regulatory system, providing access to our most important but least accessible stakeholders.

The CIT is an online survey of approximately 1,200 Australian and 800 New Zealand consumers aged 18+ years. It is based on a nationally representative sample by the interlocked quotas of age, gender and location. The CIT consists of approximately 40 quantitative questions that measure consumer trust and confidence in the food system, use and understanding of food labelling, attitudes and consumption intentions around new and emerging foods, and food safety perceptions and behaviours. First conducted in 2023, this second iteration of the survey provides some initial insights into trends over time. The key findings from the 2024 CIT are outlined below. Any differences noted below are statistically significant.

Trust and confidence in the food system

The majority of consumers (69%) have confidence in the safety of the food supply.

- Overall confidence in the safety of the food supply remained steady since 2023.
- However, New Zealand confidence has declined since 2023, to be significantly[1] lower than Australian confidence in 2024.
- Current lower levels of trust in the food supply in New Zealand align with lower generalised trust in professions and institutions in New Zealand, compared to Australia at this point in time.

All groups in the food system were trusted by a majority of respondents (≥ 55%).

- The most trusted group were farmers and producers (trusted by 81%).
- Trust in food retailers dropped from 62% in 2023 to 55% in 2024, making them the least trusted group tested.
- Trust in government/public food authorities also declined from 63% to 59%.

FSANZ is generally trusted by those who know something about what it does.

- 54% of consumers have heard of FSANZ, and 26% report knowing at least something about what FSANZ does.
- New Zealanders were more likely to be aware of FSANZ compared to Australians.
- Of those who know about FSANZ, 81% trust FSANZ. This has remained steady since 2023, despite declines in the level of trust in public food authorities more broadly.

[1] Significant throughout this document refers to being statistically significant ($p < 0.05$ unless stated otherwise)

Trust and importance of food labelling

66% of consumers trust FSANZ regulated food labelling overall, however, some labelling elements were more trusted than others.

- New Zealanders trusted food labelling less than Australians in 2024. This is because Australian trust has increased since 2023.
- Trust in best-before/use by dates slightly increased from 2023 to 2024. Trust in all other labelling elements remained constant.
- The most trusted label elements were ‘best before/use by dates’, ‘allergen information’, ‘ingredient lists’, and the ‘Nutrition Information Panel’ (NIP) (trusted by approximately 70% of respondents).
- The least trusted label elements were ‘claims about health benefits’ (trusted by 39% of respondents), the ‘Health Star Rating’ (HSR) (trusted by 54%) and ‘Claims about nutrition/ingredient content’ (trusted by 54%).

Best-before/use by dates are the most important labelling element to consumers

- In 2024, best before/use-by dates were the most important labelling element (rated as important by 81%). This was followed by the ingredients list (important for 70%) and the NIP (important for 67%).
- Even though only 54% of consumers trusted the HSR, it was rated as important for 61% and was used at least sometimes by 66% of consumers, suggesting that many consumers are still using it despite lower levels of trust.

Sugar content was by far the most referred to part of the NIP, while engagement with components of the ingredients list was more varied.

- Over two-thirds (65%) reported looking for sugar in the NIP when buying food for the first time. Total fat (39%) and energy content (36%) were the next most commonly referred to.
- People most commonly looked for food additives (36%), artificial sweeteners (34%) and key ingredients (33%) when using the ingredients list.

Most (87%) consumers reported knowing at least a little about the HSR.

- However, over half (57%) of consumer may not understand that the HSR should not be used to compare different kinds of foods.
- Those who reported having a greater understanding of the HSR, trusted front-of-pack labelling elements, and were from Australia had higher odds of using the HSR always or most of the time compared to those who use it rarely or never.

Seventy-one percent of respondents felt confident in their ability to use food labelling to make informed choices.

- Top reasons why consumers did not feel confident included poor legibility (41% of un-confident consumers), limited understanding of food labels (36%), and a lack of trust in food labels (34%).

Health and dietary behaviours

As in 2023, cost of living was the number one factor affecting people's food choices, with 63% of respondents reporting that it currently affected them.

- Weight management was the second most common factor affecting food choices, selected by 37%.
- Most respondents (70%) reported putting effort into maintain a healthy diet. However on average, Australians reported putting more effort into their diet than New Zealanders.
- Excluding taste and price, nutrition was the most important food value to consumers, selected by 74% of respondents. This was followed by naturalness/level of processing (47%) and convenience (43%).

Food safety knowledge and behaviours

Foodborne illness was consumers top food safety issue.

- 'Food poisoning, like *Salmonella*' and 'chemicals from the environment in food' were the most important food safety issues for consumers in 2024, with 54% and 50% ranking them in their top 3 food safety issues respectively.
- There were no significant differences in the top food safety issues between 2023 and 2024, with the exception of a slight increase in reporting 'GM foods or food ingredients' as a top food safety issue in 2024 (23% ranking in top 3 in 2024 vs 20% in 2023).

Consumers perceived raw meats and seafood to be the most risky foods.

- However, only a minority perceive eggs to be high risk, despite being one of the most common sources of foodborne illness.

There were generally high levels of engagement with the food safety behaviours measured, however these behaviours were often not performed consistently.

- Most (78%) consumers wash their hands more than half of the time, but use of a thermometer to check food is thoroughly cooked is uncommon (just 25% report doing this more than half the time).

37% of consumers remembered a food recall occurring in the last 12 months.

New foods and food technologies

Seventy one percent of participants reported consuming at least one sports food, with 47% consuming at least one weekly and 20% consuming one or more per day.

- Electrolytes and protein bars/cookies were the most consumed sports foods (49% consuming), followed by energy bars at 42%.
- Protein powders are most likely to be eaten daily, while electrolytes, protein bars/cookies and energy bars are more commonly consumed less than once per week.

- The reasons for consuming sports food were highly variable, with no one reason chosen by more than 20% of those consuming the product at least once per week.

Confidence in cell-cultured/cultivated meat and dairy has slightly increased

- The average level of confidence in the safety of cell-cultured/cultivated meat and dairy increased between 2023 and 2024. However, over half of consumers remain unconfident in the safety of these products (57% for meat, 59% for dairy).
- Consumer awareness of cell-cultured/cultivated meat and dairy remained steady since 2023, with 66% and 48% of consumers having at least heard of each respectively.
- 22% of consumers said they would include cell-cultured/cultivated dairy in their diet.

Approximately half of consumers were unaware of and lacked confidence in the safety of precision fermentation and genetically modified (GM) bananas.

- 55% of respondents had never heard of GM bananas, and 47% had never heard of precision fermentation.
- 52% did not feel confident in the safety of GM bananas and 45% did not feel confident in the safety of precision fermentation.
- 34% reported that they would likely purchase and eat bananas that had been genetically modified if they became available for sale, suggesting that some consumers who were not fully confident in their safety may still be willing to try.

Contents

1. Introduction

Public confidence in the food supply is a cornerstone of a healthy population and a strong economy. Food Standards Australia New Zealand (FSANZ) is committed to maintaining and enhancing public trust in the food regulatory system in partnership with food and health authorities across Australia and New Zealand. The Consumer Insights Tracker (CIT) is a nationally representative and rigorous measure of everyday consumers' attitudes, understanding, and trust in food labelling and the food regulation system in Australia and New Zealand, providing access to our most important but least accessible stakeholders.

The CIT is an annual online survey of approximately 1,200 Australian and 800 New Zealand consumers aged 18+ years based on a nationally representative sample by the interlocked quotas of age, gender and location. There was also proportionate representation of different levels of educational attainment, and Aboriginal and Torres Strait Islander peoples in Australia and Māori in New Zealand. The CIT is repeated on an annual basis in order to track trends over time. This report presents the results of the second iteration of the survey, run in April 2024, with the inaugural survey run in April 2023. The survey findings help inform FSANZ's key performance measures of 'consumer trust in food labels and the food regulation system' and provide valuable data to make assessments about consumer attitudes, understanding and behaviour to inform standards development.

2. Methods

Development of survey instrument

The survey instrument was designed by FSANZ social scientists, in consultation with specialist areas across the organisation. The majority of survey questions were adapted from existing Australian, New Zealand or international consumer surveys in the area of food regulation.

The survey was piloted with a sample of 235 participants (Australia n = 153 [65.5%]) and New Zealand n = 81 [34.5%]) drawn from PureProfile's Australia and New Zealand market research consumer panels. No changes were made to the survey following piloting.

The final survey instrument consisted of 42 quantitative questions across domains including:

- Trust and confidence in the food supply and FSANZ
- Health and dietary behaviours
- Use, understanding and trust in food labelling
- Food safety knowledge and concerns
- New and emerging foods and food technologies
- Demographics

Of the 42 questions, 32 were core questions that were also collected in 2023 and are repeated annually to provide trend data. Ten questions were specific to the 2024 survey, and provide point in time data to support current applications, proposals or provide advice on topical issues in food regulation. The full 2024 survey instrument is available at Appendix A. Slight differences in question wording and response options occurred between the 2023 and 2024 surveys. A side-by-side comparison of the 2023 and 2024 CIT surveys is available in Appendix A.

Sampling

1,231 Australians and 884 New Zealanders aged 18 years and over completed the survey via PureProfile's online market research panel. PureProfile is an Australian company with a panel of 450,000 members in Australia and 180,000 members in New Zealand. The sample was nationally representative by the interlocked quotas of age, gender and location. Separate nationally representative quotas were also used for Aboriginal and Torres Strait Islanders in Australia, Māori in New Zealand. There was good representation in the sample in spread of level of education and household income. Details of the sample achieved are outlined below.

Analysis

Analysis was carried out by FSANZ using IBM SPSS Statistics software, Version 28 and Rstudio v4.4.0. Significance was set at the .05 level. Significance throughout this report refers to statistical significance.

Descriptive statistics (percentages, means, standard deviations) are reported where appropriate.

Factors affecting dietary choice (see Question 14 in 0) were divided into two subtypes for analysis: ‘Medical-related factors’ and ‘Lifestyle related factors’. ‘Medical-related factors’ incorporated participants who had selected any of the following: Food allergy or food intolerance; Digestive concerns such as coeliac disease, irritable bowel syndrome, etc.; Other diet-related health concerns such as diabetes, heart disease, high blood pressure, etc; and Pregnancy or breast feeding. Whereas ‘Lifestyle-related factors’ incorporated participants who had selected any of the following: Looking to lose weight and/or maintain a healthy weight; Vegetarian or vegan; Religious beliefs that affect food choices; and Training for sports that affects food choices.

Between country and year differences were tested using ANOVAs/t-tests with Bonferroni-corrected p values/alphas for continuous and Likert-scale variables. Chi-square test of homogeneity were used to test whether there is a statistically significant difference in the proportions between two independent groups for multinomial dependent variables.

For predictor variables that were averaged for analytical purposes (e.g., creation of the ‘Generalised trust index’ variable by averaging levels of trust across the education system, legal system, media, federal government, police, health system, scientists – Question 8), factor analysis confirmed these individual measures were one construct (See Appendix B for Factor Analysis). Where responses to multiple 7-point scales were averaged, this resulted in decimal numbers (as opposed to whole numbers). In these instances, the midpoint was defined as an average score between 3.5 and 4.4 (as these decimal numbers round to 4). Positive responses were therefore considered to be an average score of 4.5 or above, and negative responses were considered to be an average score of 3.4 or below.

Regression models tested associations between multiple predictor variables and dependent variables of interest. The regression models tested whether a given variable predicted a dependent variable, while controlling for all other predictor variables in the model. For each regression analysis, relevant statistical assumptions were tested and met (e.g., no multicollinearity, no heteroscedasticity or outliers, linearity of the logit for continuous variables, proportional odds assumption, etc., see Field, 2018). For some demographic measures (country of birth, gender and income), participants had the option to respond ‘prefer not to say.’ For analyses that included these measures as predictor variables, participants who responded ‘prefer not to say’ were excluded from that regression analysis because samples were not high enough to include ‘prefer not to say’ as a separate category in the model.

When the dependent variable of interest was measured on a continuous scale, we used multiple linear regression analysis. For Likert-item dependent variables that were measured on a five-point scale or more these were treated as continuous variables in the analysis and linear regression was used (Carifia & Perla, 2007). The strength of statistically significant predictors was compared based on standardised beta values (β). When the dependent variable of interest was dichotomous, we used binomial logistic regression.

Multinomial logistic regression was used to understand the predictors for participants frequency of HSR use rather than ordinal logistic regression, as data violated the proportional odds assumption of ordinal regression analysis. All other assumptions were met (i.e. no multicollinearity and linearity of logit was not violated).

3. Sample description

The sample was nationally representative by the interlocked quotas of age, gender and location. Aboriginal and Torres Strait Islander peoples were slightly over sampled at 3.9% of the total sample, relative to the target of 3.2%. However, Māori were slightly under sampled at 16.2%, relative to the target of 17.8%. The number and proportion of key demographics of the sample are provided in Table 1, Table 2 and Table 3. Compared to the 2023 iteration the sample had a higher proportion of New Zealanders (39.6% in 2023 compared to 41.8% in 2024). In 2023, 1,237 Australians and 810 New Zealanders completed the survey (total n = 2,047).

Table 1: Age, gender, level of education, birth country, cultural background, household composition, equivalised annual household income, shopper status, food service experience and meal preparation involvement (2024).

	Australia n = 1,231	**New Zealand N = 884**	**Total n = 2,115**
	***n* (%)**	***n* (%)**	***n* (%)**
Age group			
Mean age (*SD*)	47.97 (17.4)	47.95 (17.4)	47.96 (17.4)
18–24 years	104 (8.5)	73 (8.3)	177 (8.4)
25–34 years	238 (19.3)	173 (19.6)	411 (19.4)
35–44 years	239 (19.4)	149 (16.9)	388 (18.4)
45–54 years	183 (14.9)	161 (18.2)	344 (16.3)
55–64 years	194 (15.8)	142 (16.1)	336 (15.9)
65+ years	273 (22.2)	186 (21.1)	459 (21.7)
Gender			
Male	573 (46.6)	420 (47.5)	993 (47.0)
Female	651 (52.9)	460 (52.0)	1,111 (52.5)
Nonbinary and Other	6 (0.5)	1 (0.1)	7 (0.3)
Prefer not to say	1 (0.1)	3 (0.3)	4 (0.2)

	Australia n = 1,231	New Zealand N = 884	Total n = 2,115
	n **(%)**	***n*** **(%)**	***n*** **(%)**
Education			
High school or below	480 (39.0)	300 (33.9)	780 (36.9)
Vocational/trade qualification	354 (28.8)	338 (38.2)	692 (32.7)
Undergraduate degree	251 (20.4)	141 (16.0)	392 (18.5)
Postgraduate degree	146 (11.9)	105 (11.9)	251 (11.9)
Birth Country			
Australia or New Zealand	966 (78.5)	647 (73.2)	1,613 (76.3)
Other English-speaking country	126 (10.2)	150 (17.0)	276 (13.1)
Non-English-speaking country	128 (10.4)	77 (8.7)	205 (9.7)
Prefer not to say	11 (0.9)	10 (1.1)	21 (1.0)
Cultural Background*			
Australian	619 (50.3)	1 (0.1)	620 (29.3)
New Zealand European	6 (0.5)	645 (73.0)	651 (30.8)
Aboriginal and/or Torres Strait Islander	48 (3.9)	0 (0.0)	48 (2.3)
Māori	1 (0.1)	143 (16.2)	144 (6.8)
Pacific Islander	3 (0.2)	47 (5.3)	50 (2.4)
European	572 (46.5)	34 (3.9)	606 (28.7)
Asian	141 (11.5)	102 (11.5)	243 (11.4)
African and Middle Eastern	9 (0.7)	9 (1.0)	18 (0.9)
People of the Americas	3 (0.2)	3 (0.3)	6 (0.3)

	Australia n = 1,231	New Zealand N = 884	Total n = 2,115
	n **(%)**	***n*** **(%)**	***n*** **(%)**
Prefer not to say	10 (0.8)	9 (1.0)	19 (0.9)
European/Non-European Background			
AU/NZ and/or European background	1,053 (85.5)	67 (76.7)	1,731 (81.9)
No AU/NZ or European background	168 (13.7)	197 (22.3)	365 (17.3)
Prefer not to say	10 (0.8)	9 (1.0)	19 (0.9)
Household Composition			
Children < 15 years in household	335 (27.2)	270 (30.5)	605 (28.6)
No children < 15 years in household	896 (72.8)	614 (69.5)	1,510 (71.4)
Equivalised Annual Household Income Tiers[#]			
Low income (≤ $41,599)	424 (34.4)	355 (40.2)	779 (36.8)
Middle income ($41,600–$77,999)	350 (28.4)	277 (31.3)	627 (29.7)
High income (≥ $78,000)	334 (27.1)	192 (21.7)	526 (24.9)
Prefer not to say	123 (10.0)	60 (6.8)	183 (8.7)
Shopper Status			
Does the majority of food shopping	859 (69.8)	547 (61.9)	1,406 (66.5)
Shares the food shopping	337 (27.4)	295 (33.4)	632 (29.9)
Someone else does the majority of food shopping	35 (2.8)	42 (4.8)	77 (3.6)
Food industry experience			
Has experience in the food industry	382 (31.0)	368 (41.6)	750 (35.5)
Has no experience in the food industry	849 (69.0)	516 (58.4)	1,365 (64.5)
Meal preparation involvement			
Does the majority of meal preparation/cooking	812 (66.0)	520 (58.8)	1,332 (63.0)

	Australia n = 1,231	**New Zealand N = 884**	**Total n = 2,115**
	n **(%)**	***n*** **(%)**	***n*** **(%)**
Shares the meal preparation/cooking	321 (26.1)	276 (31.2)	597 (28.2)
Someone else does the majority of meal preparation/cooking	98 (8.0)	88 (10.0)	186 (8.8)

** As respondents were able to select multiple responses, percentages may not add up to 100.*

 # Equivalised annual household income was calculated according to the OECD-modified equivalence scale using the average income for each income bracket response option.

Table 2: State or territory location of Australian respondents

	n **(%)**
Australian State of Territory	
New South Wales	391 (31.8)
Victoria	320 (26.0)
Queensland	249 (20.2)
South Australia	88 (7.2)
Western Australia	127 (10.3)
Tasmania	22 (1.8)
Northern Territory	30 (2.4)
Australian Capital Territory	4 (0.3)
Total	1,231 (100.0)
Metro or Regional Location	
Metro Australia	891 (72.4)
Regional Australia	340 (27.6)

Table 3: Regional location of New Zealand respondents

	n **(%)**
New Zealand Regions	
Northland Region	30 (3.4)
Auckland Region	298 (33.7)
Bay of Plenty Region	57 (6.5)
Waikato	96 (10.9)
Gisborne District	4 (0.5)
Hawke's Bay Region	31 (3.5)
Taranaki	28 (3.2)
Manawatu-Wanganui	45 (5.1)
Wellington Region	94 (10.6)
Tasman District	1 (0.1)
Nelson	9 (1.0)
Marlborough Region	7 (0.8)
Canterbury	116 (13.1)
West Coast	10 (1.1)
Otago	43 (4.9)
Southland	15 (1.7)
Total	884 (100.0)

4. Results

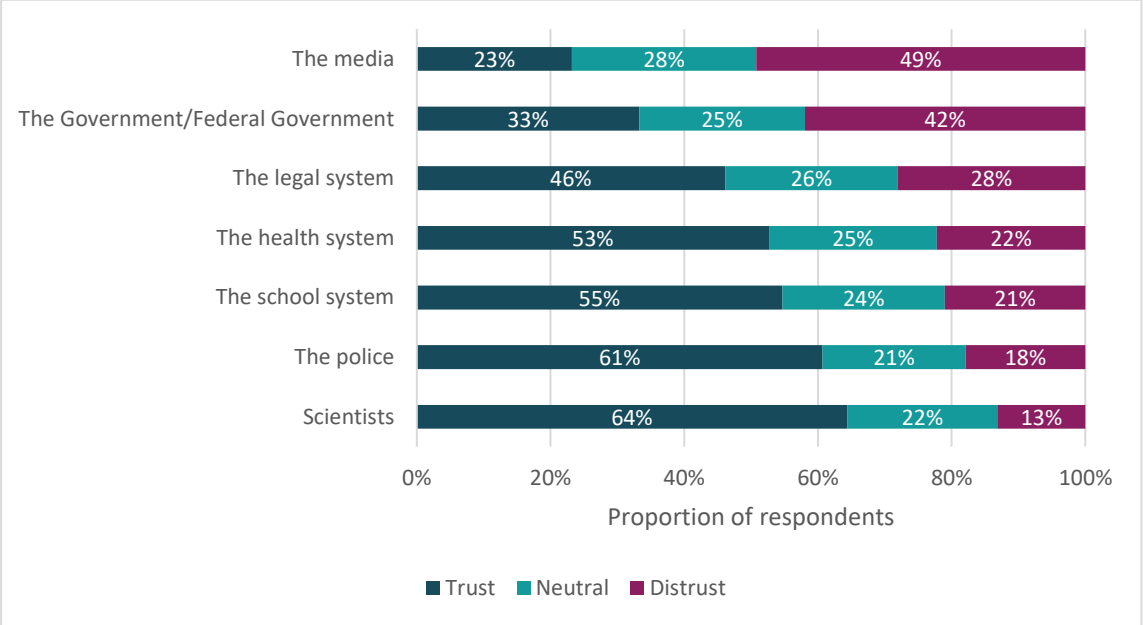
Within this report 2024 results are reported unless otherwise specified. Due to rounding figures may not add up to 100%.

Trust and confidence

Generalised trust

As shown in Figure 1, scientists were the most trusted profession/institution, with 64.4% of consumers indicating trust (through selecting a rating of 5 to 7 on a seven-point scale[2]), followed by the police (60.7%). The least trusted professions/institutions were the media (23.2%) and the Federal Government (AUS)/Government (NZ) (33.3%).

Figure 1: Proportion of respondents who trust professions and institutions, 2024



Trust = score of 5, 6, 7 on the seven-point scale; Distrust = score of 1, 2, 3; Neutral = score of 4

A generalised trust index[3] (also shown in Table 4) was computed by averaging the scores from the different professions and institutions for each participant. Differences between the trust index[4] score by country and year were assessed with independent samples t-tests. The

[2] Q: How much do you personally trust the following institutions or professions in Australia/New Zealand? (Seven-point scale from 1 = *"Not at all"* to 7 = *"Completely"*)

[3] A factor analysis was conducted prior to averaging the scores, which indicated that the survey questions measuring trust in the seven different professions/institutions were measuring one factor, and thus it was appropriate to combine them (see Appendix B for factor analysis results). This measure of generalised trust was controlled for in analyses examining trust in food system actors and trust in FSANZ among others (see below).

[4] *Only differences between generalised trust index scores by country and year was assessed.*

generalised trust index was not significantly different between 2023 and 2024 ($p > .05$). Like 2023, the generalised trust index was significantly different between countries in 2024, with Australia having a higher level of overall trust in professions and institutions compared to New Zealand (Australia $M = 4.30$, $SD = 1.1$; New Zealand $M = 4.20$, $SD = 1.1$; $p < .05$).

Table 4: Means and standard deviations (SD) for trust in professions and institutions by country and year

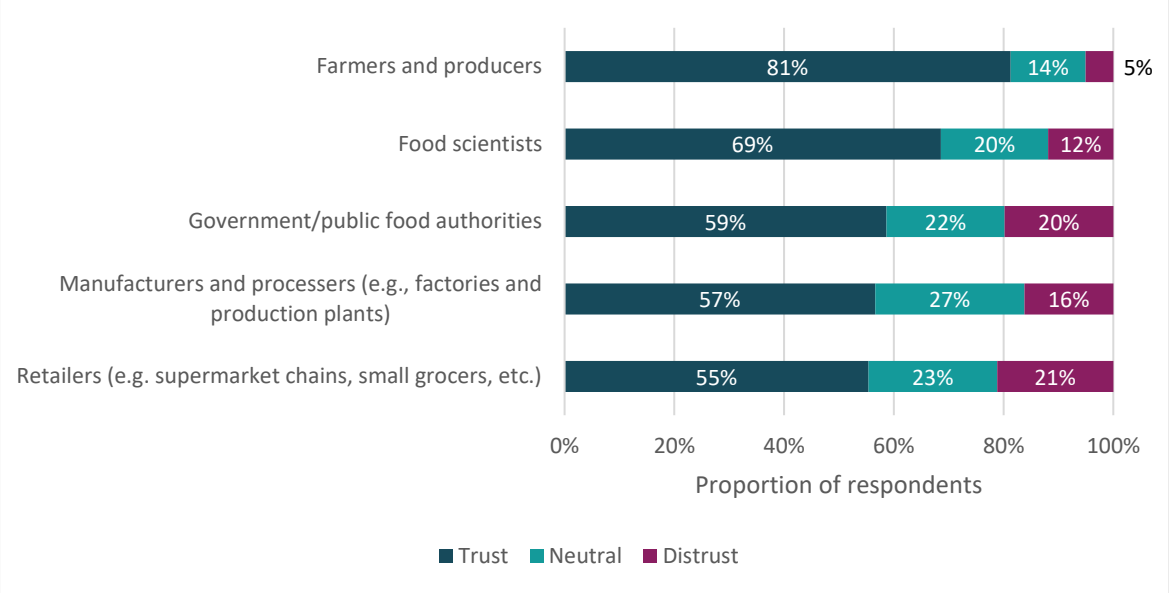
	2023			2024		
	Australia	**New Zealand**	**Total**	**Australia**	**New Zealand**	**Total**
	Mean (±*SD*)	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**
Professions and institutions						
Scientists	5.01 (1.3)	4.77 (1.3)	4.91 (1.3)	4.98 (1.3)	4.73 (1.3)	4.87 (1.3)
The police	4.70 (1.4)	4.66 (1.4)	4.68 (1.4)	4.70 (1.5)	4.69 (1.4)	4.70 (1.5)
The school system	4.60 (1.4)	4.38 (1.4)	4.51 (1.4)	4.53 (1.4)	4.33 (1.4)	4.45 (1.4)
The health system	4.64 (1.4)	4.25 (1.4)	4.48 (1.4)	4.59 (1.4)	4.27 (1.4)	4.46 (1.4)
The legal system	4.33 (1.4)	4.27 (1.4)	4.30 (1.4)	4.16 (1.5)	4.28 (1.4)	4.21 (1.5)
The Government/Federal Government	3.97 (1.5)	3.90 (1.6)	3.95 (1.5)	3.81 (1.7)	3.53 (1.6)	3.69 (1.6)
The media	3.33 (1.5)	3.45 (1.5)	3.38 (1.5)	3.35 (1.5)	3.55 (1.5)	3.43 (1.5)
Generalised institutional trust index	4.37^ (1.1)	4.24^ (1.1)	4.32 (1.1)	4.30^ (1.1)	4.20^ (1.1)	4.26 (1.1)

** ^ indicates significant difference between countries for that year ($p < .01$)*

Trust in food system actors

Figure 2 and Table 5 show that farmers and producers were the most trusted[5] group in the food system. They were trusted (scored above the midpoint) by 81.3% of respondents, with a mean level of trust of 5.41 (*SD* = 1.1) when rated on a seven-point scale (1 = "Not at all confident" to 7 = "Completely confident"). The least trusted were food retailers, trusted by 55.4% of respondents (*M* = 4.53, *SD* = 1.4).

Figure 2: Proportion of respondents who trusted actors in the food system, 2024



Trust = score of 5, 6, 7 on the seven-point scale; Distrust = score of 1, 2, 3; Neutral = score of 4

A multivariate ANOVA (MANOVA) confirmed that level of trust in food actors differed significantly between years in the total sample ($p < .001$). Follow-up one-way ANOVAs with Bonferroni corrections determined that trust only significantly differed between years for food retailers ($p < .001$) and government/public food authorities ($p = .006$) (see Table 5). Both food retailers and government/public food authorities experienced a statistically significant decline in level of trust. This may reflect the Australian Competition and Consumer Commission (ACCC) supermarket inquiry announced in January 2024 Supermarkets inquiry 2024-25 | ACCC in Australia, and the general increase in cost of living in both Australia[6] and New Zealand[7] that occurred between 2023 to 2024.

A MANOVA confirmed that level of trust in food actors differed significantly between countries in the total sample ($p < .0018$). Follow-up one-way ANOVAs with Bonferroni correction determined that trust only significantly differed between countries for one food

[5] Q: How much do you trust the following people or groups to do their part to ensure that all food (including drinks) sold in Australia/New Zealand shops and supermarkets is safe to eat? (Seven-point scale from 1 = *"Not at all"* to 7 = *"Completely"*)

[6] Rises in living costs across all household types | Australian Bureau of Statistics

[7] Household living costs increase 6.2 percent | Stats NZ

actor: farmers and producers ($p < .0019$). Australians had a significantly higher level of trust in farmers and producers than New Zealanders.

Table 5: Means and standard deviations (SD) for trust in food system actors by country and year

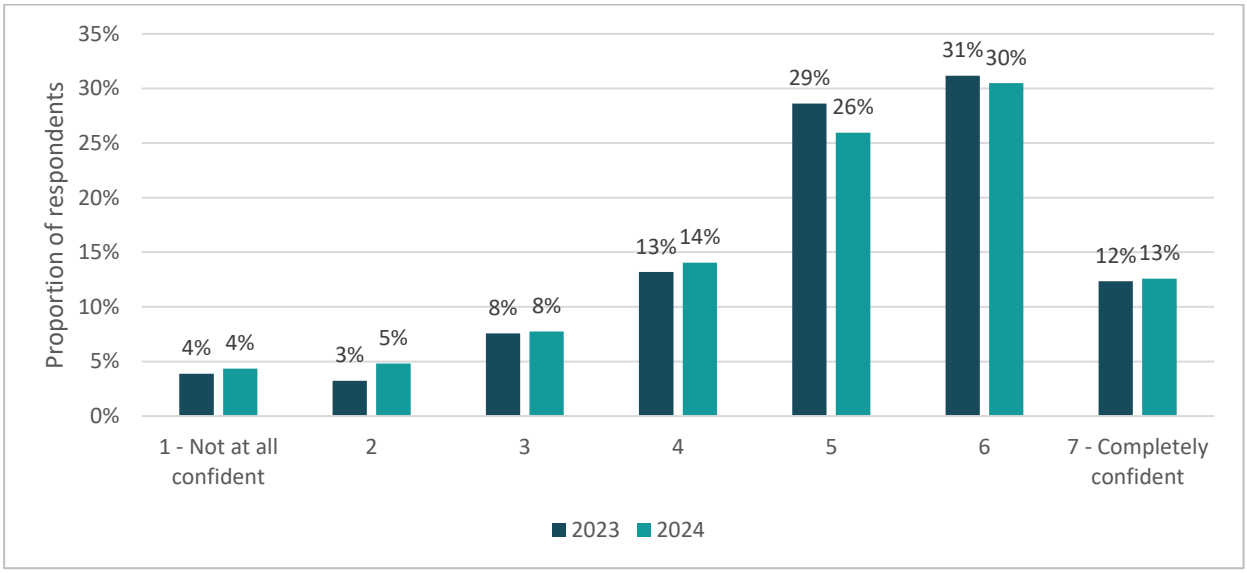
	2023			2024		
	Australia	**New Zealand**	**Total**	**Australia**	**New Zealand**	**Total**
	Mean (±*SD*)	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**
Farmers and producers	5.47 (1.1)	5.35 (1.1)	5.42 (1.1)	5.52 (1.1)	5.26 (1.2)	5.41 (1.1)
Food scientists	5.06 (1.3)	4.99 (1.3)	5.03 (1.3)	5.04 (1.3)	4.94 (1.4)	5.00 (1.3)
Government/public food authorities	4.77 (1.4)	4.72 (1.4)	4.75* (1.4)	4.67 (1.5)	4.58 (1.5)	4.63* (1.5)
Retailers (e.g. supermarket chains, small grocers, etc.)	4.78 (1.2)	4.70 (1.2)	4.75* (1.2)	4.55 (1.4)	4.50 (1.4)	4.53* (1.4)
Manufacturers and processers (e.g., factories and production plants)	4.62 (1.2)	4.71 (1.2)	4.65 (1.2)	4.65 (1.3)	4.62 (1.3)	4.64 (1.3)

**Indicates significant difference between years at $p < .01$*

Confidence in the safety of the food supply

As shown in Figure 3 and Table 6, the majority of respondents in 2024 (69.0%) were confident[10] (rating above the midpoint) that food sold in Australia and New Zealand is safe to eat, 14.0% were neutral and 16.9% were not confident. Independent samples *t*-test showed there was no significant difference in the mean level of confidence in the food supply between years ($p > .05$). However, New Zealanders confidence ($M = 4.86$, $SD = 1.6$) in the food supply was lower than Australians ($M = 5.02$, $SD = 1.5$) in 2024 ($p < .05$) and significantly decreased between 2023 and 2024 ($M = 5.00$, $SD = 1.5$ versus $M = 4.86$, $SD = 1.6$), ($p < .05$).

Figure 3: Level of confidence in the Australian/New Zealand food supply 2023 and 2024



Q: "How confident are you that all food (including drinks) sold in Australian/New Zealand shops and supermarkets is safe to eat." Responses were on a seven-point scale, where 1 = "Not at all confident" and 7 = "Completely confident".

Table 6: Mean and standard deviation for respondents' level of confidence in the food supply by year and country

	2023			2024		
	Australia	**New Zealand**	**Total**	**Australia**	**New Zealand**	**Total**
	Mean (± *SD*)	**Mean (± *SD*)**	**Mean (± *SD*)**	**Mean (± *SD*)**	**Mean (± *SD*)**	**Mean (± *SD*)**
Level of confidence in the Australia/New Zealand food supply	5.03 (1.5)	5.00^ (1.5)	5.02 (1.5)	5.02* (1.5)	4.86^ (1.6)	4.94 (1.5)

** indicates p < .05 differences between Australia and New Zealand within the same year*
^ indicated p < .05 differences between 2023 to 2024

[10] Q: "How confident are you that all food (including drinks) sold in Australian/New Zealand shops and supermarkets is safe to eat." Responses were on a seven-point scale, where 1 = *"Not at all confident"* and 7 = *"Completely confident"*.

Factors predicting level of confidence in the safety of the food supply

A hierarchical multiple regression was conducted to determine whether any of the demographic, behavioural, or attitudinal/trust factors that were measured in the survey predicted having a greater level of confidence in the food supply. See Appendix C.1 for further details.

This analysis found that consumers' confidence in the food supply was significantly predicted by (in order of strength):

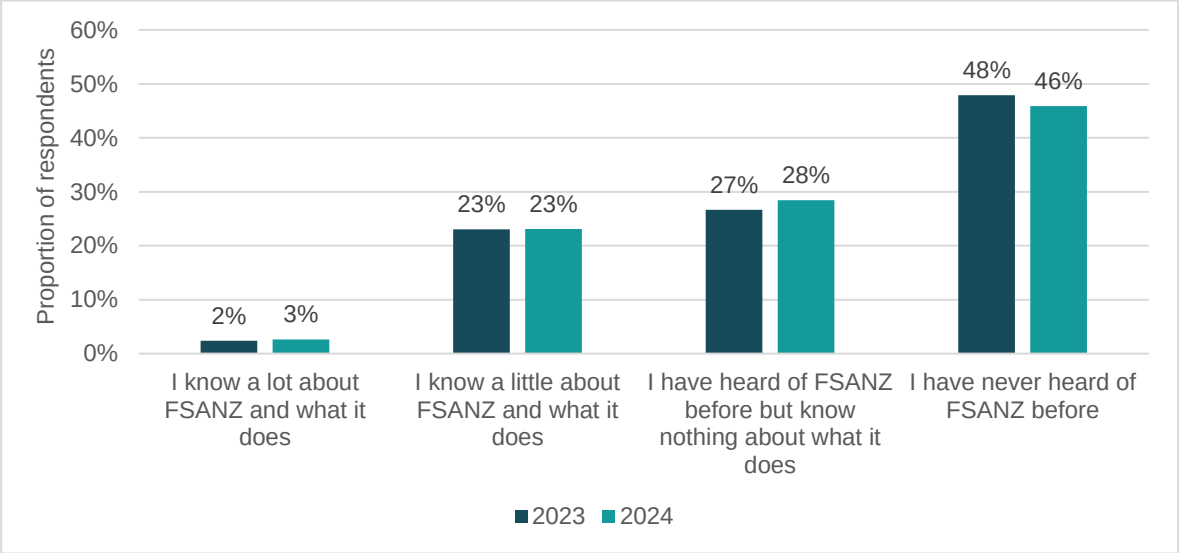
- Having a greater level of trust in manufacturers and processors
- Having a greater level of trust in retailers
- Having a greater level of trust in food scientists
- Having a greater level of trust in farmers and producers
- Having a medical-related dietary factor affecting food choices
- Having a greater level of trust in government/public food authorities
- Being male (compared to female)
- Being younger
- Being tertiary educated (compared to non-tertiary)
- Being born in an English-speaking country other than Australia or New Zealand (compared to Australia/New Zealand)

Awareness of FSANZ

In 2023 and 2024, 47.9% and 45.9% of respondents respectively had never heard of FSANZ[11] before (Figure 4). Approximately 30% had heard of FSANZ before but knew nothing about what it does, and approximately 25% knew at least a little about FSANZ and what it does. Chi-square tests showed that the proportion of respondents in each category was not significantly different between years ($p > .05$). However more respondents from Australia in 2024 had never heard of FSANZ before compared to New Zealand respondents ($p < .001$) (Table 7).

[11] *Q: "How much, if anything, do you know about Food Standards Australia New Zealand, also known as FSANZ". Response options: "I have never heard of FSANZ before"; "I have heard of FSANZ before but know nothing about what it does"; "I know a little about FSANZ and what it does"; "I know a lot about FSANZ and what it does".*

Figure 4: Proportion of respondents and their awareness of FSANZ in 2023 and 2024



Q: "How much, if anything, do you know about Food Standards Australia New Zealand, also known as FSANZ".

Table 7: Proportion of respondents awareness of FSANZ by country

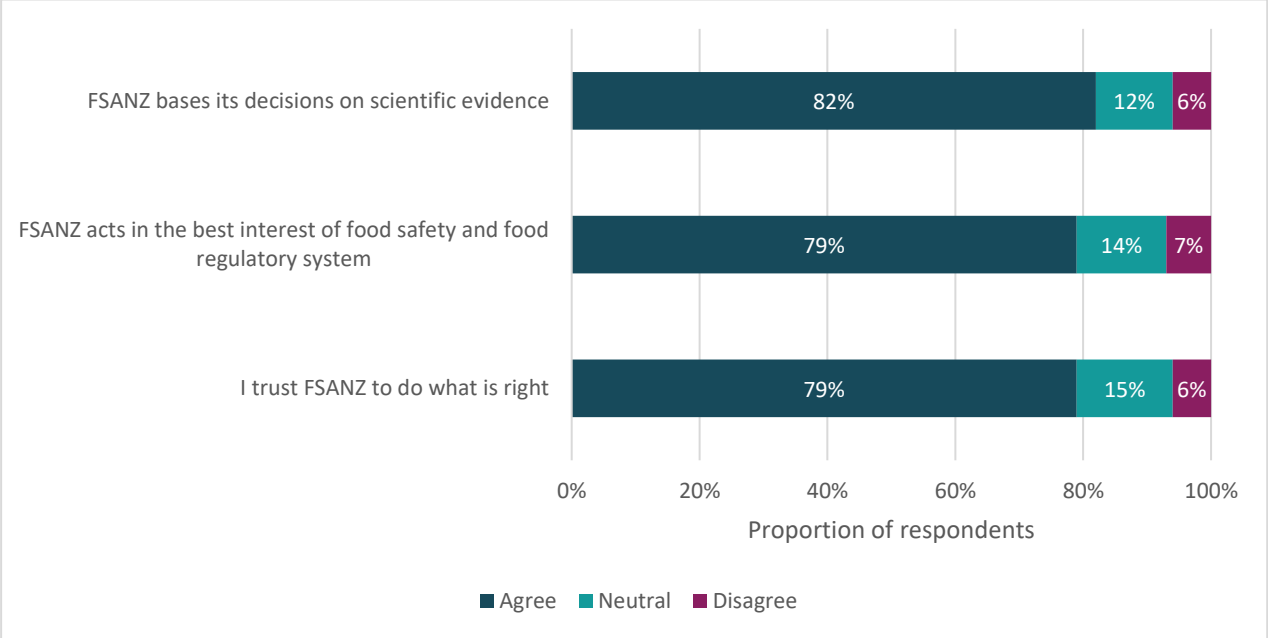
	Australia **n (%)**	**New Zealand** **n (%)**
I have never heard of FSANZ before	607 (49.3)	363 (41.1)
I have heard of FSANZ before but know nothing about what it does	322 (26.2)	279 (31.6)
I know a little about FSANZ and what it does	260 (21.1)	229 (25.9)
I know a lot about FSANZ and what it does	42 (3.4)	13 (1.5)

Trust in FSANZ

Respondents who said that they at least "know a little about FSANZ and what it does" (in 2024, Australia n = 302, New Zealand n = 242), were asked how much they agreed or disagreed with a series of statements designed to measure their level of trust[12] in FSANZ and its scientific basis. As shown in Figure 5, the majority of these respondents (79 – 82%) agreed with the three statements.

[12] Q: How much do you agree or disagree with the following statements? (In these statements, FSANZ means Food Standards Australia New Zealand) (1 = *"Strongly disagree"* and 7 = *"Strongly agree"*)

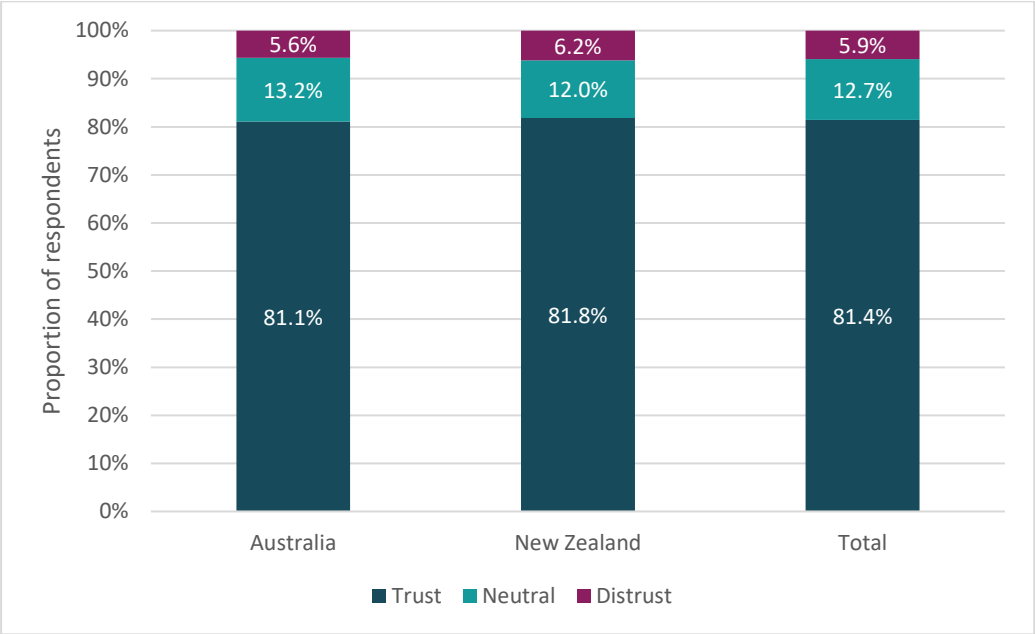
Figure 5: Level of trust in FSANZ 2024 (n = 544)



Q: How much do you agree or disagree with the following statements? (In these statements, FSANZ means Food Standards Australia New Zealand) (1 = "Strongly disagree" and 7 = "Strongly agree")
Agree = score of 5, 6, 7 on the seven-point scale; Disagree = score of 1, 2, 3; Neutral = score of 4

An index of overall trust in FSANZ was computed by averaging the level of agreement with the above three statements for each participant. Table 8 shows approximately 81% of respondents in both Australia and New Zealand trust FSANZ based on their score on this index. The mean level of trust in FSANZ on the index in 2024 was 5.42 (*SD* = 1.1) (Table 8). An independent samples *t*-test found there was no significant difference in the overall trust in FSANZ index between 2023 (mean = 5.31, SD = 1.1) and 2024. Nor was there a significant difference in trust between Australia (mean = 5.45, SD = 1.2) and New Zealand (mean = 5.38, SD = 1.1) in 2024 (both $p > .05$). This suggests that the broader decline in trust for government/public food authorities did not apply to FSANZ.

Figure 6: Proportion of respondents by country and total that trust FSANZ based in the FSANZ index (Australia n = 302, New Zealand n = 242)



Based on FSANZ index. Mean > 4.5 = trust, 3.5 – 4.5 = neutral, < 3.5 = distrust

Table 8: Mean and standard deviation of level of trust in FSANZ by year and country

	2023			2024		
	Australia *n* = 286	**New Zealand *n* = 235**	**Total *n* = 521**	**Australia *n* = 302**	**New Zealand *n* = 242**	**Total *n* = 544**
Item	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**
I trust FSANZ to do what is right	5.34 (1.2)	5.25 (1.2)	5.30 (1.2)	5.42 (1.3)	5.34 (1.2)	5.38 (1.2)
FSANZ acts in the best interest of food safety and food regulatory system	5.36 (1.3)	5.26 (1.2)	5.31 (1.2)	5.41 (1.3)	5.41 (1.2)	5.41 (1.3)
FSANZ bases its decisions on scientific evidence	5.37 (1.2)	5.28 (1.2)	5.33 (1.2)	5.52 (1.2)	5.39 (1.2)	5.46 (1.2)
Index of overall FSANZ trust	5.36 (1.2)	5.26 (1.1)	5.31 (1.1)	5.45 (1.2)	5.38 (1.1)	5.42 (1.1)

Factors predicting level of trust in FSANZ

Hierarchical multiple regression was used to test if various factors significantly predicted having a greater level of trust in FSANZ (FSANZ index). This analysis found that consumers' confidence in FSANZ was significantly predicted by (in order of strength):

- Having a greater level of trust in food scientists
- Having a greater level of trust in government/public food authorities
- Having a greater level of overall trust in professions/institutions
- Having a greater level of trust in farmers and producers
- Being older
- Considering nutrition as an important value when choosing which foods to buy

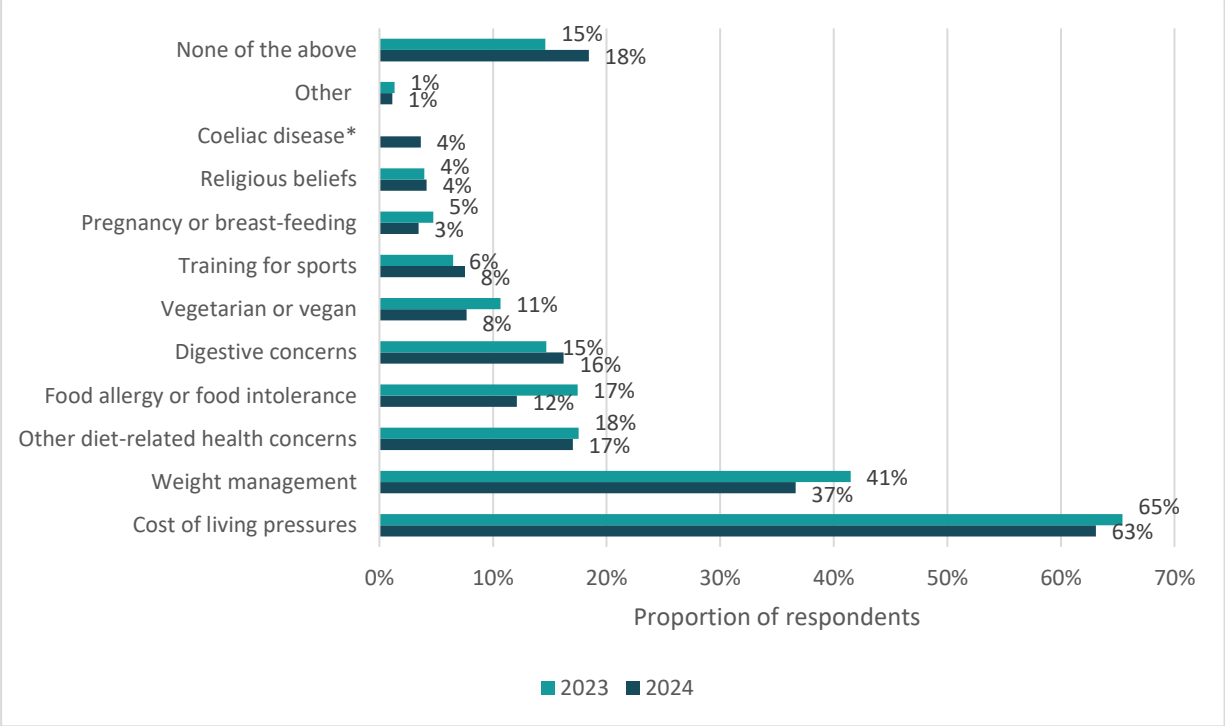
Full statistical results are available in Appendix C.2.

Health and dietary behaviours

Dietary influences

In 2023 85.4% of respondents had at least one dietary factor influencing their food choices. This dropped to 81.2% in 2024 (Table 9). As shown in Figure 7, both in 2023 and 2024 the most important factor[13] influencing consumers' food choices was cost of living pressures, with 65.4% in 2023 and 63.1% of respondents in 2024 ranking it as important. Given this, the factors predicting selecting cost of living as affecting food choices were analysed, see 'Factors predicting cost of living pressures affecting diet' below. Open-ended responses to those that selected other included: ethical reasons, choosing organic and avoiding genetically modified food.

Figure 7: Factors affecting food choices, by year.



*Q: Do any of the following currently affect the food choices you make for you or your household? (Please select all that apply). * Coeliac disease was grouped with all digestive concerns in the 2023 survey but was a separate response option in the 2024 survey*

Table 9 shows the percentage of respondents who selected each type of dietary factor by year, for each country and for the total sample. These factors were split into medical-related dietary factors and lifestyle-related dietary factors for subsequent analysis. Cost of living pressures was not grouped as either a lifestyle or medical related factor.

[13] Q: Do any of the following currently affect the food choices you make for you or your household? (Please select all that apply).

Table 9: Proportion of respondents who selected each factor as an influence on their dietary choices by year and country.

	Australia		New Zealand		Total	
	2023 ***n*** **(%)**	**2024** ***n*** **(%)**	**2023** ***n*** **(%)**	**2024** ***n*** **(%)**	**2023** ***n*** **(%)**	**2024** ***n*** **(%)**
Dietary Factor						
Cost of living pressures	757 (61.2)	764 (62.1)	582 (71.9)	570 (64.5)	1339 (65.4)	1334 (63.1)
Medical-related Dietary Factors						
Food allergy or food intolerance† (food allergy only in 2024)	203 (16.4)	137 (11.1)	154 (19.0)	119 (13.5)	357 (17.4)	256 (12.1)
Digestive concerns such as coeliac disease, irritable bowel syndrome, etc. † (irritable bowel syndrome and food intolerance in 2024)	181 (14.6)	194 (15.8)	120 (14.8)	149 (16.9)	301 (14.7)	343 (16.2)
Diet-related health concerns, such as diabetes, heart disease, high blood pressure	217 (17.5)	218 (17.7)	142 (17.5)	142 (16.1)	359 (17.5)	360 (17.0)
Pregnancy or breast-feeding	40 (3.2)	43 (3.5)	57 (7.0)	30 (3.4)	97 (4.7)	73 (3.5)
Coeliac disease† (not grouped individually in 2023)	-	46 (3.7)	-	31 (3.5)	-	77 (3.6)
Lifestyle-related Dietary Factors						
Watching my weight/others' weight generally	503 (40.7)	439 (35.7)	346 (42.7)	336 (38.0)	849 (41.5)	775 (36.6)
Vegetarian or vegan	129 (10.4)	92 (7.5)	89 (11.0)	70 (7.9)	218 (10.7)	162 (7.7)
Religious/ethical beliefs that affect food choices	47 (3.8)	52 (4.2)	34 (4.2)	36 (4.1)	81 (4.0)	88 (4.2)
Training for sports that affects food choices	67 (5.4)	89 (7.2)	65 (8.0)	70 (7.9)	132 (6.5)	159 (7.5)
Other	19 (1.5)	11 (0.9)	8 (1.0)	13 (1.5)	27 (1.3)	24 (1.1)
None of the above	205 (10.0)	229 (18.6)	94 (4.6)	161 (18.2)	299 (14.6)	390 (18.4)

* As respondents could select multiple dietary factors, percentages may not add up to 100. † Question grouping was updated between 2023 and 2024 and therefore responses are not directly comparable between years.

Factors predicting cost of living pressures affecting diet

A binomial logistic regression was conducted to determine whether various factors significantly predicted selecting 'cost of living pressures' as affecting food choices. The model only explained 9.3% of the variance in people selecting cost of living as affecting their food choice. People had significantly (all $p < .05$) higher odds of selecting 'cost of living pressures' if they:

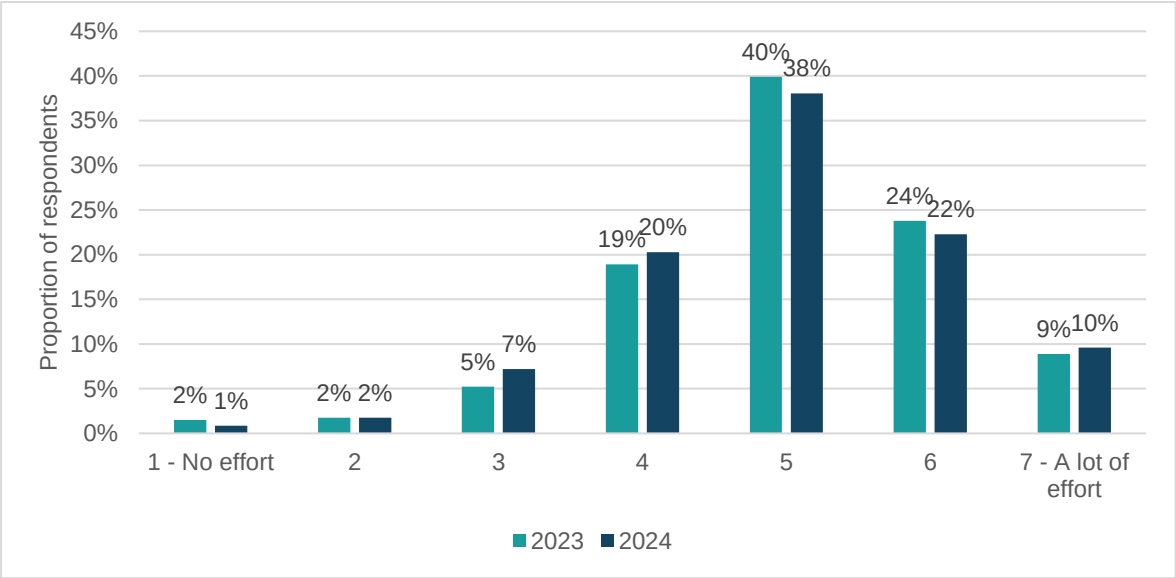
- Were from a lower income household
- Were younger
- Reported lifestyle factors affecting diet choice
- Reported medical factors affecting diet choice
- Did not consider nutrition as an important food value when choosing foods to buy
- Were female
- Were born in Australia or New Zealand (compared to any other English-speaking country)

The full details and statistical results of the binomial logistic regression analysis are available in Appendix E.1.

Health consciousness

As shown in Figure 8 most respondents in both 2023 (72.6%) and 2024 (69.9%) generally reported putting effort into maintaining a healthy diet[14] (i.e., selected a rating above the midpoint, between 5 and 7). In 2023, only 8.5% of respondents rated their level of health consciousness below the midpoint (selected a rating of 1–3), and 18.9% at the midpoint (selected 4). This was similar in 2024, with 9.8% of respondents below the midpoint and 20.3% at the midpoint.

Figure 8: Level of effort put into maintaining a healthy diet by year.



Q: How much effort do you generally put into maintaining a healthy diet for you and/or your household? 1 = "No effort", 7 = "A lot of effort"

The mean level of health consciousness in 2023 was 5.01 (*SD* = 1.2), and 4.98 (*SD* = 1.2) in 2024 (Table 10). An independent samples *t*-test showed there was no significant difference in mean between years ($p > .05$).

[14] Q: How much effort do you generally put into maintaining a healthy diet for you and/or your household? 1 = *"No effort"*, 7 = *"A lot of effort"*

Table 10: Mean and standard deviation (SD) of health consciousness by year and country

	2023			2024		
	Australia	**New Zealand**	**Total**	**Australia**	**New Zealand**	**Total**
	Mean (±*SD*)	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**
Level of health consciousness	5.07 (1.1)	4.92 (1.2)	5.01 (1.2)	5.03 (1.1)	4.91 (1.2)	4.98 (1.2)

Factors predicting level of health consciousness

A simultaneous multiple linear regression was conducted to determine whether any of the demographic, behavioural, or attitudinal factors that were measured in this survey predicted having a higher level of health consciousness.

This analysis found that consumers who had a higher level of health consciousness were significantly more likely to (all *p* values < .05) (in order of strength):

- Do the majority or share the cooking of meals (compared to not cooking)
- Be older
- Select a medical-related factor as currently affecting food choices
- Have a higher level of confidence that food is safe to eat
- Select a lifestyle-related factor as currently affecting food choices
- Have tertiary-level education
- Have a higher equivalised annual household income

Further details of how the regression was conducted is provided in Appendix C.3.

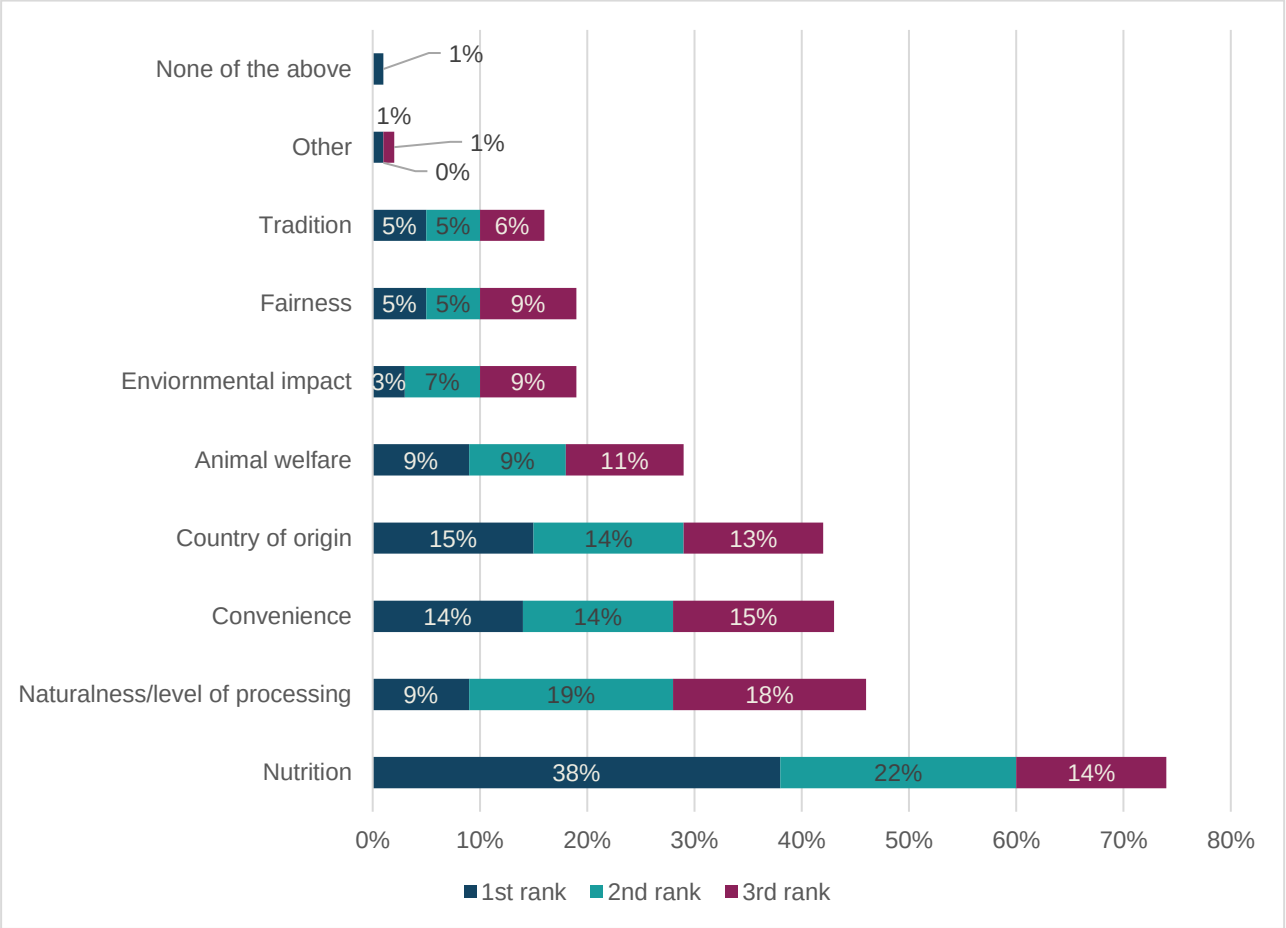
Food values

As shown in Figure 9 below, excluding taste and price[15], nutrition was the most frequently selected food value[16], with 74.2% of respondents selecting it in their top three. This was followed by naturalness/level of processing (46.5%), and convenience (43.4%). The least selected food value was tradition (16.0%). Responses from those selecting 'Other' included freshness and quality, dietary requirements, shelf-life, healthiness, size, organic/genetic modification free and likability by children. Some participants also provided 'taste' and 'price' as 'Other' food values, despite being asked to exclude these factors.

[15] Taste and price were excluded as existing literature suggests that these are consistently important factors that affect food choice (Drewnowski and Monsiviais 2020; European Food Safety Authority, 2022; International Food Information Council, 2022; Ward et al. 2012).

[16] Q: "Excluding taste and price, what is most important to you out of the following when choosing which foods to buy?". 1 = most important, 2 = second most important, and 3 = third most important.

Figure 9: Top three ranked food values in 2024.



Q: Excluding taste and price, what is most important to you out of the following when choosing which foods to buy? (1 = "Most important", 2 = "Second most important" and 3 = "Third most important")
Base: All respondents (n = 1,237 Australia, n = 810 New Zealand)

Trust, use, and understanding of food labelling

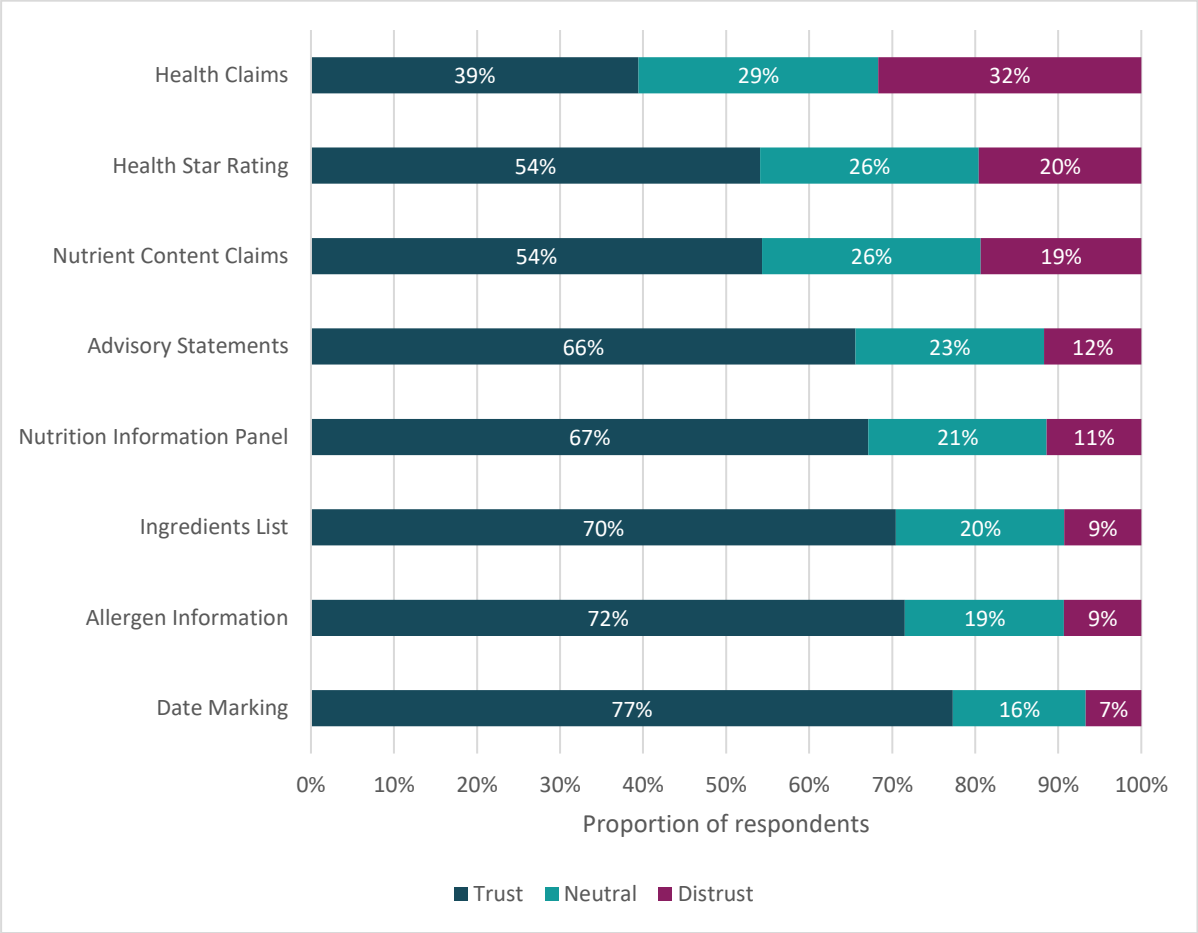
Trust in labelling elements

As shown in Figure 10 below the percentage of respondents who generally trusted each labelling element[17] was highest for date marking (best before/use-by dates), allergen information, and the ingredients list, with all trusted by more than 70% of respondents. The least trusted labelling elements were health claims (39.4%), the Health Star Rating (54.1%), and nutrient content claims (54.3%). An overall measure of trust in FSANZ-regulated labelling (under the code) was calculated by averaging the trust ratings across the different labelling elements (except for the Health Star Rating, as this is not regulated by FSANZ). Overall, 65.9% of respondents indicated that they trusted FSANZ-regulated labelling

[17] *Q: How much do you feel you can trust the following information on packaged foods and drink? Trust = score of 5, 6, 7 on the seven-point scale; Distrust = score of 1, 2, 3 on the seven-point scale; Neutral = score of 4 on the seven-point scale.*

information. An average measure of trust across all labelling elements tested (including the Health Star rating) was also calculated, with 61.9% indicating that they generally trusted food labelling.

Figure 10. Trust in various food labelling elements in 2024



Q: How much do you feel you can trust the following information on packaged foods and drink? Trust = score of 5, 6, 7 on the seven-point scale; Distrust = score of 1, 2, 3; Neutral = score of 4

A MANOVA confirmed that level of trust in labelling elements differed significantly between years in the total sample ($p < .01$). Follow-up one-way ANOVAs determined- that trust only significantly differed between years for one labelling element: use-by/best before dates ($p < .01$). As shown in Figure 11, there was a small but statistically significant increase in trust in use-by/best before dates in 2024. This drove a significant difference in average level of trust in factor 1 (back-of-pack) labelling elements between years ($p < .05$). All other labelling elements, and combined trust in labelling elements, were non-significant (all $p > .05$), meaning that level of trust did not significantly differ between years (see Table 11).

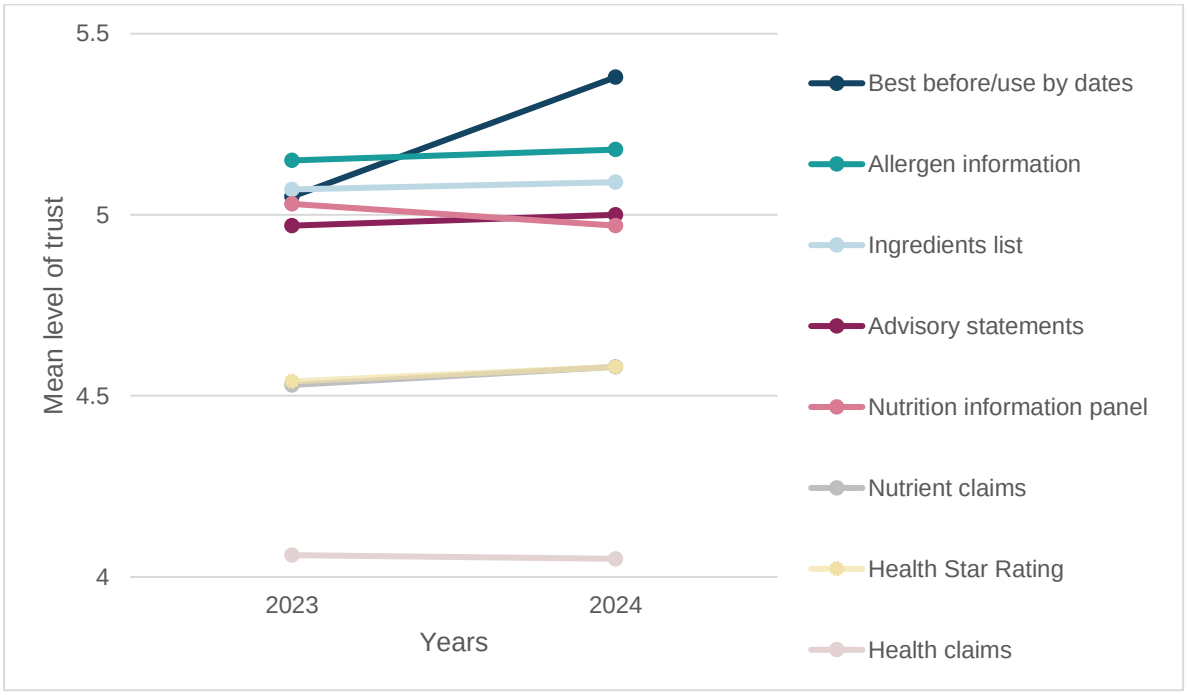
Table 11: Mean ratings, standard deviations (SD) for trust in each labelling element for the total sample in 2023 and 2024

	2023	**2024**
Labelling elements	**Mean (±*SD*)**	**Mean (±*SD*)**
Best before/use by dates	5.05* (1.4)	5.38* (1.3)
Allergen information	5.15 (1.3)	5.18 (1.3)
Ingredients list	5.07 (1.3)	5.09 (1.3)
Advisory or warning statements (e.g., 'contains caffeine', 'not recommended for children')	4.97 (1.3)	5.00 (1.4)
Nutrition information panel	5.03 (1.3)	4.97 (1.3)
Claims about nutrient or ingredient content (e.g., 'low in sugar', 'reduced fat')	4.53 (1.4)	4.58 (1.5)
Health Star Rating	4.54 (1.5)	4.58 (1.5)
Claims about health benefits (e.g., 'calcium for healthy bones')	4.06 (1.5)	4.05 (1.5)

** indicates difference between 2023 and 2024 means ($p < .01$)*

Q: How much do you feel you can trust the following information on packaged foods and drink? (1 = "Cannot trust at all" and 7 = "Can trust completely")

Figure 11: Mean level of trust in labelling elements, from 2023 to 2024



Q: How much do you feel you can trust the following information on packaged foods and drink? (1 = "Cannot trust at all" and 7 = "Can trust completely"). Values for each timepoint are available in Table 11.

As was found in 2023, a factor analysis of the total sample determined that trust in the eight tested labelling elements measured two conceptually different factors. The first factor related to back of pack labelling elements (BOP), that were the most trusted elements including: best before/use by dates, allergen information, ingredients list, advisory or warning statements and the nutrition information panel. The second factor (front of pack labelling elements (FOP)) included trust in claims about health benefits, claims about nutrition/ingredient content, and the Health Start Rating—these elements had the lowest levels of trust. Full details of the factor analysis are available in Appendix B. The average trust in FOP labelling elements was 5.12 (SD = 1.3), and trust in BOP was lower at 4.40 (1.3). Trust in these two factors was used in further analysis.

An independent samples *t*-test found there was no significant difference in the overall trust in FSANZ regulated labelling elements for the whole sample from 2023 and 2024 ($p > .05$) but there was a significant difference in trust between Australia (M = 4.94, SD = 1.0) and New Zealand (M = 4.83, SD = 1.0) in 2024 ($p < .05$) (Table 12). This was driven by a significant increase in Australian respondents average trust in FSANZ regulated labelling elements from 4.86 in 2023 to 4.94 in 2024 ($p < .05$). There was no significant change in New Zealanders trust between 2023 and 2024 ($p > .05$).

Table 12: Mean ratings, standard deviations (SD) for trust in each factor by country and for the total sample in 2023 and 2024

	2023			2024		
	Australia	**New Zealand**	**Total**	**Australia**	**New Zealand**	**Total**
Labelling elements	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**
Average trust in Factor 1 labelling elements (BOP elements)	5.06 (1.0)	5.04 (1.1)	5.05* (1.0)	5.16 (1.0)	5.07 (1.1)	5.12* (1.1)
Average trust in Factor 2 labelling elements (FOP elements)	4.43 (1.3)	4.30 (1.3)	4.38 (1.3)	4.46 (1.3)	4.33 (1.3)	4.40 (1.3)
Average trust in FSANZ-regulated labelling (all except Health Star Rating)	4.86* (1.0)	4.81 (1.0)	4.83* (1.0)	4.94* (1.0)	4.83 (1.0)	4.89* (1.0)
Average trust in all labelling elements	4.82 (1.0)	4.76 (1.0)	4.80 (1.0)	4.90 (1.0)	4.79 (1.0)	4.85 (1.0)

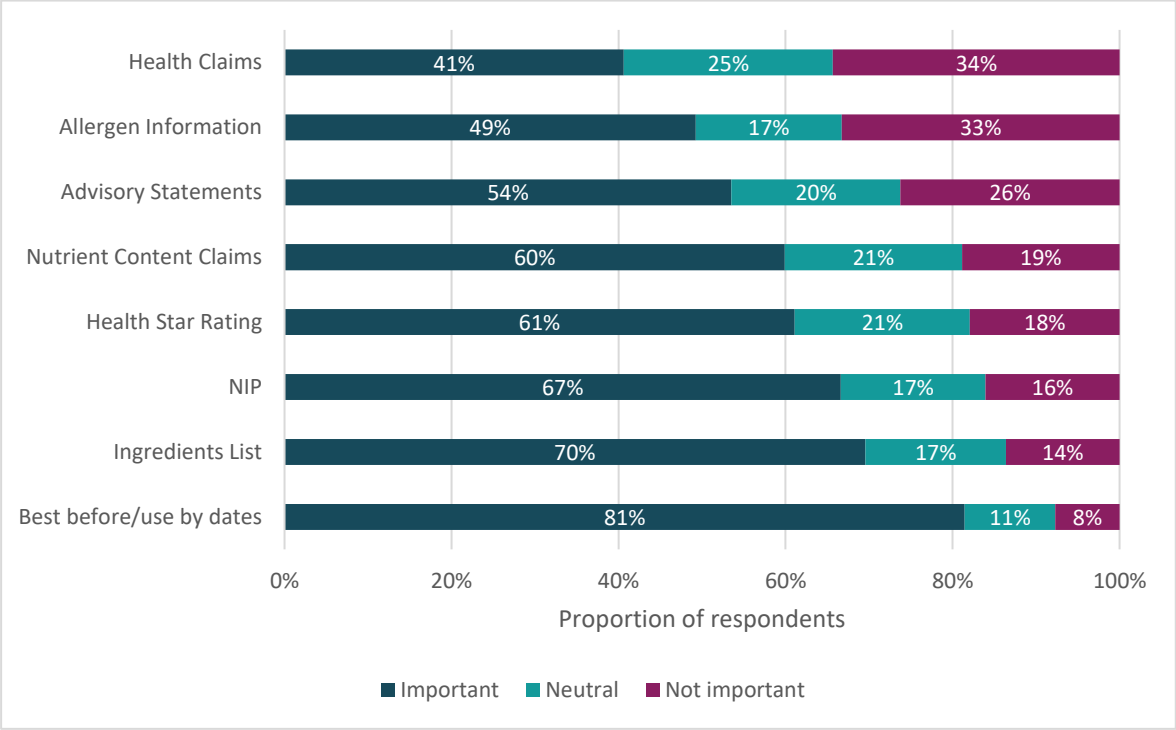
^*indicates difference between 2023 and 2024 means (p < .05)*

Importance of Labelling Elements

As shown in Figure 12 below, best before/use by dates, the ingredients list, and the NIP were the most important labelling elements for consumers (rated as generally important (i.e. above the midpoint) by 81.5%, 69.6% and 66.6%, respectively)[18]. The least important labelling elements were 'claims about health benefits' (rated as generally important by 40.6% of respondents) and allergen information (49.3%).

[18] Think about when you are making the decision to buy a packaged food or drink for the first time. How important is the following labelling information when deciding what to buy? (1 = *"Not important at all"* and 7 = *"Extremely important"*). Importance in respect of best before/use by dates was asked for the first time in 2024.

Figure 12: Importance of various labelling elements for making food purchasing decisions for the first time in 2024



Q: Think about when you are making the decision to buy a packaged food or drink for the first time. How important is the following labelling information when deciding what to buy? Important = score of 5, 6, 7 on seven-point scale; neutral = score of 4; not important = score of 1, 2, 3.

A MANOVA found that overall level of importance of labelling elements differed significantly between years in the total sample ($p < .01$). However, follow-up one-way ANOVAs found no significant difference in level of importance for individual labelling elements between years (all $p > .05$). This means that no individual labelling element significantly differed in level of importance between years (see Table 13 and Figure 13). The importance of best before/use by dates was not asked in the 2023 iteration of the Consumer Insights Tracker, so cannot be compared between years. To investigate country level differences, country (Aus vs NZ) was incorporated into the regression of each labelling element tested below.

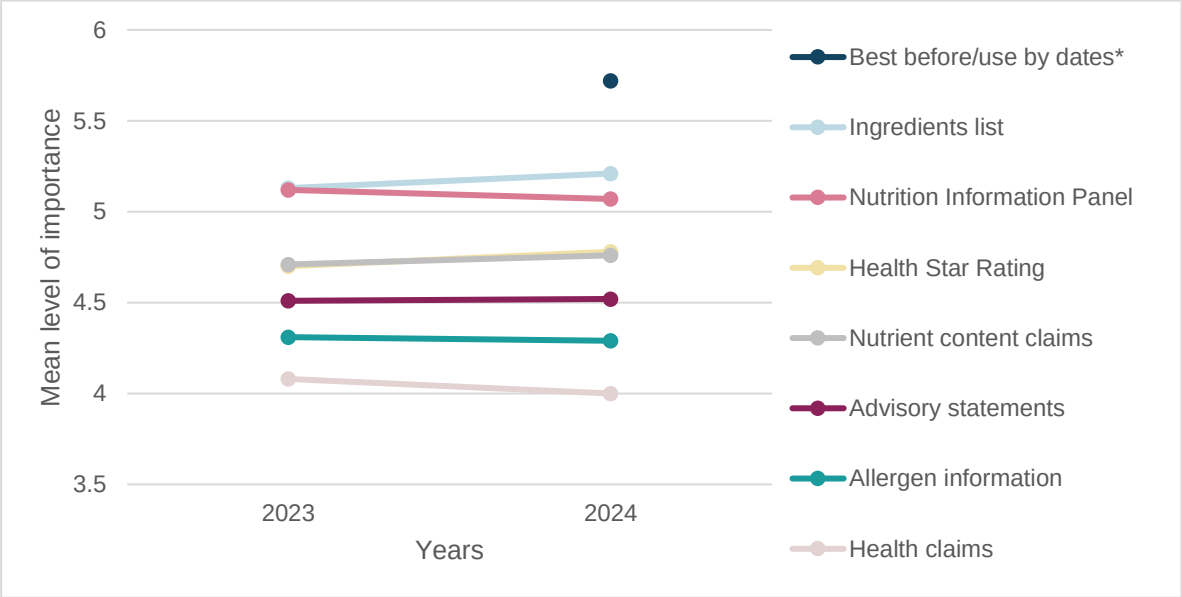
Table 13: Mean importance and standard deviations (SD) for food labelling elements by country and year.

	2023			2024		
	Australia	**New Zealand**	**Total**	**Australia**	**New Zealand**	**Total**
	Mean (±*SD*)	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**	**Mean (±*SD*)**
Best before/use-by date	N/A	N/A	N/A	5.79 (1.4)	5.62 (1.5)	5.72 (1.4)
Ingredients list	5.16 (1.6)	5.08 (1.7)	5.13 (1.6)	5.26 (1.6)	5.14 (1.7)	5.21 (1.6)
Nutrition information panel (e.g. amount of energy, carbohydrates, sugar, sodium, or fat)	5.17 (1.6)	5.04 (1.6)	5.12 (1.6)	5.10 (1.6)	5.01 (1.7)	5.07 (1.7)

Claims about nutrient or ingredient content (e.g., 'low in sugar', 'reduced fat')	4.79 (1.6)	4.59 (1.6)	4.70 (1.7)	4.85 (1.6)	4.62 (1.7)	4.76 (1.6)
Health Star Rating	4.79 (1.6)	4.55 (1.7)	4.71 (1.6)	4.89 (1.6)	4.63 (1.6)	4.78 (1.6)
Advisory or warning statements (e.g., 'contains caffeine', 'not recommended for children')	4.54 (1.8)	4.48 (1.8)	4.51 (1.8)	4.57 (1.8)	4.45 (1.9)	4.52 (1.8)
Allergen information (e.g. 'Gluten free', 'contains nuts', etc.)	4.37 (2.0)	4.22 (2.1)	4.31 (2.0)	4.37 (2.1)	4.18 (2.1)	4.29 (2.1)
Claims about health benefits (e.g. 'Calcium is good for healthy bones')	4.18 (1.7)	3.93 (1.7)	4.08 (1.7)	4.12 (1.7)	3.84 (1.7)	4.00 (1.7)

Q: Think about when you are making the decision to buy a packaged food or drink for the first time. How important is the following labelling information when deciding what to buy? (1 = "Not important at all" and 7 = "Extremely important")

Figure 13: Mean level of importance of labelling elements, from 2023 to 2024



Q: Think about when you are making the decision to buy a packaged food or drink for the first time. How important is the following labelling information when deciding what to buy? (1 = "Not important at all" and 7 = "Extremely important").

**Level of importance in best before/use by dates was not assessed in 2023*

Importance of the ingredients list to food choices

The ingredients list was trusted by 70.4% of respondents in 2024 (rated above the midpoint of 4 on the trust scale). 9.3% distrusted the ingredients list (rated below the midpoint). It was also one of the most important labelling elements for consumers, with 69.6% of respondents indicating the ingredients list was generally important when deciding what to buy the first time (rated above the midpoint of 4 on the importance scale). Only 13.6% of respondents rated the ingredients list as generally not important (rated below the midpoint).

Factors predicting importance of the ingredients list

Hierarchical multiple regression was used to test if various factors significantly predicted the importance of the ingredients list for consumers in deciding what to buy. In the final model, people were significantly more likely (all p values < .05) to consider the ingredients list important if they (order of strength):

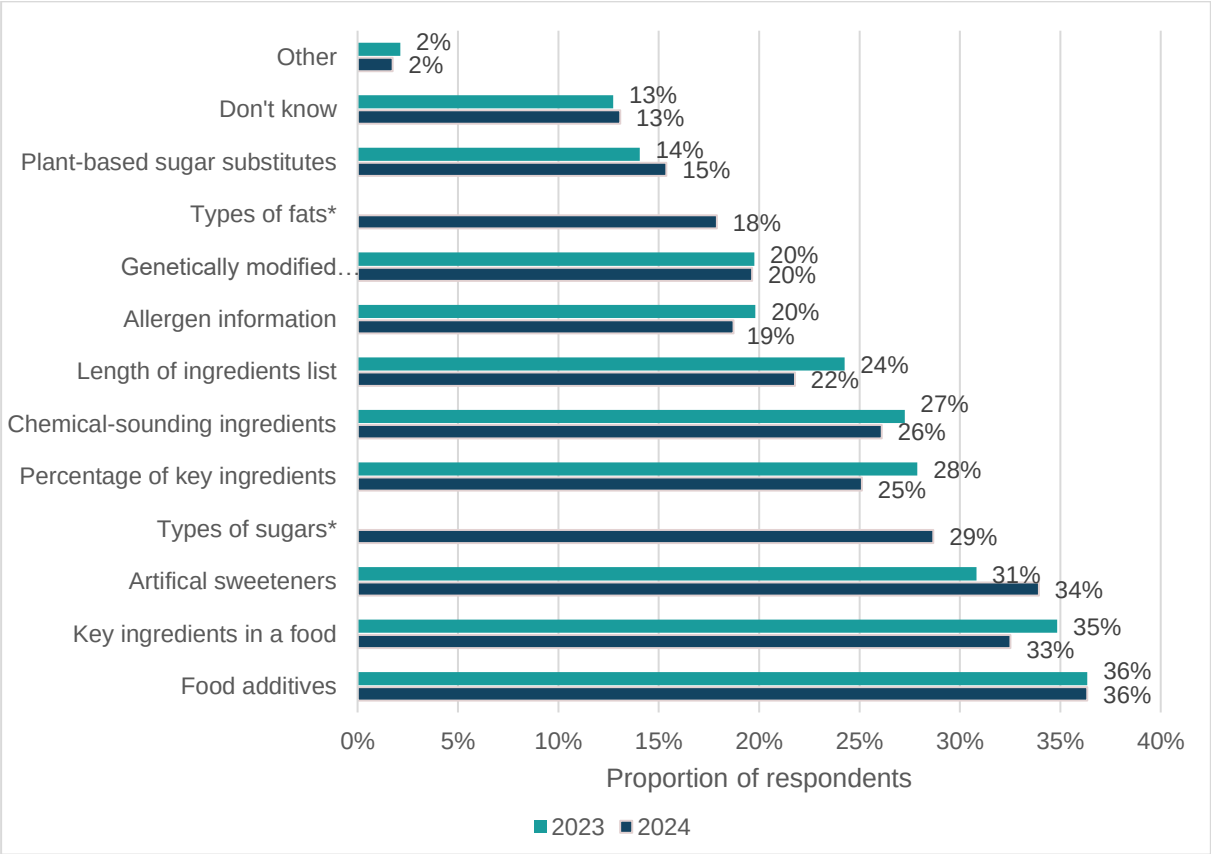
- Had a greater level of trust in BOP labelling elements;
- Had a lower level of confidence in the safety of the food supply;
- Had a greater level of health consciousness;
- Had a greater perceived ability to use food labelling;
- Selected a medical-related factor as affecting their food choices;
- Selected a lifestyle-related factor as affecting their food choices;
- Were female and;
- Were tertiary educated.

The strongest predictor was having a greater level of trust in BOP labelling elements. Full details of the regression analysis are available in the Appendix C.4.

Elements within the ingredients list

Respondents who indicated that the ingredients list was at least somewhat important (i.e. rated at least 4 on the scale of importance, n = 1,827) were asked the additional question: "What information do you usually look for in the ingredients list when buying products for the first time?" Respondents could select as many elements as they liked from a list, as shown in Figure 14. Open-ended responses to other included: palm oil, whether it includes animal products, ingredients from a lab, the order of the ingredients in the list, sodium content, types of spices/chilli in the product and whether ingredients are genetically modified.

Figure 14: Ingredients list elements selected by respondents by year (2023 n = 1,736, 2024 n = 1,827).



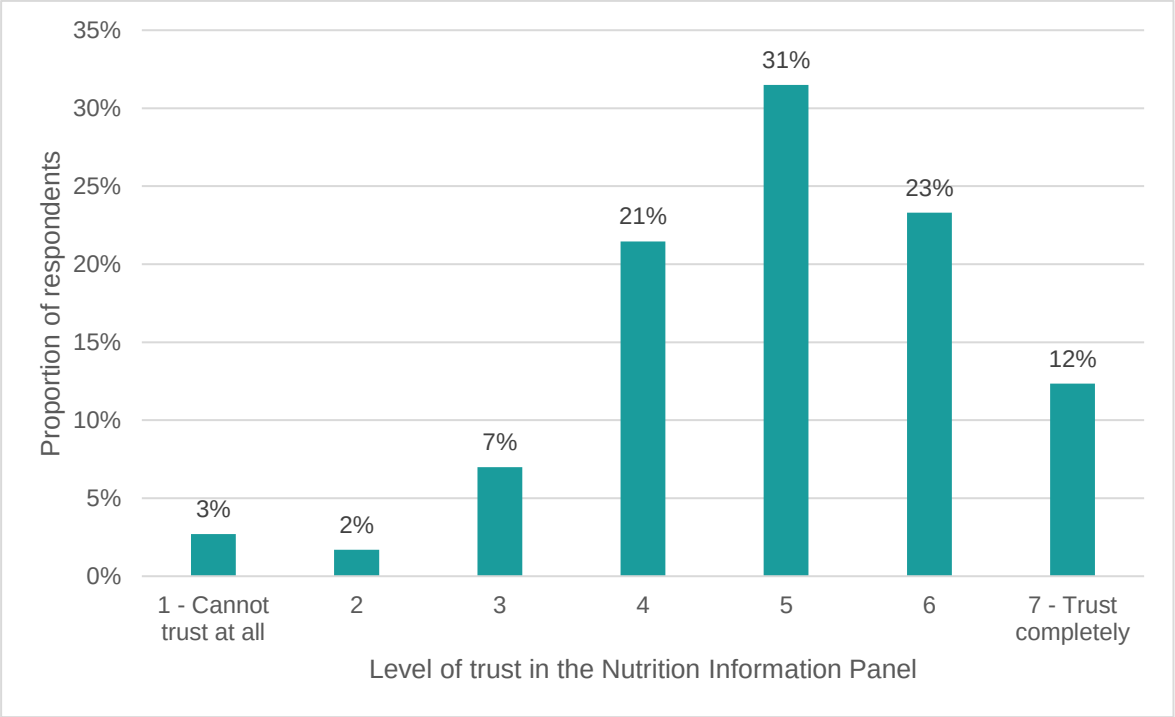
*Q: What information do you usually look for in the ingredients list when buying products for the first time? (Please select all that apply). * Looking for types or sources of sugar (e.g., refined sugars vs fruit or honey) and types or sources of fats (e.g., animal fats vs plant fats) in the ingredients list was not asked in the 2023 iteration of the Consumer Insights Tracker, and so cannot be compared between years.*

Nutrition Information Panel (NIP)

Trust in the NIP

As noted above, the NIP was trusted by 67.1% of consumers (i.e. rated above the midpoint of 4 on the trust scale). Only 11.4% said that they distrusted the NIP (i.e. rated below the midpoint). Figure 15 below shows the proportion of respondents who selected each different level of trust in the NIP.

Figure 15: Trust in the NIP in 2024

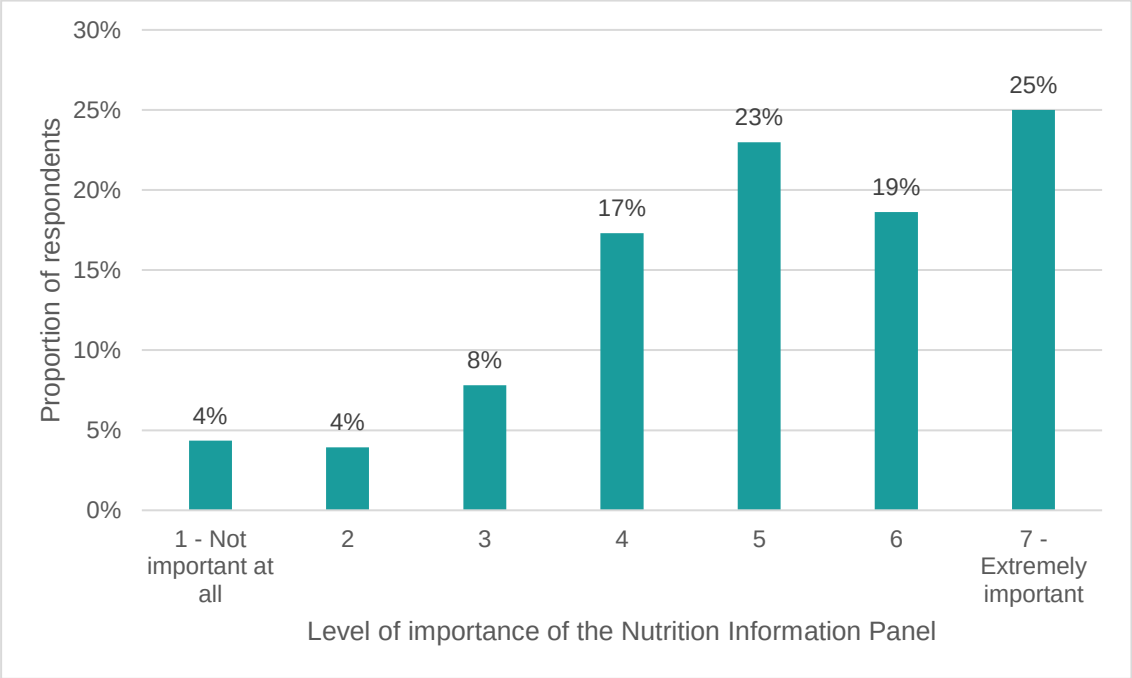


*Q: How much do you feel you can **trust** the following information on packaged foods and drink? (1 = "Cannot trust at all" and 7 = "Can trust completely").*

Importance of the NIP to food choices

As noted above, the NIP was regarded as important to food choices for 66.6% of respondents, while 16.1% thought it was generally unimportant to food choices, and 17.3% were neutral. Figure 16 shows the proportion of respondents who selected each different level of importance of the NIP.

Figure 16: Importance of the NIP to food choices in 2024



Q: Think about when you are making the decision to buy a packaged food or drink for the first time. How important is the following labelling information when deciding what to buy? (1 = "Not important at all" and 7 = "Extremely important").

Factors predicting the importance of the NIP to food choices

Hierarchical multiple regression was used to test if various factors significantly predicted the level of importance that participants had in the NIP. In the final model, people were significantly more likely (all *p* values < .05) to give a greater level of importance to the NIP if they (in order of strength):

- Had a greater level of trust in BOP labelling elements;
- Had a greater level of health consciousness;
- Had a greater perceived ability to use food labelling;
- Selected 'Nutrition' as a top three food value;
- Had a lower level of confidence in the safety of the food supply;
- Selected a lifestyle-related factor as affecting their food choices;
- Had no food industry experience and;
- Selected a medical-related factor as affecting their food choices.

Full details of the regression analysis are available in the Appendix C.5.

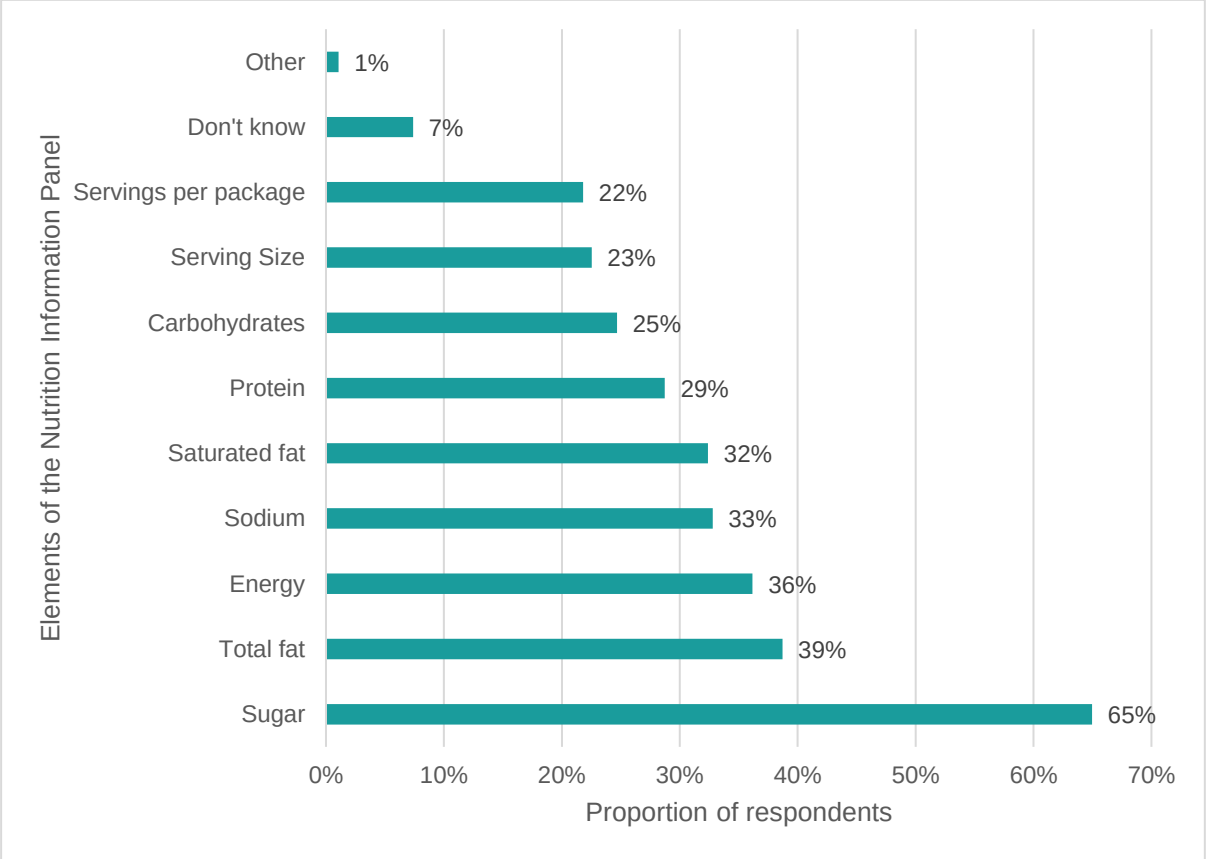
Elements within the NIP

Respondents who indicated that the NIP was at least somewhat important (i.e. provided a rating of at least 4 on the scale of importance, n = 1,775) were asked the additional question: "When buying products for the first time, what parts of the NIP do you usually look for?"

'Sugar content' was reported as the NIP element most frequently looked for (selected by 65%) (Figure 17). This was followed by 'Total fat content' (38.7%), 'Energy' (36.2%),

'Sodium' (32.8%) and 'Saturated Fat' (32.4%). The least looked for labelling elements were 'Servings per package' (21.8%) and 'Serving Size' (22.5%).

Figure 17: Use of NIP elements when buying food products for the first time (n = 1,775) in 2024



Q: When buying products for the first time, what parts of the Nutrition Information Panel (NIP) do you usually look for? (Please select all that apply)

Comparison between 2023 and 2024

Table 14 shows the proportion of respondents who selected each NIP element in 2023 and 2024. A Bonferroni-adjusted Chi-square analysis found no significant difference in the proportion of respondents who selected each NIP element between years (all $p > .05$).

Table 14: Number and proportion of respondents who selected each NIP element as important for food choices by year

	2023	**2024**
	n **(%)**	***n*** **(%)**
NIP elements		
Sugar	1,108 (63.4)	1,153 (65.0)
Total fat	688 (39.4)	687 (38.7)

Energy	595 (34.1)	642 (36.2)
Sodium	570 (32.6)	582 (32.8)
Saturated fat	561 (32.1)	575 (32.4)
Protein	468 (26.8)	510 (28.7)
Carbohydrate	430 (24.6)	438 (24.7)
Serving size	436 (25.0)	400 (22.5)
Servings per package	376 (21.5)	387 (21.8)
Don't know	145 (8.3)	131 (7.4)
Other	17 (1.0)	19 (1.1)
Total	1,747	1,775

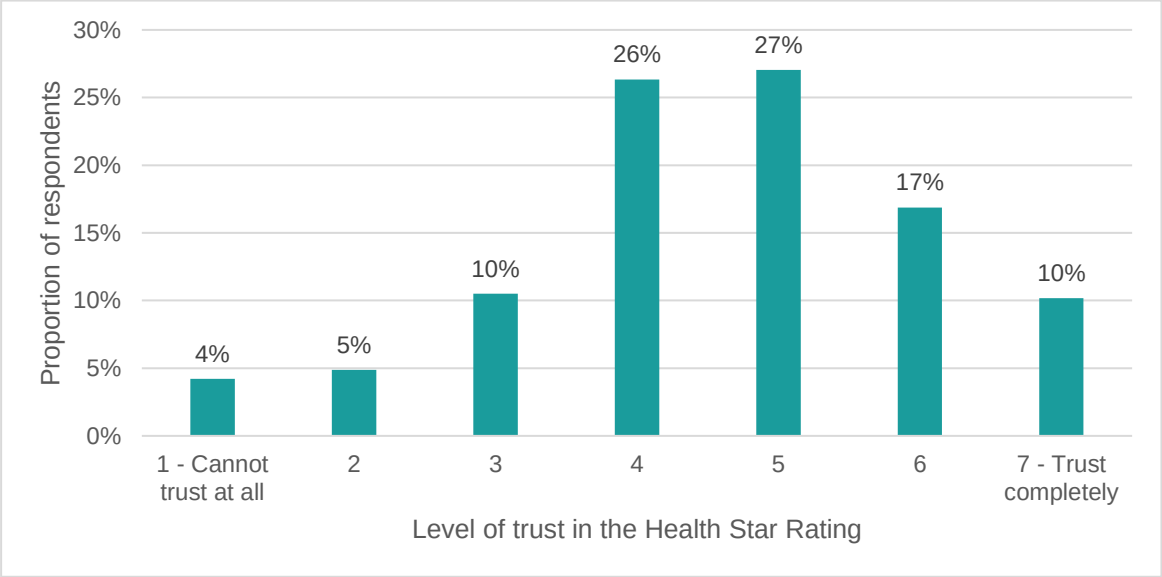
** Percentages may not add up to 100% as multiple responses could be selected.*

Health Star Rating (HSR)

Trust in the HSR

As noted above, 54.1% of respondents in 2024 generally trusted the HSR, while 26.3% were neutral, and 19.6% distrusted it. The mean level of trust in the HSR in 2024 was 4.58 (SD 1.5), and did not significantly differ from 2023 (M = 4.54, SD = 1.5, p = .331). Figure 18 shows the proportion of respondents who selected each different level of trust in the HSR. The highest proportion of respondents selected 5 (27.0%), which is just above the midpoint. This was closely followed by 4 – the midpoint (26.3%).

Figure 18: Level of trust in the Health Star Rating 2024

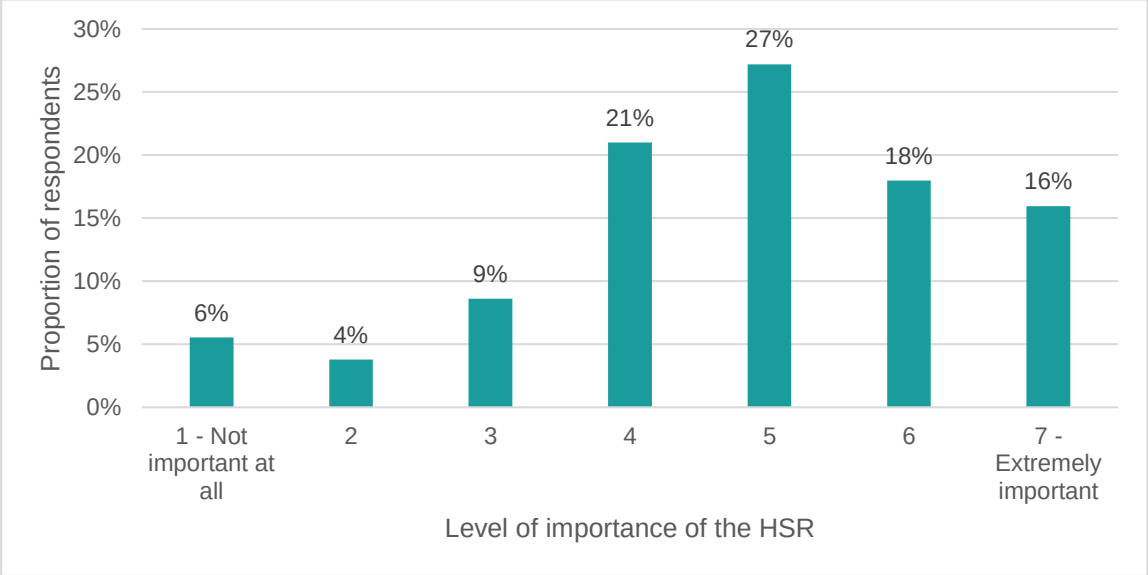


Q: How much do you feel you can trust the Health Star Rating on packaged foods and drink? (1 = "Cannot trust at all" and 7 = "Can trust completely")

Importance of the HSR

As noted above, 61.1% of respondents generally found the HSR important when making choices about purchasing packaged food or drink for the first time. This is higher than the proportion who trusted the HSR (54.1%) which suggests other factors other than trust predict the importance in the HSR. Twenty-one percent were neutral, and 17.9% found it unimportant. The mean level of importance for the HSR in 2024 was 4.78 (*SD* = 1.6), and did not differ significantly from 2023 (*M* = 4.70, *SD* = 1.7) ($p > .05$). Figure 19 shows the proportion of respondents who selected each different level of importance in the HSR. The highest proportion of respondents selected 5 (27.2%), which is just above the midpoint. This was followed by 4 – the midpoint (21.0%).

Figure 19: Level of importance of the HSR in 2024



Q: Think about when you are making the decision to buy a packaged food or drink for the first time. How important is the following labelling information when deciding what to buy? (1 = "Not important at all", 7 = Extremely important")

Factors predicting importance of the HSR

Hierarchical multiple regression was used to test if various factors significantly predicted the level of importance gave to the HSR. In the final model, people were significantly more likely (all *p* values < .05) to give a greater level of importance to the HSR if they (in order of strength):

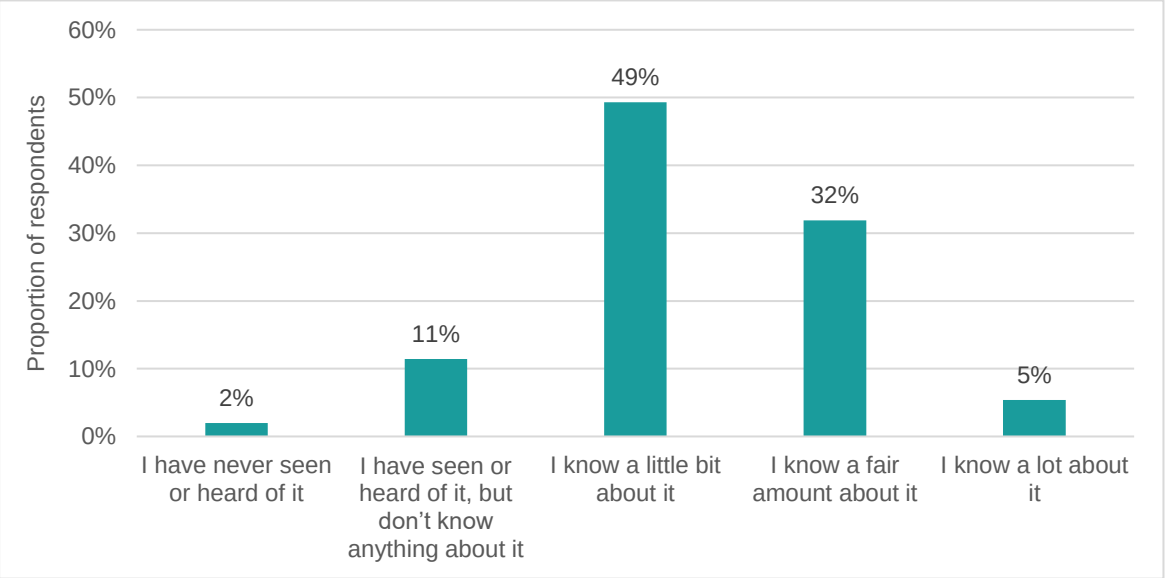
- Had a greater level of trust in FOP labelling elements;
- Had a greater level of health consciousness;
- Had a lower level of confidence that food is safe to eat;
- Had a greater level of trust in professionals and institutions (trust index);
- Resided in Australia;
- Had a lower perceived ability to use food labelling;
- Selected nutrition as top three food value.

See Appendix C.6 for full results of the analysis.

Perceived understanding of the HSR

The majority of participants (86.6%) reported that they knew at least a little about the HSR (Figure 20 and Table 15). Only 11.4% reported to 'have seen or heard of it, but don't know anything about it' and only 2.1% reported 'to have never seen or heard of it'.

Figure 20: Perceived understanding of the HSR in 2024



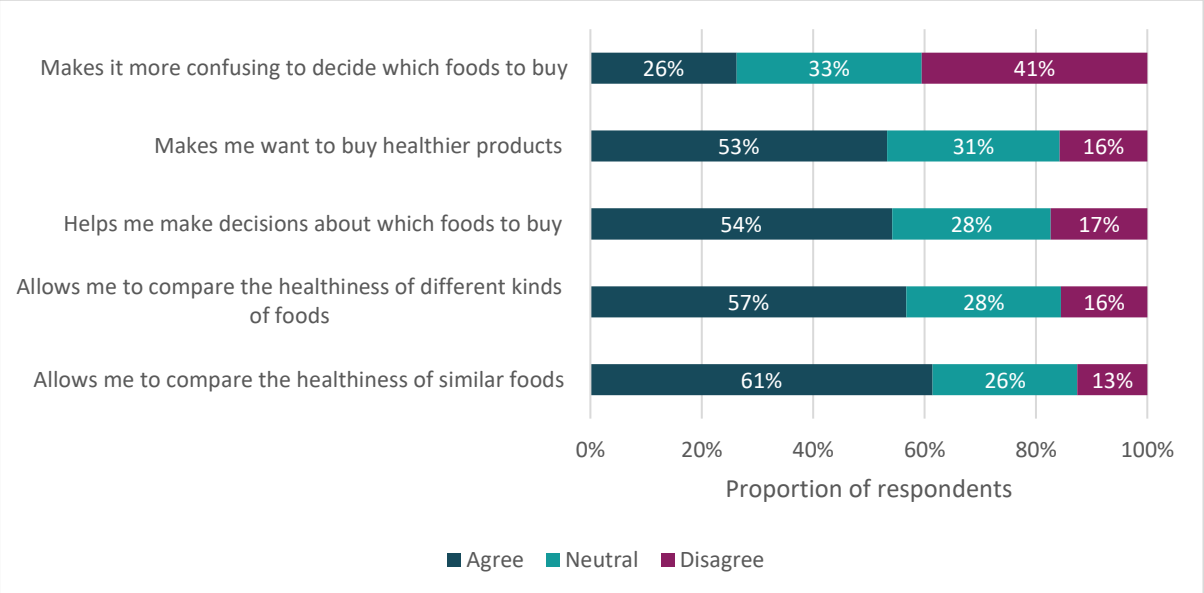
Q: How much, if anything, do you feel you know about the Health Star Rating?

Table 15: Number and proportion by country for perceived understanding of the HSR in 2024

	Australia n (%)	New Zealand n (%)	Total n (%)
I have never seen or heard of it	17 (1.4)	25 (2.8)	42 (2.0)
I have seen or heard of it, but don't know anything about it	121 (9.8)	121 (13.7)	242 (11.4)
I know a little bit about it	599 (48.7)	444 (50.2)	1043 (49.3)
I know a fair amount about it	416 (33.8)	258 (29.2)	674 (31.9)
I know a lot about it	78 (6.3)	36 (4.1)	114 (5.4)

Figure 21 shows that 61.5% of respondents agreed with the statement that the HSR 'allows me to compare the healthiness of similar foods (e.g. different types of cereal)', and 56.7% of respondents agreed that it 'allows me to compare the healthiness of different kinds of foods (e.g. muesli bar vs cereal)'. These results suggest a high proportion of consumers may not be aware that the HSR is designed to only be used to make comparisons between similar food products. Twenty-six percent of respondents agreed that the HSR 'makes it more confusing to decide which foods to buy', 53.3% agreed that the HSR 'makes me want to buy healthier products', and 54.2% agreed that it 'helps me make decisions about which foods to buy'. Table 16 shows the mean and standard deviations on the seven-point scale to this question.

Figure 21: Respondents' agreement to a series of statements about the HSR System in 2024



Q: Please indicate how strongly you agree or disagree that the Health Star Rating system…Seven-point Likert scale (1 = "Strongly disagree", 4 = "neutral", 7 = "Strongly agree")

Table 16: Mean and standard deviation (SD) of participants responses to HSR statements in 2024

	Mean (±*SD*)
Statement	
Allows me to compare the healthiness of similar foods	4.84 (1.4)
Allows me to compare the healthiness of different kinds of foods	4.65 (1.5)
Helps me make decisions about which foods to buy	4.58 (1.5)
Makes me want to buy healthier products	4.63 (1.5)
Makes it more confusing to decide which foods to buy	3.68 (1.6)

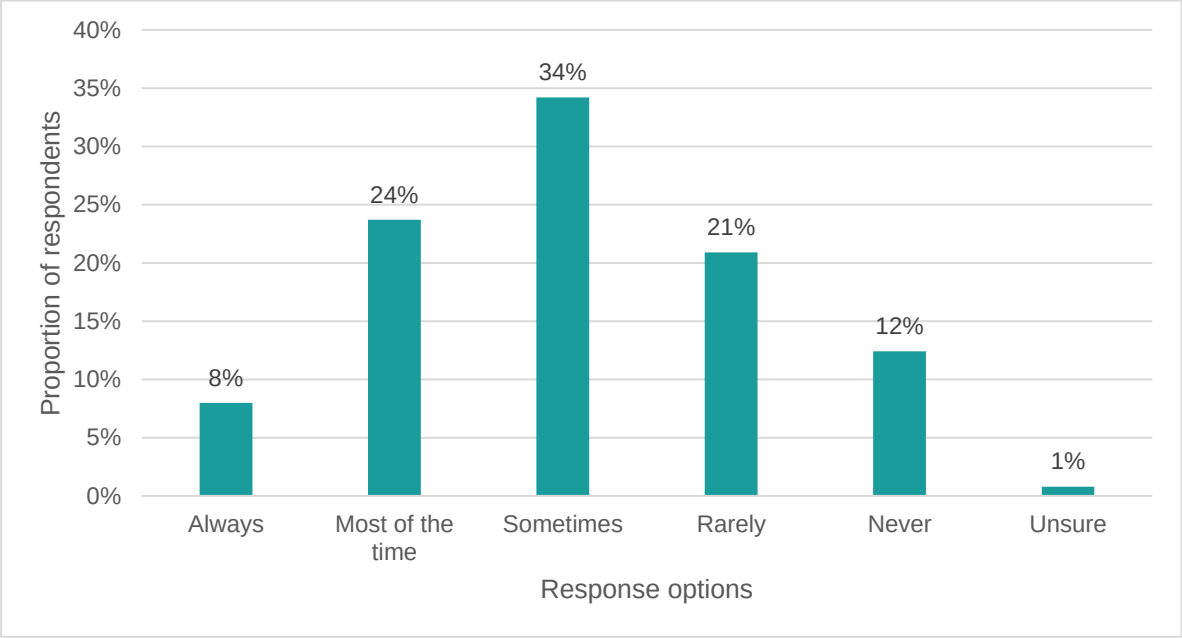
Q: Please indicate how strongly you agree or disagree that the Health Star Rating system…Seven-point Likert scale (1 = "Strongly disagree", 4 = "Neutral", 7 = "Strongly agree")

Frequency of using the HSR

As shown in Figure 22 and Table 17, 65.9% of respondents reported that they look at the HSR at least 'sometimes' (i.e. they responded 'Sometimes', 'Most of the time' or 'Always')[19]. One-third of respondents (33.3%) said that they look at the HSR 'Rarely' or 'Never'. A further 0.8% were unsure.

[19] In the 2024 iteration of the survey, participants were also asked how often they look for the HSR when shopping for food in the supermarket. Responses were collected on a five-point Likert scale (1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Most of the time, 5 = Always) plus 'Unsure'.

Figure 22: Frequency of looking for the Health Star Rating when shopping in 2024



Q: How often do you look for the Health Star Rating when shopping for food in the supermarket?

Table 17: Number and percent of respondents and their frequency of HSR use

	Australia n (%)	New Zealand n (%)	Total n (%)
Always	110 (8.9)	60 (6.8)	170 (8.0)
Most of the time	340 (27.6)	162 (18.3)	502 (23.7)
Sometimes	412 (33.5)	312 (35.3)	724 (34.2)
Rarely	225 (18.3)	216 (24.4)	441 (20.9)
Never	134 (10.9)	128 (14.5)	262 (12.4)
Unsure	10 (0.8)	6 (0.7)	16 (0.8)

Factors predicting frequency of using the HSR

As the proportional odds for ordinal regression assumption was violated, a multinomial logistic regression was used to determine whether various factors predicted the use of the HSR. A multinomial logistic regression was undertaken that tested the predictors for using the HSR always vs rarely/never; most of the time vs rarely/never; and sometimes vs rarely/never. 'Unsure' was excluded from the analysis. See Appendix D.1 for full results.

People had higher odds (all *p* values < .05) of using the HSR 'always' compared to 'rarely/never' if they:

- Had greater self-rated knowledge of the HSR (know a lot vs know nothing/have seen it but know nothing/haven't seen it; and know a fair amount vs know nothing/have seen it but know nothing/haven't seen it);

- From Australia (compared to New Zealand);
- Had a greater level of health consciousness;
- Were younger.

People had higher odds (all *p* values < .05) of using the HSR 'most of the time' compared to 'rarely/never' if they:

- Had greater self-rated knowledge of the HSR (know a lot vs know nothing/have seen it but know nothing/haven't seen it; and know a fair amount vs know nothing/have seen it but know nothing/haven't seen it);
- From Australia (compared to New Zealand);
- Had greater trust in FOP;
- Had no food industry experience;
- Had a greater level of health consciousness;
- Had a low EHHI (compared to high and middle income);
- Were tertiary educated (compared to non-tertiary educated);
- Were younger.

People had higher odds (all *p* values < .05) of using the HSR 'sometimes' compared to 'rarely/never' if they:

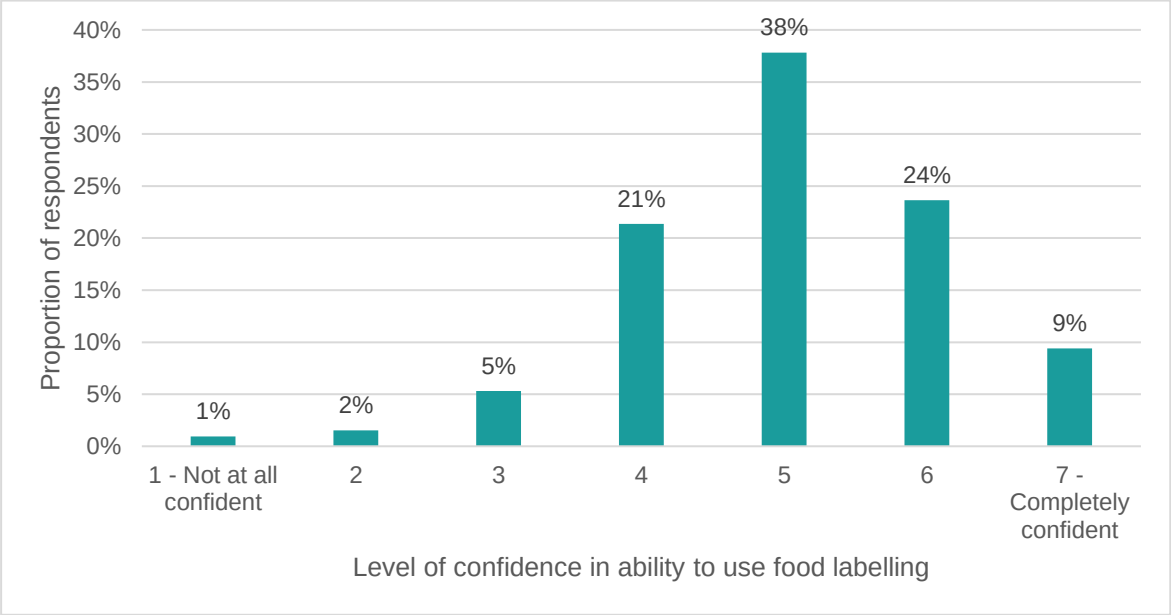
- Had greater self-rated knowledge of the HSR (know a fair amount vs know nothing/have seen it but know nothing/haven't seen it);
- Had greater trust in FOP;
- From Australia (compared to New Zealand);
- Had a low EHHI (compared to high income);
- Did not select nutrition as a food value.

Perceived ability to use food labelling

As shown in Figure 23 below, most respondents (71.0%) felt generally confident in their ability to use food labelling to make informed choices[20] (i.e. selected a response option above the midpoint). Only 7.8% indicated that they felt unconfident (i.e. selected a response option below the midpoint), and 21.4% selected a rating at the midpoint. The mean perceived ability to use food labelling was 5.02 (*SD* = 1.2). It is important to note that this question only measured respondents' *perceived* ability to use food labelling to make informed choices, and does not provide an objective measure of their ability to use food labelling. There was no difference in the mean level of perceived ability to use food labelling between 2023 (*M* = 5.02, *SD* = 1.2) and 2024 (*M* = 5.02, *SD* = 1.2) (p > .05).

[20] Q: How confident are you in your ability to make informed choices about foods from the information on food labels? (1 = *"Not at all confident"* and 7 = *"Completely confident"*)

Figure 23: Perceived ability to use food labelling to make informed choices in 2024



Q: How confident are you in your ability to make informed choices about foods from the information on food labels? (1 = "Not at all confident" and 7 = "Completely confident")

Reasons for lack of confidence in ability to use food labelling

Respondents who indicated a lack of confidence in their ability to use food labelling (i.e. selected a rating of 1- 4; n = 616 in 2024) were asked, "What makes it difficult to use food labelling to make informed choices about foods?" As shown in Table 18 below, 'The information on food labels is too small/illegible to easily read' (41.1% of respondents) was the most frequently selected reason for lack of confidence in ability to use food labelling (29.1%). This was followed by 'I often don't understand what the information on food labels means' (36.4%) and 'I'm not sure if I can trust the information on food labels' (34.3%). The least selected reason was 'I can't find the information I need to make food choices that reflect my values.' Responses of those selecting 'Other' included a lack of country of origin and place of manufacture for all ingredients, severe allergies, and misleading or deceptive labelling.

Table 18: Reasons for lack of confidence in ability to use food labelling to make informed choices

	2023 ***n* = 592**	**2024** ***n* = 616**
	n **(%)**	***n*** **(%)**
Reasons		
The information on food labels is too small/illegible to easily read	219 (37.0)	253 (41.1)
I often don't understand what the information on food labels means	224 (37.8)	224 (36.4)
I'm not sure if I can trust the information on food labels	216 (36.5)	211 (34.3)

I don't have enough time to read food labels when I'm shopping	181 (30.6)	198 (32.1)
I don't find the information on food labels useful or relevant to me	82 (13.9)	85 (13.8)
I can't find the information I need to make food choices that reflect my values	45 (7.6)	48 (7.8)
Other (e.g. feeling of deception, not caring)	2 (0.3)	8 (1.3)
Can't say/Don't know	56 (9.5)	47 (7.6)

** Percentages may not add up to 100% as multiple responses could be selected.*

Those who selected that they "often don't understand what the information on food labels means" (n = 224) were asked: "What information on the label do you find difficult to understand, and why?" Open-ended responses were coded inductively. Difficulty understanding ingredient names was the most commonly cited open-ended response from respondents who had difficulty understanding food labelling. Approximately half of all respondents cited this reason (Table 19). Examples of comments made include:

> "They try to tell you a number is an ingredient."
>
> "E-numbers and artificial sounding chemicals – I don't know what they mean and how bad they are for us."
>
> "The ingredient and number. I'm always having to look up the number to find out what is in the product."

Table 19: Coded responses to open-ended reasons for not understanding food labelling 2024 (n = 224)

	n **(%)**
Reasons	
Ingredient names	112 (50.0)
Lack the nutrition knowledge to use the information	35 (15.6)
'Everything', 'All of it', 'Most of it' or similar	25 (11.2)
Other	22 (9.8)
Legibility of the information	18 (8.0)

Numeric information	15 (6.7)
Serving size	11 (4.9)
Too much information	10 (4.5)
Daily intake	8 (3.6)
No response	8 (3.6)
Total	**224**

** Percentages may not add up to 100% as multiple reasons could be written.*

After ingredient names, the most common reasons for lack of understanding were: a lack of nutrition knowledge that prevented them from understanding the information provided and general expressions of confusion.

Examples of comments made regarding a lack of nutrition knowledge include that they are confused by:

> "What it actually means as a health implication."
>
> "What is it exactly that my body needs and [what] is bad / how much of it is bad. I need to be educated on nutritional values."
>
> "Not really sure what I'm meant to be looking for."

Examples of comments regarding general confusion include:

> "It is a bit over my head."
>
> "I just don't really understand what it all means."
>
> "I just am not smart."
>
> "Everything, it's confusing."

'Other' reasons for confusion were varied, and included: lack of time, lack of interest, inability to determine 'natural' ingredients, and lack of calorie information (instead of or in addition to kilojoule information). Numeric information concerns included that they didn't understand the meaning of gram information in practice, percentages of ingredients, the multitude of numbers on the NIP, and "the scientific wording and numbers" (it is not clear whether this is referring to the NIP or the ingredients list or both).

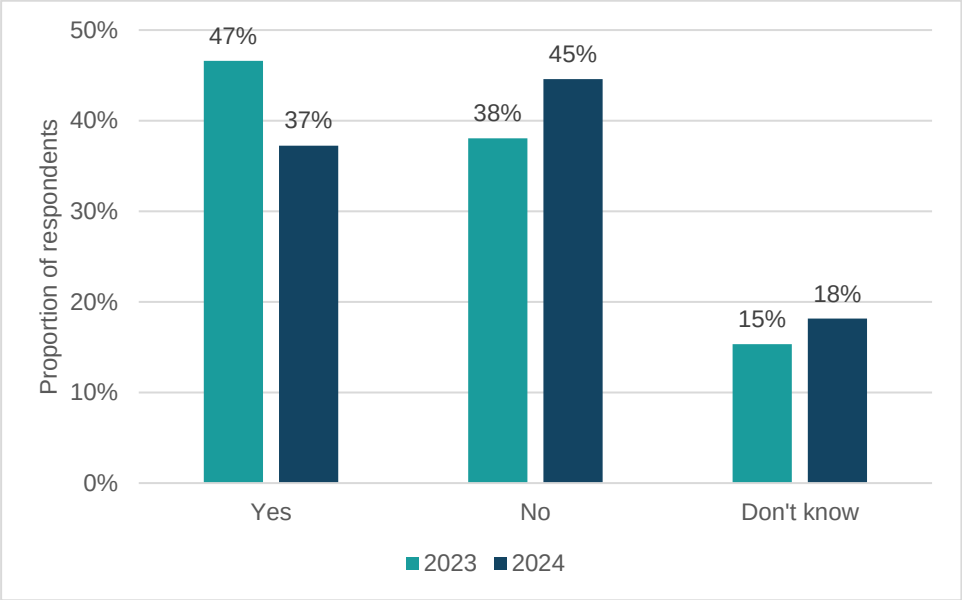
Food safety knowledge and concerns

Food recall knowledge

Thirty-seven percent of respondents remembered a food recall happening over the last twelve months. This was lower than the 47% of respondents who remembered a recall in

2023 (Figure 24) (chi-square analysis indicated a significant difference in proportions between years, $p < .001$). This may reflect the lower number of food recalls in 2023/4 (83) compared to 2022/3 (93 food recalls + 2 National Food Incidents).

Figure 24: Knowledge of food recalls by year



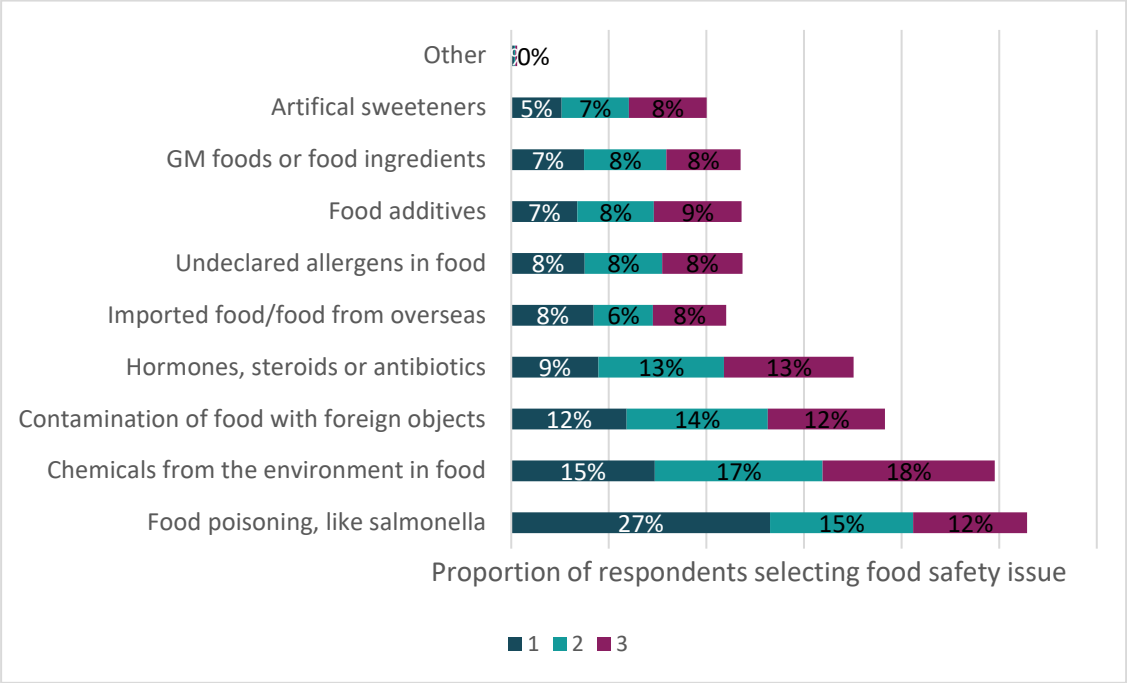
Q: Do you remember hearing about any food being recalled in the past 12 months?

Food safety concerns

As shown in Figure 25, respondents rated 'food poisoning, like *Salmonella*' and 'chemicals from the environment in food' as the most important food safety issue[21]. 'Food poisoning' was rated as the number one issue by 26.5% of respondents, with 14.7% and 11.7% respondents rating it as their second and third ranked issue. In addition, 14.7% rating 'chemicals from the environment in food' as the number one issue, 17.2% as the second and 17.6% as the third ranked issue. Artificial sweeteners were rated as the least important food safety issue. Chi-squared tests did not identify any significant difference between the top three ranked food safety issues between 2023 and 2024 with the exception of a slight increase in reporting GM foods or food ingredients as a top food safety issue in 2024 ($p < .05$). In 2023, 6% of participants ranked GM foods or food ingredients as their number one food safety issue, 6% as their second, and 8% as their third.

[21] In your opinion, what are the **top three** most important FOOD SAFETY issues today? Please rank up to three food safety issues.1 = Most important food safety issue, 2= Second-most important, 3 = Third most important

Figure 25: Top three ranked food safety issues in 2024

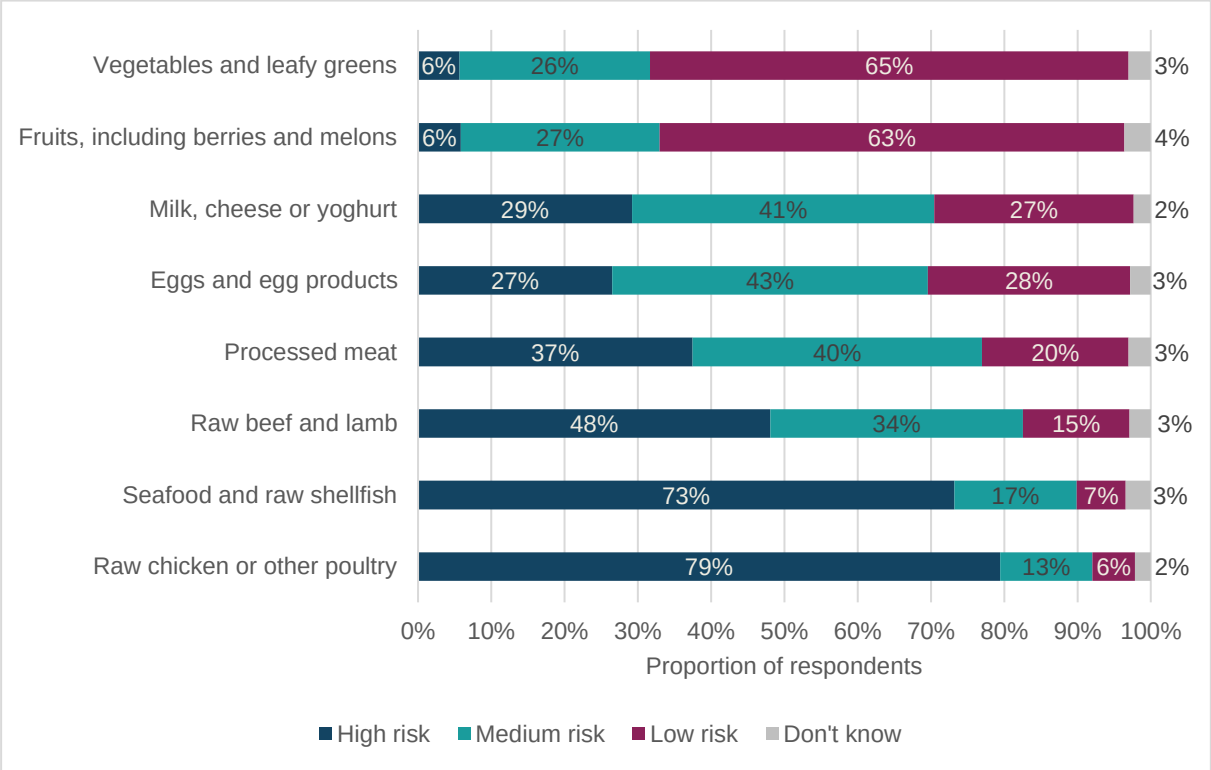


*Q: In your opinion, what are the **top three** most important FOOD SAFETY issues today? Please rank up to three food safety issues. 1 = Most important food safety issue, 2 = Second-most important, 3 = Third most important*

Food risk perceptions

'Raw chicken or other poultry' followed by 'raw seafood and shellfish' were perceived by respondents to be the most risky foods to eat if not stored, prepared, and/or cooked correctly at home (Figure 26). Approximately 79% and 73% of respondents rated these foods as high risk respectively, 13% and 17% as medium risk, and 6% and 7% as low risk. The least risky foods were 'vegetables and leafy greens' (6% perceive as high risk) and 'fruits, including berries and melons' (6%). Due to a wording change in this question from 2023 to 2024 a direct comparison between years is not possible. However, the order of the risk perceptions of these foods relative to each other has remained largely the same.

Figure 26: Foods ranked according to their perceived risk in 2024

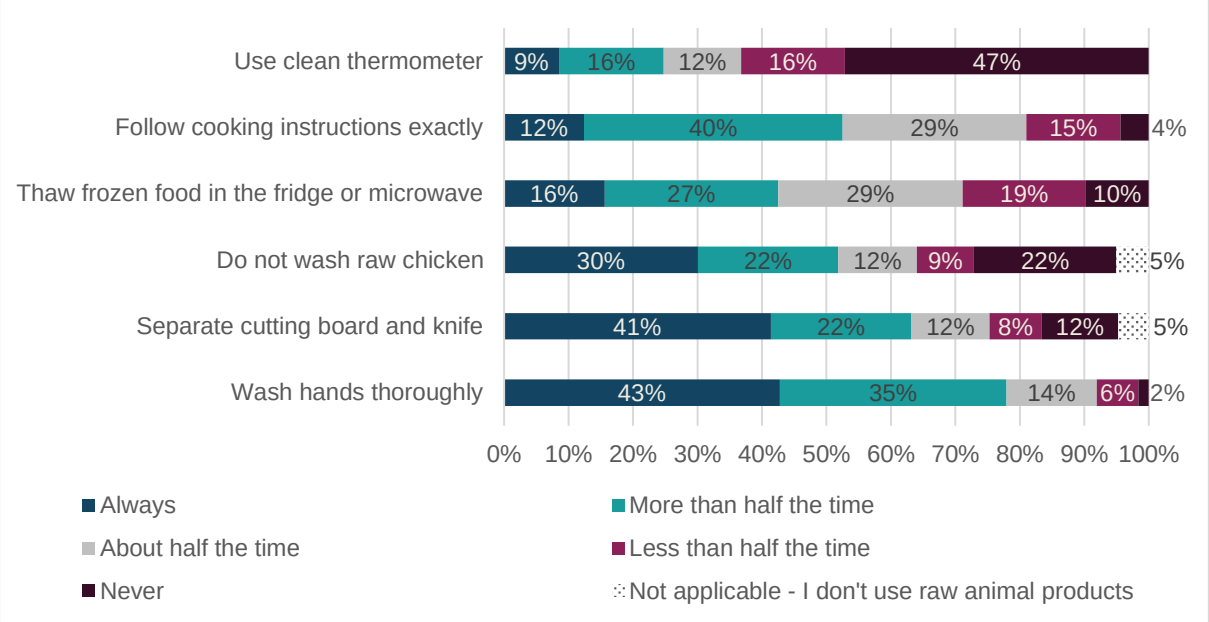


Q: In your opinion, how risky are the following foods to eat if not stored, prepared, and/or cooked correctly at home? [Response options: High risk, medium risk, low risk, don't know]

Food safety behaviours

Respondents who indicated that they had some level of involvement in meal preparation at home (n = 1,929) were asked how often they practised behaviours when preparing food at home. Washing hands thoroughly was the behaviour that 2024 participants reported to engage in the most, with 42% reporting to 'always' and 35% 'more than half the time' (Figure 27). Only 8% of participants reported to 'always' use a clean thermometer, and 17% 'more than half the time'.

Figure 27: Reported frequency of respondents' food safety behaviour in 2024 (n = 1,929)

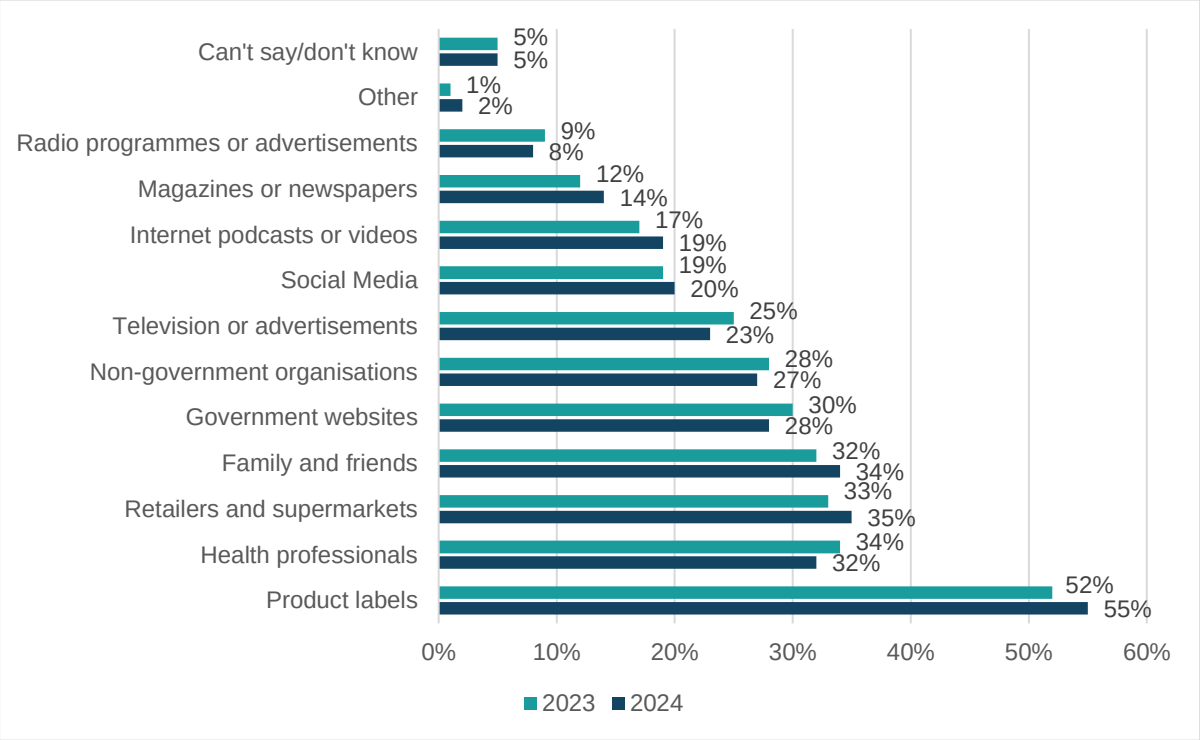


Q: How often do you do the following when preparing food at home? 1 = Never, 4 = About half the time, 7 = Always; or 'Not applicable – I don't use raw animal products'

Food safety information sources

Approximately half (52%) of 2024 respondents (53% in 2023) indicated that they would like to know more about how to store and prepare food safely, 38% said they would not and 11% did not know. Those who indicated they were interested in learning more were then asked about their preferred information source. As shown in Figure 28, product labels were the most preferred source of information in both 2023 and 2024 with 52% and 55% of participants selecting this as their preferred source of information. The least preferred sources of information were radio, including programmes and advertisements and magazines or newspapers, either online or in print. There were no significant differences in food safety information sources between Australian and New Zealand respondents in 2024 (all $p > .05$). Responses from those who selected 'Other' included: free booklets, handler course and online learning modules.

Figure 28. Proportion of respondents selecting preferred food safety information sources (2023 n = 1,289; 2024 n=1,321).



Q: What are your preferred sources of information about how to store and prepare food safely? (Please select all that apply)

New foods and food technologies

Sports foods

The questions in this section were designed to answer current data information needs related to the consumption of sports foods and the reasons why respondents consume different types of sports foods. The questions build on those from the 2023 CIT, which assessed consumers' general consumption of sports foods and when respondents consume sports foods i.e. during or after exercise.

71% of respondents reported consuming any sports food, while 29% did not consume any sports food[22]. 46% percent of participants reported consuming at least one sports food in a typical week. Electrolytes and protein bars and cookies were consumed by the highest number of respondents, with approximately half (49%) consuming at least 'less than once a week'. This was followed by energy bars at 42%, protein powders (34%), ready-to-drink protein shakes or drinks (34%), pre-workout (25%), energy gels (21%), gainers (21%), amino acids (21%), and fat burners (18%) (Table 20 and Figure 29). Protein powders had the highest proportion of respondents who stated they consumed these products 'once a day' or 'more than once a day' at 9%. Protein bars or cookies and electrolytes were consumed by 6% of respondents 'once a day' or 'more than once a day'. The least frequently consumed daily were energy gels, with 3% of respondents reporting to consume them at least once a day or more (Figure 29).

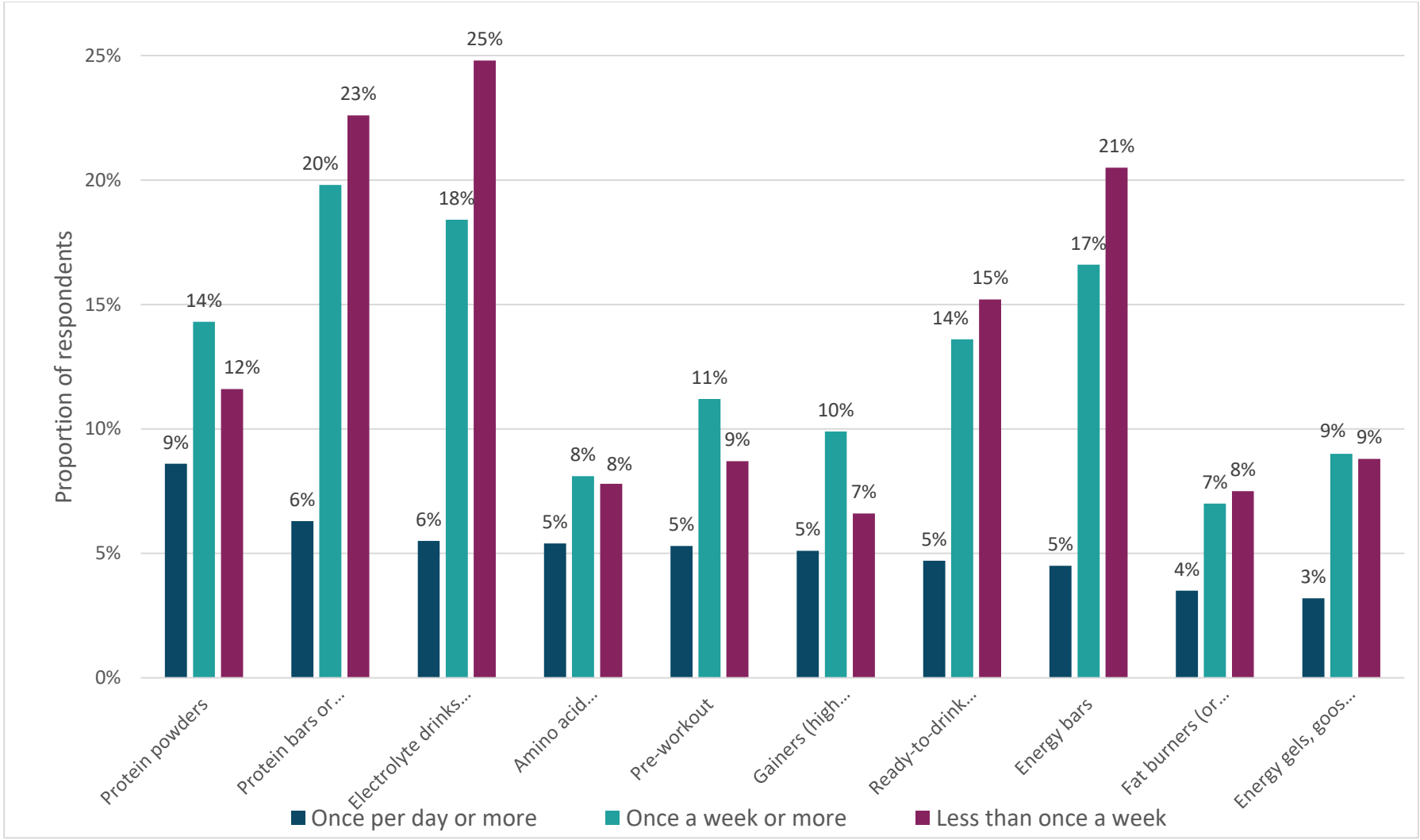
Table 20: Number and percentage of participants selecting each consumption frequency for each type of sports food

	Consumption frequency ***n*** **(%)**					
	More than once a day	**Once a day**	**More than once a week**	**Once a week**	**Less than once a week**	**Don't currently consume**
Sports Foods						
Protein powders	40 (1.9)	142 (6.7)	162 (7.7)	140 (6.6)	245 (11.6)	1386 (65.5)
Pre-workout	23 (1.1)	89 (4.2)	133 (6.3)	104 (4.9)	185 (8.7)	1581 (74.8)
Energy bars	17 (0.8)	78 (3.7)	164 (7.8)	187 (8.8)	434 (20.5)	1235 (58.4)

[22] *Q: How often, if at all, do you personally consume the following food products in a typical week? More than once every day; Once a day; More than once every week; Once a week; Less than once a week; Don't currently consume*

	Consumption frequency *n* (%)					
	More than once a day	**Once a day**	**More than once a week**	**Once a week**	**Less than once a week**	**Don't currently consume**
Sports Foods						
Energy gels, goos or gummies	20 (1.0)	46 (2.2)	78 (3.7)	111 (5.3)	185 (8.8)	1675 (79.2)
Gainers (high carb/protein powders)	31 (1.5)	75 (3.6)	95 (4.5)	114 (5.4)	139 (6.6)	1661 (78.5)
Fat burners (or 'shred powders)	17 (0.8)	56 (2.7)	74 (3.5)	74 (3.5)	158 (7.5)	1736 (82.1)
Protein bars or cookies	26 (1.2)	108 (5.1)	216 (10.2)	203 (9.6)	478 (22.6)	1084 (51.3)
Ready-to-drink protein shakes or drinks	22 (1.0)	79 (3.7)	145 (6.9)	141 (6.7)	322 (15.2)	1406 (66.5)
Amino acid powders or gummies	20 (1.0)	94 (4.4)	76 (3.6)	95 (4.5)	164 (7.8)	1666 (78.8)
Electrolyte drinks or powders	24 (1.1)	92 (4.4)	189 (8.9)	200 (9.5)	525 (24.8)	1085 (51.3)

Figure 29: Proportion of consumers and frequency of consuming different sports foods (don't currently consume not included in this graph)



To approximate how many serves of sports food respondents may consume per day, a daily stack variable was created. Within this variable selecting ‘Once a day’ was classified as consuming one serve per day and selecting ‘More than once a day’ was classified as consuming two serves. A sum of these two responses across all sports foods was then calculated. All other responses were not included. As such, the number of serves consumed per day in this variable may be a conservative estimate. Table 21 shows that 20.2% of respondents consume one or more sports foods per day and 19.1% of respondents consume two or more sports foods per day.

Table 21: Total number of sports food products consumed each day by respondents

Number of sports food consumed per day	Australia n (%)	New Zealand n (%)	Total n (%)
0	977 (79.4%)	711 (80.4%)	1688 (79.8%)
1	11 (0.9%)	13 (1.5%)	24 (1.1%)
2	101 (8.2%)	74 (8.4%)	175 (8.3%)
3	11 (0.9%)	7 (0.8%)	18 (0.9%)
4	44 (3.6%)	25 (2.8%)	69 (3.3%)
5	7 (0.6%)	3 (0.3%)	10 (0.5%)
6 – 10	58 (4.7%)	36 (4.1%)	94 (4.4%)
11 – 15	16 (1.3%)	14 (1.6%)	30 (1.4%)
16 - 20	6 (0.5%)	1 (0.1%)	7 (0.3%)

Respondents who reported to consume any sports food more than at least once a week were asked why they consume the sports foods they reported using (Table 22). Consumers could select as many reasons as they liked from a pre-determined list, or select other. The reasons for consuming sports foods were highly variable, with no one reason chosen by more than 20% of those consuming the product at least once per week.

Table 22: Reasons why participants consume sports foods

	Protein powders (n = 484)	Pre-workout drinks or foods (n = 349)	Energy bars (n = 446)	Energy gels, goos or gummies (n = 255)	Gainers (n = 315)	Fat burners (n = 221)	Protein bars (n = 553)	RTE protein shakes (n = 387)	Amino acids powders or gummies (n = 285)	Electrolyte drinks or powders (n = 505)
Reason n (%)										
Prepare for intense sport or exercise	72 (6.7)	126 (18.1)	76 (8.4)	33 (6.8)	57 (9.6)	34 (7.8)	58 (5.3)	56 (7.3)	59 (10.1)	91 (9.0)
Maintain energy or hydration during intense sport or exercise	75 (7.0)	98 (14.1)	90 (10.0)	71 (14.6)	68 (11.5)	39 (9.0)	81 (7.5)	70 (9.1)	63 (10.8)	183 (18.0)
Recover from intense sport or exercise	136 (12.7)	63 (9.1)	86 (9.5)	57 (11.7)	69 (11.7)	43 (9.9)	115 (10.6)	114 (14.8)	88 (15.1)	154 (15.2)
Achieve a long-term sport or exercise-related effect	149 (13.9)	94 (13.5)	70 (7.8)	63 (13.0)	77 (13.0)	48 (11.0)	92 (8.5)	81 (10.5)	80 (13.7)	71 (7.0)
Help maintain health or diet	197 (18.4)	63 (9.1)	109 (12.1)	66 (13.6)	83 (14.0)	70 (16.1)	177 (16.3)	116 (15.0)	78 (13.4)	102 (10.0)
Help lose or maintain weight	138 (12.9)	57 (8.2)	93 (10.3)	46 (9.5)	61 (10.3)	78 (17.9)	112 (10.3)	91 (11.8)	45 (7.7)	57 (5.6)
Improve or maintain focus	49 (4.6)	55 (7.9)	64 (7.1)	32 (6.6)	39 (6.6)	27 (6.2)	65 (6.0)	46 (6.0)	38 (6.5)	82 (8.1)
Convenience	85 (7.9)	39 (5.6)	115 (12.7)	33 (6.8)	37 (6.3)	26 (6.0)	137 (12.6)	67 (8.7)	31 (5.3)	82 (8.1)

Enjoy the taste	73 (6.8)	36 (5.2)	116 (12.8)	40 (8.2)	34 (5.8)	28 (6.4)	147 (13.5)	62 (8.0)	28 (4.8)	109 (10.7)
Affordable price and/or good value	46 (4.3)	28 (4.0)	52 (5.8)	17 (3.5)	26 (4.4)	22 (5.1)	58 (5.3)	35 (4.5)	26 (4.5)	42 (4.1)
Recommended by my trainer, coach, or friends	37 (3.4)	27 (3.9)	15 (1.7)	16 (3.3)	19 (3.2)	12 (2.8)	18 (1.7)	21 (2.7)	29 (5.0)	21 (2.1)
Other	10 (0.9)	0 (0.0)	7 (0.8)	0 (0.0)	3 (0.5)	0 (0.0)	9 (0.8)	4 (0.5)	4 (0.7)	10 (1.0)
Don’t know	6 (0.6)	9 (1.3)	10 (1.1)	12 (2.5)	18 (3.0)	8 (1.8)	18 (1.7)	9 (1.2)	14 (2.4)	12 (1.2)

**Percentages may not add up to 100% as multiple responses could be selected. Q: Why do you typically consume the following food products? (Please select all that apply).*

New and Emerging Foods and Food Technologies

The questions in this section were designed to answer current data information needs related to consumer awareness and confidence in new food technologies. In 2023, respondents were asked about their consumption intentions for cell-cultured/cultivated[23] meat. In 2024, respondents were asked about their consumption intentions for cell-cultured/cultivated dairy. These two questions are planned to be rotated between years to investigate any change over a two year time period. Additionally, in 2024 respondents were asked about precision fermentation (that is, fermentation using yeast, bacteria, or fungi that have been genetically modified to produce proteins like those found in eggs, milk, or cheese) and genetically modified (GM) bananas. The sale and use of a banana line that was genetically modified for resistance to a fungal disease was approved early in 2024.

Awareness of new or emerging food and/or food technology

Table 23 shows that most respondents had little awareness of GM bananas, cell-cultured/cultivated meat and dairy and precision fermentation in 2024. Approximately 55% of respondents had never heard of GM bananas, and 25% had heard of but know very little or nothing about it. This is higher than the 52% (had never heard of it) and 32% (had heard but no little/nothing about it) for cell-cultured/cultivated dairy, 48% and 30% for precision fermentation and 35% and 42% for cell-cultured/cultivated meat. Very few participants knew enough about these new foods and technologies to explain them to a friend (4-6%).

There was no significant difference in consumer's awareness of cell-cultured/cultivated dairy or meat between 2023 and 2024 (assessed by Pearson's chi-square analysis, $p > .05$). Awareness of precision fermentation and GM bananas was not asked in 2023.

[23] Participants were asked about their awareness and confidence in "cell-based" meat/dairy in the 2023 and 2024 iteration of the CIT. This language will be revised in future iterations to be 'cell-cultured/cultivated, reflecting proposed regulation under A1269.

Table 23: Respondent awareness for new or emerging food and/or food technology in 2023 and 2024

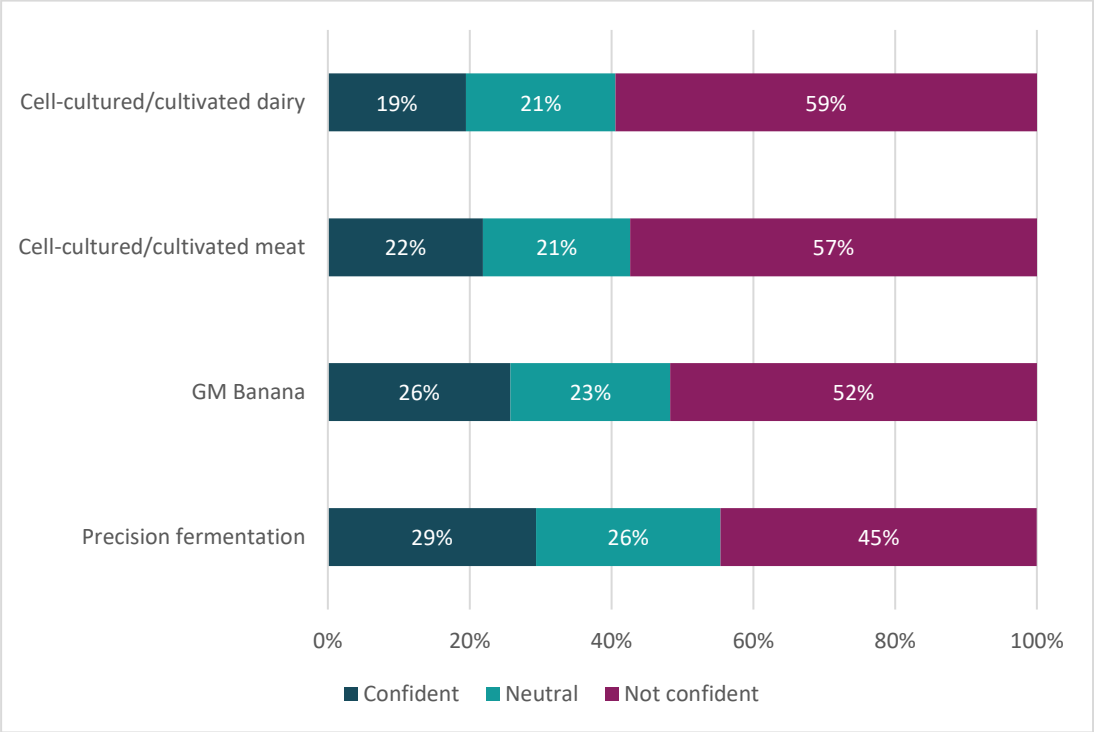
	2023				2024				*p* value (between years)
	Have never heard of this (%)	**Have heard of it but know very little or nothing about it (%)**	**Have heard of it and know something but not enough to explain it to a friend (%)**	**Have heard of it and know enough about it to explain it to a friend (%)**	**Have never heard of this (%)**	**Have heard of it but know very little or nothing about it (%)**	**Have heard of it and know something but not enough to explain it to a friend (%)**	**Have heard of it and know enough about it to explain it to a friend (%)**	
New or emerging food technology									
Cell-cultured/cultivated dairy	52.03	29.41	14.41	4.15	51.91	31.54	12.77	3.78	>.05
Cell-cultured/cultivated meat	35.27	38.84	19.69	6.20	34.37	41.61	18.20	5.82	>.05
Precision fermentation	N/A	N/A	N/A	N/A	47.05	30.17	17.97	4.82	N/A
GM banana	N/A	N/A	N/A	N/A	54.52	25.06	15.74	4.68	N/A

Q: Have you heard of any of the following new or emerging foods? (Single response option). 0 = I have never heard of this before today, 1 = I have heard of it, but know very little or nothing about it, 2 = I have heard of it and know something about it but not enough to explain it to a friend, 3 = I have heard of it and know enough about it that I could explain it to a friend.

Confidence in the safety of new or emerging food and/or food technology

As shown in Figure 30 approximately half of respondents were not confident in GM bananas (52%), precision fermentation (45%); and cell-cultured/cultivated meat (57%) and dairy (60%) with confidence ratings below the midpoint of 4[24]. Approximately 20% – 26% of respondents were neutral about these new foods/technologies and a further 20% – 30% were confident in these new foods/technologies in both 2023 and 2024.

Figure 30: Confidence in the safety of new or emerging food and/or food technology in 2024



*Q: How **confident** would you be in the **safety** of the following foods if you saw them for sale in Australian/New Zealand shops and supermarkets? Even if you have never heard of these foods before today, please base your answer on how you would react if you saw it for sale in your local shops or supermarket in [Australia/New Zealand]. 1 "Not confident at all", 7 = "Completely confident"*

[24] Respondents were asked to rate how confident they would be in the safety of these foods if they saw them for sale in Australian or New Zealand shops and supermarkets. Responses were on a scale from 1 to 7, where 1 = *"Not at all confident"* and 7 = *"Completely confident"*.

Table 24 indicates respondents confidence in cell-cultured/cultivated dairy increased from 2023 (*M* = 2.91) to 2024 (*M* = 3.03) ($p < .05$) [25] as assessed on a seven-point scale (1 = "Not at all confident", 7 = "Completely confident"). There was also an increase in consumer confidence for cell-cultured/cultivated meat between the two years, rising from 2.94 in 2023 to 3.11 in 2024 ($p < .01$).

Table 24: Respondent mean confidence and standard deviation (SD) for new or emerging food and/or food technology in 2023 and 2024

	2023	**2024**
	Mean (±*SD*)	**Mean (±*SD*)**
Cell-cultured/cultivated dairy	2.91* (1.7)	3.03* (1.7)
Cell-cultured/cultivated meat	2.94^ (1.7)	3.11^ (1.7)
Precision fermentation	N/A	3.54 (1.7)
GM banana	N/A	3.31 (1.8)

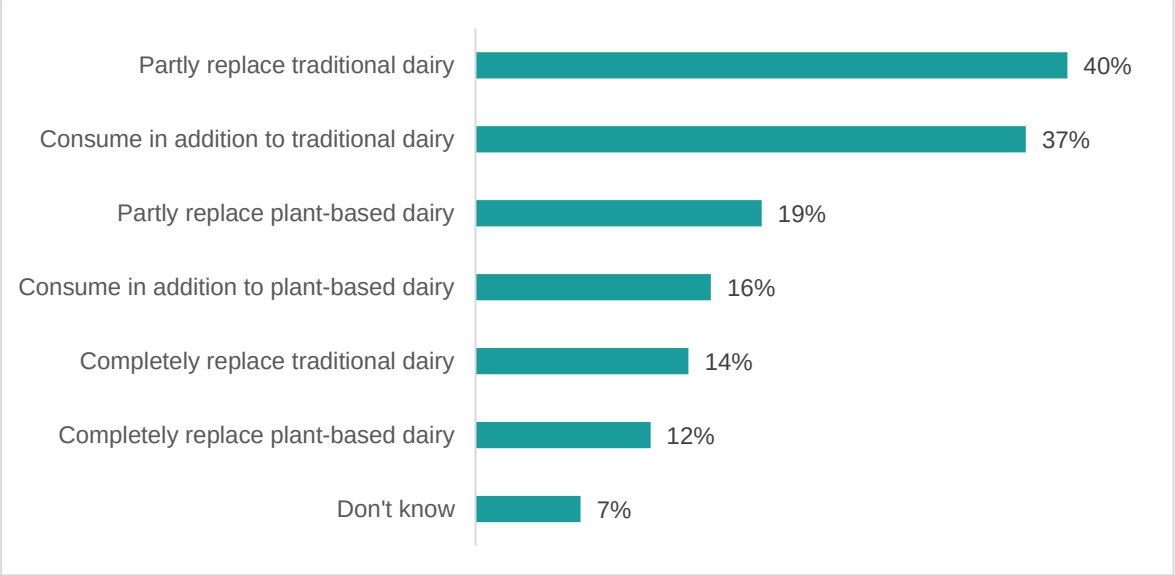
**indicates difference between years (p < .05). ^indicates difference between years (p < .01)*

Consumption intentions of cell-cultured/cultivated dairy

Twenty-two percents of respondents said that they would include cell-cultured/cultivated dairy in their diet, 30% said that they don't know, and 48% said that they would not include cell-cultured/cultivated dairy in their diet. Of those that said they would include cell-cultured/cultivated dairy in their diet (*n* = 467) the greatest response (40%) was to include it by partly replacing traditional dairy. The lowest response was don't' know (7%) followed by including it to completely replace plant-based diary (12%) and to completely replace traditional dairy (14%) (Figure 31). Participants could select multiple responses to this question. Respondents consumption intention of cell-cultured/cultivated dairy was only captured in the 2024 survey.

[25] Respondents were asked to rate how confident they would be in the safety of these foods if they saw them for sale in Australian or New Zealand shops and supermarkets. Responses were on a scale from 1 to 7, where 1 = *"Not at all confident"* and 7 = *"Completely confident"*.

Figure 31: How respondents perceived they would include cell-cultured/cultivated dairy into their diet (n = 467)



Q: How do you think you would include cell-based dairy in your diet? (Please select all that apply)

Predictors of cell-cultured/cultivated dairy consumption

A binomial logistic regression was conducted to determine whether various factors significantly predicted intentions to include cell-cultured/cultivated dairy in their diet (yes vs. no/don't know). People had significantly (all *p* values < .05) higher odds of indicating that they would include cell-cultured/cultivated dairy in their diet if they:

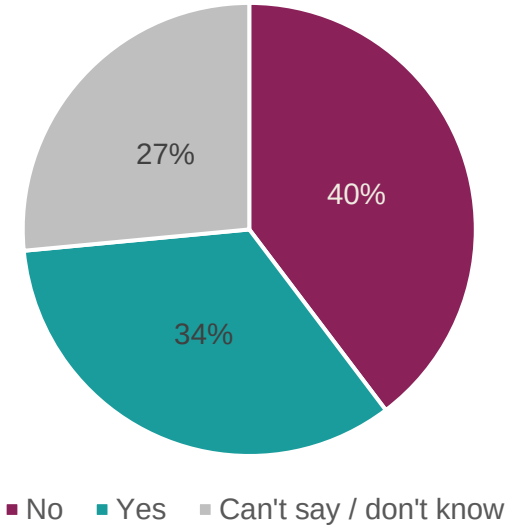
- Had greater confidence in the safety of cell-cultured/cultivated dairy
- Had greater overall awareness of new foods and technologies
- Were younger

GM Banana

Thirty-four percent of respondents said that they would likely purchase and eat bananas that had been genetically modified if they became available for sale in Australia/New Zealand[26]. However, 40% said they would not and 27% did not know/can't say (Figure 32).

[26] If they became available for sale in [Australia/New Zealand], would you be likely to purchase and eat bananas that had been genetically modified to make them resistant to Panama disease?

Figure 32: Consumers' response to whether they would likely purchase and eat a GM banana



5. References

Carifio, J. & Perla, R. (2007). Ten Common Misunderstandings, Misconceptions, Persistent Myths and Urban Legends about Likert Scales and Likert Response Formats and their Antidotes. *Journal of Social Sciences, 2*, 106-116

Drewnowski, A. and Monsivais, P. (2020). 'Chapter 10 – Taste, cost, convenience, and food choices' in Marriott, B.P., Birt, D.F., Stallings, V.A., and Yates, A.A. (eds.) *Present Knowledge in Nutrition (Eleventh Edition): Volume 2: Clinical and Applied Topics in Nutrition*, pp.185-200. DOI: 10.1016/B978-0-12-818460-8.00010-1

European Food Safety Authority. (2022). *Special Eurobarometer Wave EB97.2 – Food safety in the EU*. Report. DOI: https://doi.org./10.2805/729388.

Field, A. (2018). *Discovering statistics using SPSS – 5th edition*. London: Sage Publications.

Food Standards Australia New Zealand. (2024). *FSANZ Consumer Insights Tracker 2023: Technical Report.* Canberra, Australia and Wellington, New Zealand.

International Food Information Council. (2023). *2023 Food and Health Survey*. Report. 23 May 2023.

Ward, P.R., Mamerow, L., Henderson, J., Taylor, A.W., Meyer, S.B. and Coveney, J. (2012). The social determinants of food purchasing practices: Who chooses price-before-health, taste-before-price or organic foods in Australia?, *Food and Nutrition Sciences*, 3(4), 18488. DOI: 10.4236/fns.2012.34066

6. Appendices

Appendix A. 2024 Final survey instrument

Overview

Food is a vital part of all of our lives. To ensure (Australia/New Zealand) has a safe and reliable food supply, it is important to understand how people think and behave in relation to food and drinks. This survey will ask about your eating habits, how you use food labels, your knowledge of food safety and new food technologies, and how much you trust the food system.

The survey will take around 20 mins to complete. You can close and restart the survey from where you left off at any time.

Your answers will contribute to the development of policies or regulations that aim to achieve positive health outcomes and support thriving food, beverage and hospitality sectors in (Australia/New Zealand). Thank you for your participation.

Section 1: Demographics

#	Module	Variable [Variable Name]	Question, Response Options [Code]
1	Demographics (Core)	Age	What is your age? [Numeric input]
2	Demographics (Core)	Gender	How do you describe your gender? • A man or male [1] • A woman or female [2] • Non-binary [3] • A different term (Please specify) [4] [Free text field] • Prefer not to say [98] [Single response option]
3	Demographics (Core)	Postcode [Postcode and Postcode_NZ]	What is the postcode of your main place of residence? • [Four-digit free text]
4	Demographics (Core)	Education	What is the highest level of formal education you have **completed**? • High school or below [1] • Vocational/trade qualification [2] • Undergraduate degree [3] • Postgraduate degree [4] [Single response option]

#	Module	Variable [Variable Name]	Question, Response Options [Code]
5a	Demographics (Core)	Cultural Background [BackgroundAU]	[Show only to people residing in Australia] How would you describe your **cultural background**? (Please select all that apply) ▪ Aboriginal and/or Torres Strait Islander [1] ▪ English [2] ▪ Irish [3] ▪ Scottish [4] ▪ Chinese [5] ▪ Italian [6] ▪ German [7] ▪ Indian [8] ▪ Greek [9] ▪ Dutch [10] ▪ Australian [11] ▪ Other (please specify): [FREE TEXT] [12] ▪ Prefer not to say [EXCLUSIVE] [98] Examples of 'Other (please specify)' are: Spanish, Vietnamese, Hmong, Welsh, Kurdish, Lebanese. [Multiple responses possible]
5b	Demographics (Core)	Cultural Background [BackgroundNZ]	[Show only to people residing in New Zealand] How would you describe your **cultural background**? (Please select all that apply) ▪ New Zealand European [1] ▪ Māori [2] ▪ Pacific Islander [3] ▪ Chinese [4] ▪ Indian [5] ▪ Other (please specify): [FREE TEXT] [6] ▪ Prefer not to say [EXCLUSIVE][98] Examples of 'Other (please specify)' are: Filipino, Korean, Dutch, Australian, and Middle Eastern. [Multiple responses possible]
6	Demographics (Core)	Number and Ages of People in Household [HHPeople]	How many people live in your household, <u>including you</u>? If you have a shared care arrangement, please include the maximum number of people who live in your household, including yourself. • Adults (18+) [Enter number] [HHPeople_1] • Children aged 0 to 4 years [Enter number] [HHPeople_2] • Children aged 5 to 14 years [Enter number] [HHPeople_3] • Adolescents aged 15 to 17 years [HHPeople_4]

#	Module	Variable [Variable Name]	Question, Response Options [Code]
			[Default: 0]
7	Demographics (Core)	Household Income [HHIncome]	Which one of the following categories best describes your household's total annual income (before tax)? Please include the income of everyone in your household. If you don't know the exact amount, then please take your best guess. • Under $25,000 • $25,000 - $35,000 • $35,001 - $45,000 • $45,001 - $55,000 • $55,001 - $65,000 • $65,001 - $75,000 • $75,001 - $85,000 • $85,001 - $105,000 • $105,001 - $115,000 • $115,001 - $125,000 • $125,001 - $145,000 • $145,001 - $165,000 • $165,001 - $185,000 • $185,001 - $205,000 • $205,001 - $225,000 • $225,001 - $245,000 • $245,001 - $265,000 • $265,001 - $285,000 • Above $285,000 • Prefer not to say [98] [Single response option]

Section 2: Trust and Confidence

The next section asks about **your level of trust and/or confidence** in a range of institutions or professions. When answering these questions, please think about the institutions or professions in (Australia/New Zealand).

Even if you have had very little or no contact with these institutions or professions, please base your answer on your general impression of them.

#	Module	Variable [Variable Name]	Question, Response Options [Code]
8	Trust and Confidence (Core)	Institutional Trust [TrustInstitution]	How much do you personally **trust** the following institutions or professions in [Australia/New Zealand]?

			Even if you have had very little or no contact with these institutions or professions, please base your answer on your **general impression** of them. • The school system [TRUSTSCHOOL] • The legal system [TRUSTLEGAL] • The media [TRUSTMEDIA] • The Federal Government (Federal in AUS only) [TRUSTGOV] • The police [TRUSTPOLICE] • The health system [TRUSTHEALTH] • Scientists [TRUSTSCIENTIST] [Matrix: 7 point scale for each organisation/institution where 1= "Not at all", 7= "Completely"]
9	Trust and Confidence (Core)	Confidence in Food Supply [FoodConfidence]	How **confident** are you that all food (including drinks) sold in Australian/New Zealand shops and supermarkets is **safe to eat**? [1 = "Not at all confident", 7 = "Completely confident"]
10	Trust and Confidence (Core)	Trust in Food Supply Chains [TrustSupply]	How much do you **trust** the following people or groups **to do their part** to ensure that all food (including drinks) sold in Australian/New Zealand shops and supermarkets is **safe to eat**? • Farmers and producers [TrustFarmers] • Manufacturers and processors (e.g. factories and production plants) [TrustManuf] • Retailers (e.g. supermarket chains, small grocers, etc) [TrustRetail] • Government/public food authorities [TrustFoodGov] • Food scientists [TrustFoodSci] [Matrix: 1 ="Do not trust at all", 7 = "Trust completely"]
11	Trust and Confidence (Core)	FSANZ Awareness [FSANZAware]	How much, if anything, do you know about Food Standards Australia New Zealand, also known as FSANZ? • I have never heard of FSANZ before [0] • I have heard of FSANZ before but know nothing about what it does [1] • I know a little about FSANZ and what it does [2] • I know a lot about FSANZ and what it does [3] [Single response option]

12	Trust and Confidence (Core)	Trust in FSANZ	Only asked to people who have heard of FSANZ and know something about what it does [Codes 2 or 3 in FSANZAware] How much do you agree or disagree with the following statements: (In these statements, FSANZ means Food Standards Australia New Zealand) • **[FSANZRight]** I trust FSANZ to do what is right. • **[FSANZBest]** FSANZ acts in the best interest of food safety and the food regulatory system. • **[FSANZScience]** FSANZ bases its decisions on the best available scientific evidence. [Matrix: 1 = 'Strongly disagree" – 7 = 'Strongly agree"]

Section 3: Health and Dietary Behaviours

The next section asks about your food choices and the things that influence them. There are no right or wrong answers, we are interested in learning more about how you make decisions around food. Please answer about the food choices you make for you and your household.

#	Module	Variable [Variable Name]	Question, Response Options [Code]
13	Health and Dietary Behaviours (Core)	Values influencing food purchases [FoodValues]	Excluding taste and price, what is **most important** to you out of the following when **choosing which foods to buy**? Please rank up to three answers (1 = Most important, 2 = Second-most important, 3 = Third-most important) • **Level of processing** (extent to which raw foods have been transformed through mechanical or chemical processes) [FOODVALUES_1] • **Convenience** (ease with which food is cooked and/or consumed) [FOODVALUES_2] • **Nutrition** (amount and type of fat, protein, vitamins, etc.) [FOODVALUES_3] • **Tradition** (following cultural or familial culinary practices) [FOODVALUES_4] • **Origin** (where the food was grown or produced) [FOODVALUES_5]

			• **Fairness** (the extent to which all parties involved in the production of the food equally benefit) [FOODVALUES_6] • **Animal welfare** (the extent to which animals involved in the production of food are treated well) [FOODVALUES_7] • **Environmental impact** (effect of food production, distribution or consumption on the environment) [FOODVALUES_8] • Other (Please specify) [FREE TEXT] [FOODVALUES_9] • None of the above [EXCLUSIVE] [FV0] [Rank up to 3; randomise order of responses, except 'Other', 'It depends on the food' and 'None of the above']
14	Health and Dietary Behaviours (Core)	Dietary Influences [DietFactors]	Do any of the following **currently affect the food choices** you make **for you or your household**? Please select all that apply. • Food allergy [DIETFACTORS_1] • Coeliac disease [DIETFACTORS_1A] • Digestive concerns such as food intolerance, irritable bowel syndrome, etc. [DIETFACTORS_2] • Other diet-related health concerns such as diabetes, heart disease, high blood pressure, etc. [DIETFACTORS_3] • Pregnancy or breast feeding [DIETFACTORS_4] • Looking to lose weight and/or maintain a healthy weight [DIETFACTORS_5] • Vegetarian or vegan [DIETFACTORS_6] • Religious beliefs that affect food choices [DIETFACTORS_7] • Training or sports that affects food choices [DIETFACTORS_8] • Cost of living pressures [DIETFACTORS_9] • Other things about you or your household that affect food choices (Please specify) [FREE TEXT] [DIETFACTORS_10] • None of the above. [EXCLUSIVE] [DF0] [Multiple responses possible, randomise response order except for 'Other' and 'None of the above'.]
15	Health and Dietary Behaviours (Core)	Health Consciousness [HealthConsc]	How much **effort** do you generally put into maintaining a **healthy diet** for you and/or your household? [Scale: 1 = "No effort", 7 = "A lot of effort"]

16	New food technologies (Supplementary)	Awareness of new foods and technologies [AwareNew]	Have you **heard of** any of the following new or emerging foods? • Foods produced using precision fermentation (that is, fermentation using yeast, bacteria, or fungi that have been genetically modified to produce proteins like those found in eggs, milk, or cheese) [AwareNew_1] • Cell-based meat (that is, meat produced from animal cells, sometimes referred to as 'lab-grown meat') [AwareNew_2] • Cell-based dairy (that is, dairy produced from animal cells, sometimes referred to as 'lab-grown dairy') [AwareNew_3] • Genetically-modified banana (modified to make it resistant to Panama disease, a fungal disease that affects banana plants) [AwareNew_4] [Matrix: 0 = I have never heard of this before today, 1 = I have heard of it, but know very little or nothing about it, 2 = I have heard of it and know something about it but not enough to explain it to a friend, 3 = I have heard of it and know enough about it that I could explain it to a friend]
17	New food technologies (Supplementary)	Trust in new food and food technologies [TrustNew]	Thank you, now we would like to know how **confident** you would be in the **safety** of the following foods if you saw them for sale in [Australian/New Zealand] shops and supermarkets? Even if you have never heard of these foods before today, please base your answer on how you would react if you saw it for sale in your local shops or supermarket in [Australia/New Zealand]. • Foods produced using precision fermentation (that is, fermentation using yeast, bacteria, or fungi that have been genetically modified to produce proteins like those found in eggs, milk, or cheese) [TrustNew_1] • Cell-based meat[27] (that is, meat produced from animal cells, sometimes referred to as 'lab-grown meat') [TrustNew_2] • Cell-based dairy (that is, dairy produced from animal cells, sometimes referred to as 'lab-grown dairy') [TrustNew_3]

[27] Participants were asked about their awareness and confidence in "cell-based" meat/dairy in the 2023 and 2024 iteration of the CIT. This language will be revised in future iterations to be 'cell-cultured/cultivated', reflecting proposed regulation under A1269.

			• Genetically-modified banana (modified to make it resistant to Panama disease, a fungal disease that affects banana plants) [TrustNew_4] [Matrix: 1 "Not confident at all", 7 = "Completely confident"]
18	New food technologies (Supplementary)	Cell-cultured dairy consumption intentions part A [CellDairyA]	Assuming you liked the taste and the product was a similar price to dairy and/or dairy alternatives, do you think you would include cell-based dairy in your diet? Cell-based dairy refers to dairy produced from animal cells, sometimes referred to as 'lab-grown dairy' • Yes [1] • No [0] • Can't say / don't know [98]
19	New food technologies (Supplementary)	Cell-cultured dairy consumption intentions, part B [CELLDAIRY_1-7]	[Ask those who answered Yes to CellDairyA] How do you think you would include cell-based dairy in your diet? (Please select all that apply) ***Cell-based dairy*** refers to dairy produced from animal cells, sometimes referred to as 'lab-grown dairy'. ***Traditional dairy*** refers to dairy products made from the milk of farm-raised cows (e.g. butter, milk, cheese). ***Plant-based dairy*** refers to dairy products made from nuts, grains, and/or legumes (e.g. soy, almond, oat, rice, macademia milk or yoghurt; and products like vegan 'cheese', etc.) • Completely replace traditional dairy [CELLDAIRY_1] • Partly replace traditional dairy [CELLDAIRY_2] • Consume in addition to traditional dairy [CELLDAIRY_3] • Completely replace plant-based dairy [CELLDAIRY_4] • Partly replace plant-based dairy [CELLDAIRY_5] • Consume in addition to plant-based dairy [CELLDAIRY_6] • Other (Please specify) [CELLDAIRY_7] • Can't say/don't know [CELLDAIRY_98] [EXCLUSIVE] [Multiple response options possible]
20	New food technologies (Supplementary)	GM Banana	If they became available for sale in [Australia/New Zealand], would you be likely to purchase and eat bananas that had been genetically modified to make them resistant to Panama disease?

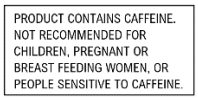
			(Panama disease is a fungal disease that causes wilting and death in banana plants, and is a severe threat to the banana industry worldwide.) • Yes [1] • No [0] • Can't say / don't know [98]
21	Sports Foods (Supplementary)	Sports Food Frequency [SFFreq_1-10]	**How often, if at all,** do you **personally consume** the following food products in a **typical week**? • Protein powders [FoodFreq_1] • Pre-workout foods or drinks [FoodFreq_2] • Energy bars [FoodFreq_3] • Energy gels, goos or gummies [FoodFreq_4] • Gainers (high carb/protein powders) [FoodFreq_5] • Fat burners (e.g. shred powders) [SFFreq_6] • Protein bars [FoodFreq_7] • Ready-to-drink protein shakes [FoodFreq_8] • Amino acid powders or gummies (e.g. β-alanine or creatine) [FoodFreq_9] • Electrolyte drinks or powders [FoodFreq_10] [Order of products to be randomised] [Matrix: Single response] • More than once every day • Once a day • More than once every week • Once a week • Less than once a week • Don't currently consume
22	Sports Foods (Supplementary)	Sports Foods Consumption [SportsFoods]	**Why** do you consume the following food products? (Please select all that apply) [Only show the sports foods that the respondent selected as being consumed more than once every day, every day, once or twice a week, or every week] • Protein powders [FoodFreq_1] • Pre-workout drinks or foods [FoodFreq_2] • Energy bars [FoodFreq_3] • Energy gels, goos or gummies [FoodFreq_4] • Gainers (high carb/protein powders) [FoodFreq_5] • Fat burners (e.g. shred powders) • Protein bars [FoodFreq_6]

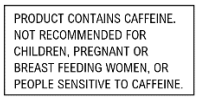
			• Ready-to-drink protein shakes [FoodFreq_7] • Amino acid powders or gummies (e.g. β-alanine or creatine) [FoodFreq_8] • Electrolyte drinks or powders [FoodFreq_9] [Matrix: Multiple selections possible] ▪ To prepare for intense sport or exercise ▪ To maintain energy or hydration during intense sport or exercise ▪ To recover from intense sport or exercise ▪ To achieve a long-erm sport- or exercise-related effect (e.g. building muscle or bulk) ▪ To help maintain/improve health or diet ▪ To help lose or maintain weight ▪ To help improve or maintain focus ▪ Because it is a convenient form of food, calories, energy, or hydration in my daily life ▪ Because I enjoy the taste of the product ▪ Because I find the price affordable and/or good value ▪ Because it was recommended by my trainer, coach, or friends ▪ Other [free text field] ▪ Can't say/don't know [SPORTSFOODS_98] [EXCLUSIVE]

Section 4: Food Labelling

The next section is about how or if you use food labelling to make choices about food. When answering these questions, please think about what you look for on food labels when buying packaged food or drink for the first time.

#	Module	Variable [Variable Name]	Question, Response Options [Code]
23	Food Labelling (Core)	Importance of Labelling Elements [LABELIMPORT_1-7]	Think about when you are making the decision to buy a packaged food or drink **for the first time**. How **important** is the following labelling information when **deciding what to buy**? • [LabelImport_1]  Nutrition information panel (e.g. amount of energy, protein, carbohydrates, sugar, sodium, or fat)

			• [LabelImport_2]  Ingredients list • [LabelImport_3] **Contains: egg, almond, milk, wheat, gluten, sesame.** **May be present: peanut.** Allergen information • [LabelImport_4]  Health Star Rating • [LabelImport_5]  Advisory or warning statements (e.g., 'contains caffeine', 'not recommended for children') • [LabelImport_6]  Claims about health benefits (e.g., 'calcium is good for healthy bones') • [LabelImport_7]  Claims about nutrient or ingredient content (e.g., 'no added sugar', 'reduced fat') • [LabelImport_8]  Best before/use by date [Matrix from 1 = Not important at all, to 7 = Extremely important]
24	Food Labelling (Core)	Trust in labelling elements [LETrust1-8]	In this question, we are interested in how much you feel you can **trust** different labelling information, **even if you don't use it** to make decisions about food purchases. With that in mind, how much do you feel you can **trust** the following information on packaged foods and drink? • [LETrust_1]  Nutrition information panel (e.g. amount of energy, carbohydrates, sugar, sodium, or fat)

			• [LETRUST_2]  Ingredients list • [LETRUST_3] **Contains: egg, almond, milk, wheat, gluten, sesame.** **May be present: peanut.** Allergen information • [LETRUST_4]  Health Star Rating • [LETRUST_5]  Advisory or warning statements (e.g., 'contains caffeine', 'not recommended for children') • [LETRUST_6]  Claims about health benefits (e.g., 'calcium is good for healthy bones') • [LETRUST_7]  Claims about nutrient or ingredient content (e.g., 'no added sugar', 'reduced fat') • [LETRUST_8]  Best before/use by date [Matrix: 1-7 scale, where 1 = 'Cannot trust at all' and 7 = 'Can trust completely']
25	Food Labelling (Core)	NIP Elements [NIPElem]	[Only ask those who answered 4-7 in LE1 (i.e. that the NIP has an importance of 4-7)] When buying products for the **first time**, what parts of the Nutrition Information Panel (NIP) do you usually look for? (Please select all that apply) **NUTRITION INFORMATION** Servings per package: 1 Serving size: 401g Average Quantity per Serving / Average Quantity per 100g ENERGY 4680kJ (1120Cal) / 1170kJ (279Cal) PROTEIN 44.0g / 11.0g FAT, TOTAL 63.5g / 15.8g - SATURATED 26.4g / 6.6g CARBOHYDRATE 91.5g / 22.8g - SUGARS 25.4g / 6.3g SODIUM 3070mg / 766mg

			• Energy content (kilojoules, calories) [NIPELEM_1] • Protein content [NIPELEM_2] • Total fat content [NIPELEM_3] • Saturated fat content [NIPELEM_4] • Carbohydrate (carb) content [NIPELEM_5] • Sugar content [NIPELEM_6] • Sodium content [NIPELEM_7] • Serving size [NIPELEM_8] • Servings per package [NIPELEM_9] • Other (Please specify) [FREE TEXT] [NIPELEM_10] • Don't know/can't say [EXCLUSIVE] [NIPELEM_98] [Multiple selections possible]
26	Food Labelling (Core)	Ingredients Elements [IngrElem]	[Ask people who answered 4-7 to LE2 (i.e. those who answered 4-7 on importance of the Ingredients List in decision-making)] What information do you usually look for in the ingredients list when buying products for the first time? (Please select all that apply)  • Food additives, like colours, flavourings, or preservatives [INGRELEM_1] • Allergen information [INGRELEM_2] • Key ingredients in a food (i.e. first one or two ingredients listed) [INGRELEM_3] • Percentage of ingredients in a food [INGRELEM_4] • Length of ingredients list [INGRELEM_5] • Genetically modified (GM) ingredients [INGRELEM_6] • Artificial sweeteners (e.g. aspartame, sucralose, saccharin) [INGRELEM_7] • Plant-based sugar substitutes (e.g. Stevia, Monk fruit) [INGRELEM_8] • Chemical-sounding ingredients [INGRELEM_9] • Types or sources of sugars (e.g. refined sugars vs fruit or honey) [INGRELEM_10]

			• Types or sources of fats (e.g. animal fats like butter vs plant fats like vegetable oil) [INGRELEM_11] • Other (Please specify) [FREE TEXT] [INGRELEM_12] • Don't know/can't say [EXCLUSIVE] [INGRELEM_98] [Randomise order, except for 'Don't know/can't say']
27	Food Labelling (Core)	Ability to use food labelling [LabelAbility]	How **confident** are you in your **ability to make informed choices** about foods from the **information on food labels**? [1-7 scale, where 1 = "Not at all confident" and 7 = "Completely confident"]
28	Food Labelling (Core)	Difficulties with labelling [LabelDiff]	[Ask those who answered 1-4 in LabelAbility] What makes it difficult to use food labelling to make informed choices about foods? (Please select all that apply) • I often don't understand what the information on food labels means [LABELDIFF_1] • The information on food labels is too small/illegible to easily read [LABELDIFF_2] • I'm not sure if I can trust the information on food labels [LABELDIFF_3] • I can't find the information I need to make food choices that reflect my values [LABELDIFF_4] • I don't find the information on food labels useful or relevant to me [LABELDIFF_5] • I don't have enough time to read food labels when I'm shopping [LABELDIFF_6] • Other (Please specify) [FREE TEXT] [LABELDIFF_7] • Can't say/don't know[EXCLUSIVE] [LABELDIFF_98] [Multiple response options, randomise order except 'Other' and 'Can't say/don't know'.]
29	Food Labelling (Core)	Difficulties with labelling – lack of understanding [LabelUnderstand]	[Ask those who selected LABELDIFF_1 (I often don't understand what the information on food labels means)] What information on the label do you find difficult to understand, and why? [Open text verbatim response]

Subsection 4a: Health Star Rating

[Only show this submodule to people who selected 4-7 on LabelImport_4 (that is, the Health Star Rating is at least somewhat important to their food purchasing decisions]

The next section asks you some specific questions about the Health Star Rating.

#	Module	Variable [Variable Name]	Question, Response Options [Code]
30	Food Labelling – HSR Submodule (Supplementary)	Frequency of use of HSR [HSRFreq]	How often do you look for the Health Star Rating when shopping for food in the supermarket? • Always • Most of the time • Sometimes • Rarely • Never • Unsure [Single response]
31	Food Labelling – HSR Submodule (Supplementary)	Perceived understanding of HSR [HSRSelfKnowledge]	How much, if anything, do you feel you know about the Health Star Rating? • I know a lot about it • I know a fair amount about it. • I know a little bit about it. • I have seen or heard of it, but don't know anything about it. [Single response option]
32	Food Labelling – HSR Submodule (Supplementary)	Use of HSR [HSRUse]	Below are a series of statements about the Health Star Rating system. Please indicate how strongly you agree or disagree that the Health Star Rating system… • Allows me to compare the healthiness of similar foods (e.g. different types of cereal) in the supermarket [HSRSimilar] • Allows me to compare the healthiness of different kinds of foods (e.g. muesli bar vs cereal) in the supermarket [HSRDiff] • Helps me make decisions about which foods to buy [HSRDecide] • Makes me want to buy healthier products [HSRHealthier] • Makes it more confusing to decide which foods to buy. [HSRConfuse] [1-7 scale, where 1 = "Strongly disagree", 4 = "Neutral", and 7 = "Strongly agree"]

Section 5: Food Safety

Thank you for your time so far! This last section asks you questions about your perceptions of food safety when preparing food in the home and whether you would like to receive food safety information.

#	Module	Variable [Variable Name]	Question, Response Options [Code]
33	Food safety knowledge and concerns (Core)	Responsibility for Cooking [CookMeals]	Which of these statements best describes who is responsible for preparing and cooking meals in your household? • I do the majority of preparing and cooking meals [1] • I share the preparing and cooking of meals with someone else [2] • Someone else does the majority of preparing and cooking meals for my household [0]
34	Food safety knowledge and concerns (Core)	Food safety behaviours [FoodSafety]	[Ask those who answered 1 or 2 to [CookMeals]] How often do you do the following when preparing food at home? • Wash your hands thoroughly with warm, soapy water and dry them before, during, and after handling food. • Use one cutting board and knife to prepare raw meats, and another set for foods that will not be cooked before being eaten (e.g. salad ingredients). [Include option: Not applicable – I don't prepare raw animal products.] • Prepare raw chicken without washing it. [Include option: Not applicable – I don't prepare raw chicken.] • Check food packaging for cooking instructions and then follow them exactly. • Use a clean food thermometer to check that foods are cooked to a safe internal temperature. • Thaw frozen food in the fridge or microwave rather than at room temperature (e.g. by leaving it on the bench). [Matrix: 1 = Never, 4 = About half the time, 7 = Always; or 'Not applicable – I don't use raw animal products']
35	Food safety knowledge and concerns (Core)	Recalls [Recall]	Do you remember hearing about any food being recalled in the past 12 months? (A food recall is when an unsafe food product is removed from distribution, sale, and consumption) • Yes [1] • No [0]

			• Can't say/don't know [98]
36	Food safety knowledge and concerns (Core)	Food Safety Issues [SafetyIssues]	In your opinion, what are the **top three** most important FOOD SAFETY issues today? Please rank up to three food safety issues. 1 = Most important food safety issue, 2= Second-most important, 3 = Third most important • Food poisoning (i.e. from microbes like *Salmonella*) • Undeclared allergens in food • Chemicals from the environment in food, like toxic metals from pollution or pesticides/pesticide residues • Hormones, steroids and/or antibiotics in farm animal products • Artificial sweeteners, like aspartame, saccharine, and sucralose • Food additives, like colour or preservatives • Genetically modified foods • Imported food/food from overseas • Contamination of food with foreign objects (e.g., glass, needles) • Other (Please specify) [Free text] • None of the above [EXCLUSIVE] [Rank up to three, randomise order of responses except for Other and None of the above]
37	Food safety knowledge and concerns (Core)	Food risk perceptions [FR]	In your opinion, how risky are the following foods to eat if not stored, prepared, and/or cooked correctly at home? [Randomise order] ▪ Eggs and egg products; [FR1] ▪ Raw beef and lamb; [FR2] ▪ Raw chicken or other poultry; [FR3] ▪ Raw pork; [FR3A] ▪ Processed meat, such as ham, salami, or sausages; [FR4] ▪ Milk, cheese, or yoghurt [FR5] ▪ Vegetables, sprouts and leafy greens; [FR6] ▪ Raw seafood and shellfish; [FR7] ▪ Fruits, including berries and melons; [FR8~~9~~] [Response options: High risk, medium risk, low risk, don't know]
38	Food safety knowledge and concerns (Core)	Food Safety Information Desire [FSInfowant]	Would you like to know more about how to store and prepare food safely? • Yes [1] • No [0] • Can't say/don't know [98]

39	Food safety knowledge and concerns (Core)	Food Safety Information Source [FSInfo]	[Ask those who answered yes [1] or don't know [98] to [FSInfowant]] What are your preferred sources of information about how to store and prepare food safely? (Please select all that apply) ▪ Family and friends [FSInfo1] ▪ Social media, such as Twitter, Facebook, or TikTok [FSInfo2] ▪ Podcasts, YouTube, or blogs [FSInfo3] ▪ Health professionals, such as doctors or dietitians [FSInfo4] ▪ Magazines or newspapers, either online or in print [FSInfo5] ▪ Television, including programmes or advertisements [FSInfo6] ▪ Radio, including programmes or advertisements [FSInfo7] ▪ Government websites [FSInfo8] ▪ Retailers and supermarkets [FSInfo9] ▪ Product labels [FSInfo10] ▪ Non-government organisations, such as the Food Safety Information Council [FSInfo11] ▪ Other [FREE TEXT] [FSInfo12] ▪ Can't say/don't know [EXCLUSIVE] [FSInfo98] [Multiple responses possible; randomise response options except 13, 14]

Section 6: Demographics Part B

Finally, could you please let us know a couple more things about you:

40	Demographics (Core)	Country of Birth [BirthCountry]	Which of the following best describes **where you were born**? (If you were born in a country with multiple official languages, please select the option that best describes your everyday experience.) • In Australia/New Zealand [1] • Outside of Australia/New Zealand in a primarily English-speaking country [2] • Outside of Australia/New Zealand in a primarily non-English-speaking country [3] • Prefer not to say [98] [Single response option]
41	Demographics (Core)	Main household shopper	How much of the **food shopping** do you have **responsibility for** in your household?

		[Shopper]	• I do all or the majority of the food shopping for my household [2] • I share the food shopping with someone else [1] • Someone else does all or the majority of food shopping for my household [0] [Single response option]
42	Demographics (Core)	Food Industry Experience [FoodIndustry]	Do you, or have you ever, worked in any of the following food related sectors? (Please select all that apply). ▪ Food primary production (e.g. farming) [FI1] ▪ Food manufacturing or processing (e.g. factories and production plants) [FI2] ▪ Food logistics (e.g. transporting food to supermarkets or other retail outlets) [FI3] ▪ Food retailing (e.g. supermarket, small grocers, deli, butcher, fruit shop etc) [FI4] ▪ Food service (e.g. restaurant, café, takeaway) [FI5] ▪ Food delivery (e.g. Uber Eats) [FI6] ▪ Government/public food authorities [FI7] ▪ Food-related consumer advocacy groups [FI8] ▪ Other (Please specify) [FI9] ▪ I have not worked in food-related employment [FI0] [EXCLUSIVE] [Multiple response options possible]

Closing:

Food Standards Australia New Zealand would like to thank you for your participation in this survey. Should you be interested in the results, please keep an eye on our website in the second half of 2024, or sign up to receive Food Standards News to be notified when the results are released.

Table 25: Full questionnaire for 2023 and 2024 iterations of the CIT

Questions with changes between 2023 and 2024 highlighted.

Module	2023	2024
Demographics	What is your age? [Numeric input]	What is your age? [Numeric input]
	How do you identify? • Male • Female • Nonbinary • Another term (Please specify) [Free text field] • Prefer not to say [Single response option]	How do you describe your gender? • A man or male • A woman or female • Non-binary • A different term (Please specify) [Free text field] • Prefer not to say [Single response option]
	What is the postcode of your main place of residence? [Four-digit free text]	What is the postcode of your main place of residence? [Four-digit free text]
	What is the highest level of formal education you have **completed**? • High school or below • Vocational/trade qualification • Undergraduate degree • Postgraduate degree [Single response option]	What is the highest level of formal education you have **completed**? • High school or below • Vocational/trade qualification • Undergraduate degree • Postgraduate degree [Single response option]
	[Show only to people residing in Australia] How would you describe your **cultural background**? (Please select all that apply) ▪ Aboriginal and/or Torres Strait Islander ▪ English ▪ Irish ▪ Scottish ▪ Chinese ▪ Italian ▪ German ▪ Indian ▪ Greek ▪ Dutch ▪ Australian	[Show only to people residing in Australia] How would you describe your **cultural background**? (Please select all that apply) ▪ Aboriginal and/or Torres Strait Islander ▪ English ▪ Irish ▪ Scottish ▪ Chinese ▪ Italian ▪ German ▪ Indian ▪ Greek ▪ Dutch ▪ Australian

	▪ Other (please specify): [FREE TEXT] ▪ Prefer not to say [EXCLUSIVE] Examples of 'Other (please specify)' are: Spanish, Vietnamese, Hmong, Welsh, Kurdish, Lebanese. [Multiple responses possible]	▪ Other (please specify): [FREE TEXT] ▪ Prefer not to say [EXCLUSIVE] Examples of 'Other (please specify)' are: Spanish, Vietnamese, Hmong, Welsh, Kurdish, Lebanese. [Multiple responses possible]
	[Show only to people residing in New Zealand] How would you describe your **cultural background**? (Please select all that apply) ▪ New Zealand European ▪ Māori ▪ Pacific Islander ▪ Chinese ▪ Indian ▪ Other (please specify): [FREE TEXT] ▪ Prefer not to say [EXCLUSIVE] Examples of 'Other (please specify)' are: Filipino, Korean, Dutch, Australian, and Middle Eastern. [Multiple responses possible]	[Show only to people residing in New Zealand] How would you describe your **cultural background**? (Please select all that apply) ▪ New Zealand European ▪ Māori ▪ Pacific Islander ▪ Chinese ▪ Indian ▪ Other (please specify): [FREE TEXT] ▪ Prefer not to say [EXCLUSIVE] Examples of 'Other (please specify)' are: Filipino, Korean, Dutch, Australian, and Middle Eastern. [Multiple responses possible]
	How many people live in your household, including you? If you have a shared care arrangement, please include the maximum number of people who live in your household, including yourself. • Adults (18+) [Enter number] • Children aged 0 to 4 years [Enter number] • Children aged 5 to 14 years [Enter number] • Adolescents aged 15 to 17 years [Enter number]	How many people live in your household, including you? If you have a shared care arrangement, please include the maximum number of people who live in your household, including yourself. • Adults (18+) [Enter number] • Children aged 0 to 4 years [Enter number] • Children aged 5 to 14 years [Enter number] • Adolescents aged 15 to 17 years [Enter number]
	Which one of the following categories best describes your household's total annual income (before tax)? Please include the income of everyone in your household. If you don't know	Which one of the following categories best describes your household's total annual income (before tax)? Please include the income of everyone in your household. If you don't know

	the exact amount, then please take your best guess. • Under $25,000 • $25,000 - $35,000 • $35,001 - $45,000 • $45,001 - $55,000 • $55,001 - $65,000 • $65,001 - $75,000 • $75,001 - $85,000 • $85,001 - $105,000 • $105,001 - $115,000 • $115,001 - $125,000 • $125,001 - $145,000 • $145,001 - $165,000 • $165,001 - $185,000 • $185,001 - $205,000 • $205,001 - $225,000 • $225,001 - $245,000 • $245,001 - $265,000 • $265,001 - $285,000 • Above $285,000 • Prefer not to say [Single response option]	the exact amount, then please take your best guess. • Under $25,000 • $25,000 - $35,000 • $35,001 - $45,000 • $45,001 - $55,000 • $55,001 - $65,000 • $65,001 - $75,000 • $75,001 - $85,000 • $85,001 - $105,000 • $105,001 - $115,000 • $115,001 - $125,000 • $125,001 - $145,000 • $145,001 - $165,000 • $165,001 - $185,000 • $185,001 - $205,000 • $205,001 - $225,000 • $225,001 - $245,000 • $245,001 - $265,000 • $265,001 - $285,000 • Above $285,000 • Prefer not to say [Single response option]
Trust and confidence	How much do you personally **trust** the following institutions or professions in [Australia/New Zealand]? Even if you have had very little or no contact with these institutions or professions, please base your answer on your **general impression** of them. • The school system • The legal system • The media • The Federal Government (Federal in AUS only) • The police • The health system • Scientists [Matrix: 7 point scale for each organisation/institution where 1= “Not at all”, 7= “Completely”]	How much do you personally **trust** the following institutions or professions in [Australia/New Zealand]? Even if you have had very little or no contact with these institutions or professions, please base your answer on your **general impression** of them. • The school system • The legal system • The media • The Federal Government (Federal in AUS only) • The police • The health system • Scientists [Matrix: 7 point scale for each organisation/institution where 1= “Not at all”, 7= “Completely”]
	How **confident** are you that all food (including drinks) sold in	How **confident** are you that all food (including drinks) sold in

	Australian/New Zealand shops and supermarkets is **safe to eat**? [1 = “Not at all confident”, 7 = “Completely confident”]	Australian/New Zealand shops and supermarkets is **safe to eat**? [1 = "Not at all confident", 7 = "Completely confident"]
	How much do you **trust** the following people or groups **to do their part** to ensure that all food (including drinks) sold in Australian/New Zealand shops and supermarkets is **safe to eat**? • Farmers and producers • Manufacturers and processors (e.g. factories and production plants) • Retailers (e.g. supermarket chains, small grocers, etc) • Government/public food authorities • Food scientists [Matrix: 1 =”Do not trust at all”, 7 = “Trust completely”]	How much do you **trust** the following people or groups **to do their part** to ensure that all food (including drinks) sold in Australian/New Zealand shops and supermarkets is **safe to eat**? • Farmers and producers • Manufacturers and processors (e.g. factories and production plants) • Retailers (e.g. supermarket chains, small grocers, etc) • Government/public food authorities • Food scientists [Matrix: 1 =”Do not trust at all”, 7 = “Trust completely”]
	How much, if anything, do you know about Food Standards Australia New Zealand, also known as FSANZ? • I have never heard of FSANZ before [0] • I have heard of FSANZ before but know nothing about what it does [1] • I know a little about FSANZ and what it does [2] • I know a lot about FSANZ and what it does [3] [Single response option]	How much, if anything, do you know about Food Standards Australia New Zealand, also known as FSANZ? • I have never heard of FSANZ before [0] • I have heard of FSANZ before but know nothing about what it does [1] • I know a little about FSANZ and what it does [2] • I know a lot about FSANZ and what it does [3] [Single response option]
	Only asked to people who have heard of FSANZ and know something about what it does [Codes 2 or 3 in FSANZAware] How much do you agree or disagree with the following statements: (In these statements, FSANZ means Food Standards Australia New Zealand) • I trust FSANZ to do what is right.	Only asked to people who have heard of FSANZ and know something about what it does [Codes 2 or 3 in FSANZAware] How much do you agree or disagree with the following statements: (In these statements, FSANZ means Food Standards Australia New Zealand) • I trust FSANZ to do what is right.

	• FSANZ acts in the best interest of food safety and the food regulatory system. • FSANZ bases its decisions on the best available scientific evidence. [Matrix: 1 = 'Strongly disagree" – 7 = 'Strongly agree"]	• FSANZ acts in the best interest of food safety and the food regulatory system. • FSANZ bases its decisions on the best available scientific evidence. [Matrix: 1 = 'Strongly disagree" – 7 = 'Strongly agree"]
Health and Dietary Behaviours	Excluding taste and price, what is **most important** to you out of the following when **choosing which foods to buy**? Please rank up to three answers (1 = Most important, 2 = Second-most important, 3 = Third-most important) • **Naturalness** (extent to which food is unprocessed or produced without modern technologies) • **Convenience** (ease with which food is cooked and/or consumed) • **Nutrition** (amount and type of fat, protein, vitamins, etc.) • **Tradition** (following cultural or familial culinary practices) • **Origin** (where the food was grown or produced) • **Fairness** (the extent to which all parties involved in the production of the food equally benefit) • **Animal welfare** (the extent to which animals involved in the production of food are treated well) • **Environmental impact** (effect of food production, distribution or consumption on the environment) • Other (Please specify) [FREE TEXT] • None of the above [EXCLUSIVE] [Rank up to 3; randomise order of responses, except 'Other', 'It depends on the food' and 'None of the above']	Excluding taste and price, what is **most important** to you out of the following when **choosing which foods to buy**? Please rank up to three answers (1 = Most important, 2 = Second-most important, 3 = Third-most important) • **Level of processing** (extent to which raw foods have been transformed through mechanical or chemical processes) • **Convenience** (ease with which food is cooked and/or consumed) • **Nutrition** (amount and type of fat, protein, vitamins, etc.) • **Tradition** (following cultural or familial culinary practices) • **Origin** (where the food was grown or produced) • **Fairness** (the extent to which all parties involved in the production of the food equally benefit) • **Animal welfare** (the extent to which animals involved in the production of food are treated well) • **Environmental impact** (effect of food production, distribution or consumption on the environment) • Other (Please specify) [FREE TEXT] • None of the above [EXCLUSIVE]

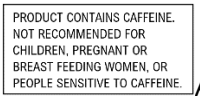
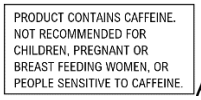
		[Rank up to 3; randomise order of responses, except 'Other', 'It depends on the food' and 'None of the above']
	Do any of the following **currently affect the food choices** you make **for you or your household**? Please select all that apply. ▪ Food allergy or food intolerance ▪ Digestive concerns such as coeliac disease, irritable bowel syndrome, etc. ▪ Other diet-related health concerns such as diabetes, heart disease, high blood pressure, etc. ▪ Pregnancy or breast feeding ▪ Looking to lose weight and/or maintain a healthy weight ▪ Vegetarian or vegan ▪ Religious beliefs that affect food choices ▪ Training for sports that affects food choices ▪ Cost of living pressures ▪ Other things about you or your household that affect food choices (Please specify) [FREE TEXT] ▪ None of the above. [Multiple responses possible, randomise response order except for 'Other' and 'None of the above'.]	Do any of the following **currently affect the food choices** you make **for you or your household**? Please select all that apply. ▪ Food allergy ▪ Coeliac disease ▪ Digestive concerns such as food intolerance, irritable bowel syndrome, etc. ▪ Other diet-related health concerns such as diabetes, heart disease, high blood pressure, etc. ▪ Pregnancy or breast feeding ▪ Looking to lose weight and/or maintain a healthy weight ▪ Vegetarian or vegan ▪ Religious beliefs that affect food choices ▪ Training or sports that affects food choices ▪ Cost of living pressures ▪ Other things about you or your household that affect food choices (Please specify) [FREE TEXT] ▪ None of the above. [Multiple responses possible, randomise response order except for 'Other' and 'None of the above'.]
	How much **effort** do you generally put into maintaining a **healthy diet** for you and/or your household? [Scale: 1 = "No effort", 7 = "A lot of effort"]	How much **effort** do you generally put into maintaining a **healthy diet** for you and/or your household? [Scale: 1 = "No effort", 7 = "A lot of effort"]
New Foods	Have you **heard of** any of the following new or emerging foods? • Insect protein (that is, protein made from insects) • Cell-based meat (that is, meat produced from animal cells, sometimes referred to as 'lab-grown meat') • Cell- based dairy (that is, dairy produced from animal cells, sometimes referred to as 'lab-grown dairy') • Gene edited fruit or vegetables (that is, fruit or vegetables	Have you **heard of** any of the following new or emerging foods? • Foods produced using precision fermentation (that is, fermentation using yeast, bacteria, or fungi that have been genetically modified to produce proteins like those found in eggs, milk, or cheese) • Cell-based meat (that is, meat produced from animal cells, sometimes referred to as 'lab-grown meat')

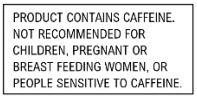
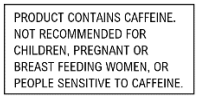
	from plants that have had very precise changes made to their DNA in order to produce desirable traits) • Gene edited meat or dairy (that is, meat or dairy from animals that have had very precise changes made to their DNA in order to produce desirable traits) • 3D printed foods (that is, food created by using a printer to layer edible materials to form a 3D object or shape) [Matrix: 0 = I have never heard of this before today, 1 = I have heard of it, but know very little or nothing about it, 2 = I have heard of it and know something about it but not enough to explain it to a friend, 3 = I have heard of it and know enough about it that I could explain it to a friend]	• Cell-based dairy (that is, dairy produced from animal cells, sometimes referred to as 'lab-grown dairy') • Genetically-modified banana (modified to make it resistant to Panama disease, a fungal disease that affects banana plants) [Matrix: 0 = I have never heard of this before today, 1 = I have heard of it, but know very little or nothing about it, 2 = I have heard of it and know something about it but not enough to explain it to a friend, 3 = I have heard of it and know enough about it that I could explain it to a friend]
	Thank you, now we would like to know how **confident** you would be in the **safety** of the following foods if you saw them for sale in [Australian/New Zealand] shops and supermarkets? Even if you have never heard of these foods before today, please base your answer on how you would react if you saw it for sale in your local shops or supermarket in [Australia/New Zealand]. • Insect protein (that is, protein made from insects) • Cell-based meat (that is, meat produced from animal cells, sometimes referred to as 'lab-grown meat') • Cell-based dairy (that is, dairy produced from animal cells, sometimes referred to as 'lab-grown dairy') • Gene edited fruit or vegetables (that is, fruit or vegetables from plants that have had specific changes made to their DNA in order to produce desirable traits)	Thank you, now we would like to know how **confident** you would be in the **safety** of the following foods if you saw them for sale in [Australian/New Zealand] shops and supermarkets? Even if you have never heard of these foods before today, please base your answer on how you would react if you saw it for sale in your local shops or supermarket in [Australia/New Zealand]. • Foods produced using precision fermentation (that is, fermentation using yeast, bacteria, or fungi that have been genetically modified to produce proteins like those found in eggs, milk, or cheese) • Cell-based meat (that is, meat produced from animal cells, sometimes referred to as 'lab-grown meat') • Cell-based dairy (that is, dairy produced from animal cells, sometimes referred to as 'lab-grown dairy') • Genetically-modified banana (modified to make it resistant to Panama disease, a fungal

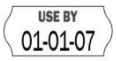
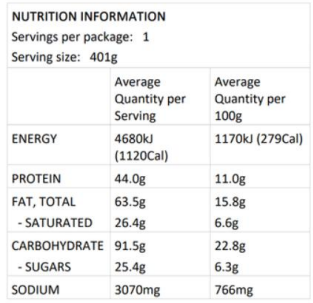
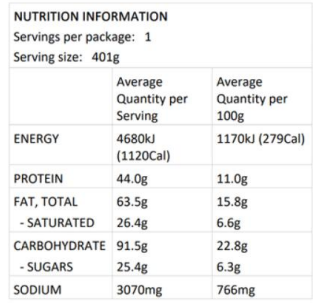
	• Gene edited meat or dairy (that is, meat or dairy from animals that have had specific changes made to their DNA in order to produce desirable traits) • 3D printed foods (that is, food created by using a printer to layer edible materials to form a 3D object or shape) [Matrix: 1 "Not confident at all", 7 = "Completely confident"]	disease that affects banana plants) [Matrix: 1 "Not confident at all", 7 = "Completely confident"]
	Assuming you liked the taste and the product was a similar price to meat and/or meat alternatives, do you think you would include cell-based meat in your diet? Cell-based meat is meat produced from animal cells, sometimes referred to as 'lab-grown meat' • Yes • No Can't say / don't know	Assuming you liked the taste and the product was a similar price to traditional dairy and/or plant-based dairy alternatives, do you think you would include cell-based dairy in your diet? **Cell-based dairy** refers to dairy produced from animal cells, sometimes referred to as 'lab-grown dairy' **Traditional dairy** refers to dairy products made from the milk of farm-raised cows (e.g. butter, milk, cheese) **Plant-based dairy** refers to dairy products made from nuts, grains, and/ore legumes (e.g. soy, almond, oat, rice, macadamia milk or yoghurt; and products like vegan 'cheese', etc.) • Yes • No Can't say / don't know
	[Ask those who answered Yes to CellMeatA] How do you think you would include cell-based meat in your diet? (Please select all that apply) **Note:** Traditional meat refers to farm-raised beef, chicken, or pork, and plant-based proteins refers to plant-based meat alternatives (e.g. vegan 'mince' or 'sausage'), tofu, and/or lentils etc. • Completely replace traditional meat • Partly replace traditional meat • Consume in addition to traditional meat	[Ask those who answered Yes to CellDairyA] How do you think you would include cell-based dairy in your diet? (Please select all that apply) ***Cell-based dairy*** refers to dairy produced from animal cells, sometimes referred to as 'lab-grown dairy'. ***Traditional dairy*** refers to dairy products made from the milk of farm-raised cows (e.g. butter, milk, cheese). ***Plant-based dairy*** refers to dairy products made from nuts, grains, and/or legumes (e.g. soy, almond, oat, rice, macadamia milk or yoghurt; and products like vegan 'cheese', etc.)

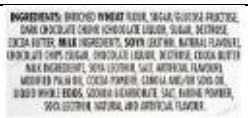
	• Completely replace plant-based proteins • Partly replace plant-based proteins • Consume in addition to plant-based proteins • Other (Please specify) • Can't say/don't know [Multiple response options possible]	• Completely replace traditional dairy • Partly replace traditional dairy • Consume in addition to traditional dairy • Completely replace plant-based dairy • Partly replace plant-based dairy • Consume in addition to plant-based dairy • Other (Please specify) • Can't say/don't know [Multiple response options possible]
		If they became available for sale in [Australia/New Zealand], would you be likely to purchase and eat bananas that had been genetically modified to make them resistant to Panama disease? (Panama disease is a fungal disease that causes wilting and death in banana plants, and is a severe threat to the banana industry worldwide.) • Yes • No Can't say / don't know
Sports foods	**How often, if at all,** do you **personally consume** the following food products? • Plant-based meat alternatives (e.g. plant-based burger patties) • Plant-based milk alternatives (e.g. soy milk, oat milk, almond milk) • Plant-based sugar substitutes (e.g. Stevia, Monk fruit) • Artificial sugar substitutes (e.g. aspartame, sucralose) • Sports foods (e.g. protein powders, pre-workout drinks, energy gels or gummies, gainers, sports bars, creatine powder). Sports foods do NOT include electrolyte drinks, energy drinks, tablets/capsules, or general foods like meat, fruit or veg.	**How often, if at all,** do you **personally consume** the following food products in a **typical week**? • Protein powders • Pre-workout foods or drinks • Energy bars • Energy gels, goos or gummies • Gainers (high carb/protein powders) • Fat burners (e.g. shred powders) • Protein bars • Ready-to-drink protein shakes • Amino acid powders or gummies (e.g. β-alanine or creatine) • Electrolyte drinks or powders [Order of products to be randomised] [Matrix: Single response] • More than once every day • Once a day

	• Hemp seed-based foods (e.g. hemp seeds, hemp protein, hemp seed oil) [Matrix: Every day, Every few days, Every week, Every month, Every 3 months, Every 6+ months, Don't currently consume, Don't Know]	• More than once every week • Once a week • Less than once a week Don't currently consume
	[To anyone who answered that they consume sports foods every day, every few days, every week, or every month] When do you typically consume **sports foods**? Sports foods are things like protein powders, pre-workout drinks, energy gels or gummies, gainers, sports bars, and creatine powder. They do not include electrolyte drinks, energy drinks, tablets/capsules, or general foods like meat, fruit, or veg. (Please select all that apply) ▪ Immediately before, during, or after sport, exercise or other physical activity [SPORTSFOODS_1] ▪ At other times outside of physical activity [SPORTSFOODS_2] Can't say/don't know [SPORTSFOODS_98] [EXCLUSIVE]	**Why** do you consume the following food products? (Please select all that apply) [Only show the sports foods that the respondent selected as being consumed more than once every day, every day, once or twice a week, or every week] • Protein powders [FoodFreq_1] • Pre-workout drinks or foods [FoodFreq_2] • Energy bars [FoodFreq_3] • Energy gels, goos or gummies [FoodFreq_4] • Gainers (high carb/protein powders) [FoodFreq_5] • Fat burners (e.g. shred powders) • Protein bars [FoodFreq_6] • Ready-to-drink protein shakes [FoodFreq_7] • Amino acid powders or gummies (e.g. β-alanine or creatine) [FoodFreq_8] • Electrolyte drinks or powders [FoodFreq_9] [Matrix: Multiple selections possible] ▪ To prepare for intense sport or exercise ▪ To maintain energy or hydration during intense sport or exercise ▪ To recover from intense sport or exercise ▪ To achieve a long-erm sport- or exercise-related effect (e.g. building muscle or bulk) ▪ To help maintain/improve health or diet ▪ To help lose or maintain weight

		▪ To help improve or maintain focus ▪ Because it is a convenient form of food, calories, energy, or hydration in my daily life ▪ Because I enjoy the taste of the product ▪ Because I find the price affordable and/or good value ▪ Because it was recommended by my trainer, coach, or friends ▪ Other [free text field] Can't say/don't know [EXCLUSIVE]
Food labelling	Think about when you are making the decision to buy a packaged food or drink **for the first time**. How **important** is the following labelling information when **deciding what to buy**? •  Nutrition information panel (e.g. amount of energy, carbohydrates, sugar, sodium, or fat) •  Ingredients list • **Contains: egg, almond, milk, wheat, gluten, sesame.** **May be present: peanut.** Allergen information •  Health Star Rating •  Advisory or warning statements (e.g., 'contains caffeine', 'not recommended for children') •  Claims about health benefits (e.g., 'calcium is good for healthy bones') •  Claims about nutrient or ingredient	Think about when you are making the decision to buy a packaged food or drink **for the first time**. How **important** is the following labelling information when **deciding what to buy**? •  Nutrition information panel (e.g. amount of energy, protein, carbohydrates, sugar, sodium, or fat) •  Ingredients list • **Contains: egg, almond, milk, wheat, gluten, sesame.** **May be present: peanut.** Allergen information •  Health Star Rating •  Advisory or warning statements (e.g., 'contains caffeine', 'not recommended for children') •  Claims about health benefits (e.g., 'calcium is good for healthy bones')

	content (e.g., ‘low in sugar’, ‘reduced fat’) [Matrix from 1 = Not important at all, to 7 = Extremely important]	•  Claims about nutrient or ingredient content (e.g., ‘no added sugar’, ‘reduced fat’) •  Best before/use by date [Matrix from 1 = Not important at all, to 7 = Extremely important]
	In this question, we are interested in how much you feel you can **trust** different labelling information, **even if you don’t use it** to make decisions about food purchases. With that in mind, how much do you feel you can **trust** the following information on packaged foods and drink? •  Nutrition information panel (e.g. amount of energy, carbohydrates, sugar, sodium, or fat) •  Ingredients list • **Contains: egg, almond, milk, wheat, gluten, sesame.** **May be present: peanut.** Allergen information •  Health Star Rating •  Advisory or warning statements (e.g., ‘contains caffeine’, ‘not recommended for children’) •  Claims about health benefits (e.g., ‘calcium is good for healthy bones’) •  Claims about nutrient or ingredient	In this question, we are interested in how much you feel you can **trust** different labelling information, **even if you don’t use it** to make decisions about food purchases. With that in mind, how much do you feel you can **trust** the following information on packaged foods and drink? •  Nutrition information panel (e.g. amount of energy, carbohydrates, sugar, protein, sodium, or fat) •  Ingredients list • **Contains: egg, almond, milk, wheat, gluten, sesame.** **May be present: peanut.** Allergen information •  Health Star Rating •  Advisory or warning statements (e.g., ‘contains caffeine’, ‘not recommended for children’) •  Claims about health benefits (e.g., ‘calcium is good for healthy bones’) •  Claims about nutrient or ingredient

	content (e.g., 'low in sugar', 'reduced fat')  • Best before/use by date [Matrix: 1-7 scale, where 1 = 'Cannot trust at all' and 7 = 'Can trust completely'] [Only ask those who answered 3-7 in LE1 (i.e. that the NIP has an importance of 3-7)] When buying products for the **first time**, what parts of the Nutrition Information Panel (NIP) do you usually look for? (Please select all that apply)  NUTRITION INFORMATION Servings per package: 1 Serving size: 401g Average Quantity per Serving / Average Quantity per 100g ENERGY 4680kJ (1120Cal) / 1170kJ (279Cal) PROTEIN 44.0g / 11.0g FAT, TOTAL 63.5g / 15.8g - SATURATED 26.4g / 6.6g CARBOHYDRATE 91.5g / 22.8g - SUGARS 25.4g / 6.3g SODIUM 3070mg / 766mg • Energy content (kilojoules, calories) • Protein content • Total fat content • Saturated fat content • Carbohydrate (carb) content • Sugar content • Sodium content • Serving size • Servings per package • Other (Please specify) [FREE TEXT] • Don't know/can't say [EXCLUSIVE] [Multiple selections possible] [Ask people who answered 3-7 to LE2 (i.e. those who answered 3-7 on importance of the Ingredients List in decision-making)] What information do you usually look for in the ingredients list when buying products for the first time? (Please select all that apply)	content (e.g., 'no added sugar', 'reduced fat')  • Best before/use by date [Matrix: 1-7 scale, where 1 = 'Cannot trust at all' and 7 = 'Can trust completely'] [Only ask those who answered 4-7 in LE1 (i.e. that the NIP has an importance of 4-7)] When buying products for the **first time**, what parts of the Nutrition Information Panel (NIP) do you usually look for? (Please select all that apply)  NUTRITION INFORMATION Servings per package: 1 Serving size: 401g Average Quantity per Serving / Average Quantity per 100g ENERGY 4680kJ (1120Cal) / 1170kJ (279Cal) PROTEIN 44.0g / 11.0g FAT, TOTAL 63.5g / 15.8g - SATURATED 26.4g / 6.6g CARBOHYDRATE 91.5g / 22.8g - SUGARS 25.4g / 6.3g SODIUM 3070mg / 766mg • Energy content (kilojoules, calories) • Protein content • Total fat content • Saturated fat content • Carbohydrate (carb) content • Sugar content • Sodium content • Serving size • Servings per package • Other (Please specify) [FREE TEXT] • Don't know/can't say [EXCLUSIVE] [Multiple selections possible] [Ask people who answered 4-7 to LE2 (i.e. those who answered 4-7 on importance of the Ingredients List in decision-making)] What information do you usually look for in the ingredients list when buying products for the first time? (Please select all that apply)

	 • Food additives, like colours, flavourings, or preservatives • Allergen information • Key ingredients in a food (i.e. first one or two ingredients listed) • Percentage of ingredients in a food • Length of ingredients list • Genetically modified (GM) ingredients • Artificial sweeteners (e.g. aspartame, sucralose, saccharin) • Plant-based sugar substitutes (e.g. Stevia, Monk fruit) • Chemical-sounding ingredients • Vitamin and mineral content • Other (Please specify) [FREE TEXT] • Don't know/can't say [EXCLUSIVE] [Randomise order, except for 'Don't know/can't say']	 • Food additives, like colours, flavourings, or preservatives • Allergen information • Key ingredients in a food (i.e. first one or two ingredients listed) • Percentage of ingredients in a food • Length of ingredients list • Genetically modified (GM) ingredients • Artificial sweeteners (e.g. aspartame, sucralose, saccharin) • Plant-based sugar substitutes (e.g. Stevia, Monk fruit) • Chemical-sounding ingredients • Types or sources of sugars (e.g. refined sugars vs fruit or honey) • Types or sources of fats (e.g. animal fats like butter vs plant fats like vegetable oil) • Other (Please specify) [FREE TEXT] • Don't know/can't say [EXCLUSIVE] [Randomise order, except for 'Don't know/can't say']
	How **confident** are you in your **ability to make informed choices** about foods from the **information on food labels**? [1-7 scale, where 1 = "Not at all confident" and 7 = "Completely confident"]	How **confident** are you in your **ability to make informed choices** about foods from the **information on food labels**? [1-7 scale, where 1 = "Not at all confident" and 7 = "Completely confident"]
	[Ask those who answered 1-4 in LabelAbility] What makes it difficult to use food labelling to make informed choices about foods? (Please select all that apply) • I often don't understand what the information on food labels means	[Ask those who answered 1-4 in LabelAbility] What makes it difficult to use food labelling to make informed choices about foods? (Please select all that apply) • I often don't understand what the information on food labels means

	• The information on food labels is too small/illegible to easily read • I'm not sure if I can trust the information on food labels • I can't find the information I need to make food choices that reflect my values • I don't find the information on food labels useful or relevant to me • I don't have enough time to read food labels when I'm shopping • Other (Please specify) [FREE TEXT] • Can't say/don't know[EXCLUSIVE] [Multiple response options, randomise order except 'Other' and 'Can't say/don't know'.]	• The information on food labels is too small/illegible to easily read • I'm not sure if I can trust the information on food labels • I can't find the information I need to make food choices that reflect my values • I don't find the information on food labels useful or relevant to me • I don't have enough time to read food labels when I'm shopping • Other (Please specify) [FREE TEXT] • Can't say/don't know[EXCLUSIVE] [Multiple response options, randomise order except 'Other' and 'Can't say/don't know'.]
		[Ask those who selected (I often don't understand what the information on food labels means)] What information on the label do you find difficult to understand, and why? [Open text verbatim response]
Food Labelling – Best Before Submodule (Supplementary)	How often, if at all, do you look at best before or use-by/expiry dates when you are about to cook, prepare or consume packaged food? • Always • Most of the time • About half the time • Occasionally • Never • It varies too much to say / Don't know [Single response option]	
	To the best of your knowledge, what does the term **'best before'** mean on food or drink labels? (Please select all that apply) • Food should not be eaten after this date as it may be unsafe • Food is still safe to eat after this date as long as it is not damaged, deteriorated or perished	

	• Food is still safe to eat after this date, but the quality may not be as good • Other (Please specify) [FREE TEXT] • Can't say/don't know [EXCLUSIVE] [Multiple response options]	
	To the best of your knowledge, what does the term **'use-by'** mean on food or drink labels? (Please select all that apply) • Food should not be eaten after this date as it may be unsafe • Food is still safe to eat after this date as long as it is not damaged, deteriorated or perished • Food is still safe to eat after this date, but the quality may not be as good • Other (Please specify) [FREE TEXT] • Can't say/don't know [EXCLUSIVE] [Multiple response options]	
	[Ask those who did not answer 0 or 98 in [DateMarks]] Thinking about **best before dates** on packaged food products, how do you use them? (Please select all that apply) **When buying food…** • I buy products that are close to their best before date e.g. if it is at a discount or I will use it quickly. • I don't buy products that are close to their best before date. • I don't check best before dates when buying food. [EXCLUSIVE] **When preparing or cooking food…** • I don't use products if they are past their best before date • I test products (e.g. by sniffing or trying a small amount) if	

	they are past their best before date • I don't check best before dates when preparing/cooking food. [EXCLUSIVE] [Multiple responses possible, except for those marked exclusive]	
	[Ask those who did not answer 0 or 98 in [DateMarks]] Now thinking about **use-by/expiry dates** on packaged food products, how do you use them? (Please select all that apply) **When buying food…** • I buy products that are close to their use-by date e.g. if it is at a discount or I will use it quickly.. • I don't buy products that are close to their use-by date. • I don't check use-by dates when buying food. [EXCLUSIVE] **When preparing or cooking food…** • I don't use products if they are past their use-by date. • I test products (e.g. by sniffing or trying a small amount) if they are past their use-by date • I don't check use-by dates when preparing/cooking food. [EXCLUSIVE] [Multiple responses possible, except for those marked exclusive]	
Food Labelling – HSR Submodule (Supplementary)		How often do you look for the Health Star Rating when shopping for food in the supermarket? • Always • Most of the time • Sometimes • Rarely • Never • Unsure [Single response]
		How much, if anything, do you feel you know about the Health Star Rating? • I know a lot about it • I know a fair amount about it.

		• I know a little bit about it. • I have seen or heard of it, but don't know anything about it. [Single response option]
		Below are a series of statements about the Health Star Rating system. Please indicate how strongly you agree or disagree that the Health Star Rating system… • Allows me to compare the healthiness of similar foods (e.g. different types of cereal) in the supermarket • Allows me to compare the healthiness of different kinds of foods (e.g. muesli bar vs cereal) in the supermarket • Helps me make decisions about which foods to buy • Makes me want to buy healthier products • Makes it more confusing to decide which foods to buy. [1-7 scale, where 1 = "Strongly disagree", 4 = "Neutral", and 7 = "Strongly agree"]
Food safety knowledge and concerns	Which of these statements best describes who is responsible for preparing and cooking meals in your household? • I do the majority of preparing and cooking meals • I share the preparing and cooking of meals with someone else • Someone else does the majority of preparing and cooking meals for my household	Which of these statements best describes who is responsible for preparing and cooking meals in your household? • I do the majority of preparing and cooking meals • I share the preparing and cooking of meals with someone else • Someone else does the majority of preparing and cooking meals for my household
	[Ask those who answered "I do the majority…" or "I share the preparing…." to [CookMeals]] How often do you do the following when preparing food at home? • Clean hands and work surfaces before, during, and after cooking • Keep raw animal products (e.g. meat, eggs, and seafood)	[Ask those who answered "I do the majority…" or "I share the preparing…." to [CookMeals]] How often do you do the following when preparing food at home? • Wash your hands thoroughly with warm, soapy water and dry them before, during, and after handling food.

	separate from ready-to-eat foods (e.g. fruit, vegetables, and cooked foods) in the fridge and when preparing foods. [include option Not applicable – I don't use raw animal products] • Cook raw animal products (e.g. meat, eggs, and seafood) thoroughly. Please consider instances where thorough cooking is not required for the dish (e.g. do not select always if you prepare raw egg smoothies, rare steak, runny eggs, or use raw fish in sushi. [include option Not applicable – I don't use raw animal products] • Refrigerate leftovers shortly after you are finished with them (within 2 hours) [Matrix: 1 = Never, 4 = About half the time, 7 = Always; or 'Not applicable – I don't use raw animal products']	• Use one cutting board and knife to prepare raw meats, and another set for foods that will not be cooked before being eaten (e.g. salad ingredients). [Include option: Not applicable – I don't prepare raw animal products.] • Prepare raw chicken without washing it. [Include option: Not applicable – I don't prepare raw chicken.] • Check food packaging for cooking instructions and then follow them exactly. • Use a clean food thermometer to check that foods are cooked to a safe internal temperature. • Thaw frozen food in the fridge or microwave rather than at room temperature (e.g. by leaving it on the bench). [Matrix: 1 = Never, 4 = About half the time, 7 = Always; or 'Not applicable – I don't use raw animal products']
	Do you remember hearing about any food being recalled in the past 12 months? (A food recall is when an unsafe food product is removed from distribution, sale, and consumption) • Yes [1] • No [0] Can't say/don't know	Do you remember hearing about any food being recalled in the past 12 months? (A food recall is when an unsafe food product is removed from distribution, sale, and consumption) • Yes [1] • No [0] Can't say/don't know [98]
	In your opinion, what are the **top three** most important FOOD SAFETY issues today? Please rank up to three food safety issues. 1 = Most important food safety issue, 2= Second-most important, 3 = Third most important • Food poisoning (i.e. from microbes like *Salmonella*) • Undeclared allergens in food • Chemicals from the environment in food, like toxic metals from pollution or pesticides/pesticide residues	In your opinion, what are the **top three** most important FOOD SAFETY issues today? Please rank up to three food safety issues. 1 = Most important food safety issue, 2= Second-most important, 3 = Third most important • Food poisoning (i.e. from microbes like *Salmonella*) • Undeclared allergens in food • Chemicals from the environment in food, like toxic metals from pollution or pesticides/pesticide residues

	• Hormones, steroids and/or antibiotics in farm animal products • Artificial sweeteners, like aspartame, saccharine, and sucralose • Food additives, like colour or preservatives • Genetically modified foods • Imported food/food from overseas • Contamination of food with foreign objects (e.g., glass, needles) • Other (Please specify) [Free text] • None of the above [EXCLUSIVE] [Rank up to three, randomise order of responses except for Other and None of the above]	• Hormones, steroids and/or antibiotics in farm animal products • Artificial sweeteners, like aspartame, saccharine, and sucralose • Food additives, like colour or preservatives • Genetically modified foods • Imported food/food from overseas • Contamination of food with foreign objects (e.g., glass, needles) • Other (Please specify) [Free text] • None of the above [EXCLUSIVE] [Rank up to three, randomise order of responses except for Other and None of the above]
	In your opinion, what are the categories of foods that are the most likely to cause illness? Please rank **up to three** in order of how likely they are to cause illness. 1 = Most likely to cause illness, 2 = Second-most likely, 3 = Third-most likely ▪ Eggs and egg products; ▪ Raw beef; ▪ Raw chicken or other poultry; ▪ Processed meat, such as ham, salami, or sausages; ▪ Milk, cheese, or yoghurt ▪ Vegetables, sprouts and leafy greens; ▪ Seafood and raw shellfish; ▪ Fruits, including berries and melons; ▪ Other (Please specify) [FREE TEXT] [Rank up to 3, randomise order of responses except for Other]	In your opinion, how risky are the following foods to eat if not stored, prepared, and/or cooked correctly at home? [Randomise order] ▪ Eggs and egg products; ▪ Raw beef and lamb; ▪ Raw chicken or other poultry; ▪ Raw pork; ▪ Processed meat, such as ham, salami, or sausages; ▪ Milk, cheese, or yoghurt ▪ Vegetables, sprouts and leafy greens; ▪ Raw seafood and shellfish; ▪ Fruits, including berries and melons; [Response options: High risk, medium risk, low risk, don't know]
	Would you like to know more about how to store and prepare food safely? • Yes	Would you like to know more about how to store and prepare food safely? • Yes [1]

	• No Can't say/don't know	• No [0] Can't say/don't know [98]
	[Ask those who answered yes or don't know to [FSInfowant]] What are your preferred sources of information about how to store and prepare food safely? (Please select all that apply) ▪ Family and friends ▪ Social media, such as Twitter, Facebook, or TikTok ▪ Podcasts, YouTube, or blogs ▪ Health professionals, such as doctors or dietitians ▪ Magazines or newspapers, either online or in print ▪ Television, including programmes or advertisements ▪ Radio, including programmes or advertisements ▪ Government websites ▪ Retailers and supermarkets ▪ Product labels ▪ Non-government organisations, such as the Food Safety Information Council ▪ Other [FREE TEXT] ▪ Can't say/don't know [EXCLUSIVE] [Multiple responses possible; randomise response options except 13, 14]	[Ask those who answered yes [1] or don't know [98] to [FSInfowant]] What are your preferred sources of information about how to store and prepare food safely? (Please select all that apply) ▪ Family and friends [FSInfo1] ▪ Social media, such as Twitter, Facebook, or TikTok [FSInfo2] ▪ Podcasts, YouTube, or blogs [FSInfo3] ▪ Health professionals, such as doctors or dietitians [FSInfo4] ▪ Magazines or newspapers, either online or in print [FSInfo5] ▪ Television, including programmes or advertisements [FSInfo6] ▪ Radio, including programmes or advertisements [FSInfo7] ▪ Government websites [FSInfo8] ▪ Retailers and supermarkets [FSInfo9] ▪ Product labels [FSInfo10] ▪ Non-government organisations, such as the Food Safety Information Council [FSInfo11] ▪ Other [FREE TEXT] [FSInfo12] ▪ Can't say/don't know [EXCLUSIVE] [FSInfo98] [Multiple responses possible; randomise response options except 13, 14]
Demographics	Which of the following best describes **where you were born**? (If you were born in a country with multiple official languages, please select the option that best describes your everyday experience.) • In Australia/New Zealand	Which of the following best describes **where you were born**? (If you were born in a country with multiple official languages, please select the option that best describes your everyday experience.) • In Australia/New Zealand

	• Outside of Australia/New Zealand in a primarily English-speaking country • Outside of Australia/New Zealand in a primarily non-English-speaking country • Prefer not to [Single response option]	• Outside of Australia/New Zealand in a primarily English-speaking country • Outside of Australia/New Zealand in a primarily non-English-speaking country • Prefer not to say [Single response option]
	How much of the **food shopping** do you have **responsibility for** in your household? • I do all or the majority of the food shopping for my household • I share the food shopping with someone else • Someone else does all or the majority of food shopping for my household [Single response option]	How much of the **food shopping** do you have **responsibility for** in your household? • I do all or the majority of the food shopping for my household • I share the food shopping with someone else • Someone else does all or the majority of food shopping for my household [Single response option]
	Do you, or have you ever, worked in any of the following food related sectors? (Please select all that apply). ▪ Food primary production (e.g. farming) ▪ Food manufacturing or processing (e.g. factories and production plants) ▪ Food logistics (e.g. transporting food to supermarkets or other retail outlets) ▪ Food retailing (e.g. supermarket chains, small grocers, deli etc) ▪ Food service (e.g. restaurant, café) ▪ Food delivery (e.g. Uber Eats) ▪ Government/public food authorities ▪ Food-related consumer advocacy groups ▪ Other (Please specify) ▪ I have not worked in food-related employment [EXCLUSIVE] [Multiple response options possible]	Do you, or have you ever, worked in any of the following food related sectors? (Please select all that apply). ▪ Food primary production (e.g. farming) ▪ Food manufacturing or processing (e.g. factories and production plants) ▪ Food logistics (e.g. transporting food to supermarkets or other retail outlets) ▪ Food retailing (e.g. supermarket, small grocers, deli, butcher, fruit shop etc) ▪ Food service (e.g. restaurant, café, takeaway) ▪ Food delivery (e.g. Uber Eats) ▪ Government/public food authorities ▪ Food-related consumer advocacy groups ▪ Other (Please specify) ▪ I have not worked in food-related employment [EXCLUSIVE] [Multiple response options possible]

Appendix B: Factor Analyses

B.1 - Generalised trust index

As in 2023, an unrotated principle components analysis found that trust in all seven institutions (the school system, the legal system, the media, the federal government, the police, the health system, scientists) loaded onto one factor, suggesting that these seven measures only measure one construct. This is demonstrated by the fact that only one factor had eigenvalues over Kaiser's criterion of 1 (Field, 2018; all other eigen values ranged from 0.37 to 0.72). All types of institutions loaded strongly onto this one factor. The factor loading matrix, eigen value and % of variance explained for this one factor are presented in Table 26.

Table 26: Summary of Factor Analysis results for Generalised trust index

Institution	**Factor Loadings for one factor**
The school system	0.78
The legal system	0.81
The media	0.71
The Federal Government	0.78
The police	0.75
The health system	0.77
Scientists	0.68
Eigenvalue	**4.02**
% of variance	**57.46**

B.2 - Trust in food labelling index

A principle components analysis using a direct oblimin rotation indicated that trust in 5 types of labelling information loaded strongly onto one factor (nutrition information panel, ingredients list, allergen information, advisory or warning statements, best before/use by dates). These labelling elements tend to be back-of-pack. Whereas trust in 3 types of labelling information loaded strongly onto a second factor (health star rating, claims about health benefits, claims about nutrient or ingredient content), which tend to be front-of-pack. This is further supported by the fact that two factors had eigenvalues over Kaiser's criterion of 1 (Field, 2018). The factor loading matrix, eigenvalues and % of variance explained for the two factors are presented in Table 27.

Table 27: Summary of Factor Analysis results for Trust in food labelling index

	Factor Loadings	
Labelling information	**Back-of-pack Information**	**Front-of-pack Information**
Nutrition information panel	0.86	-
Ingredients list	0.88	-
Allergen information	0.89	-
Health star rating	-	0.78
Advisory or warning statements	0.73	-
Claims about health benefits	-	0.97
Claims about nutrient or ingredient content	-	0.72
Best before/use by dates	0.61	-
Eigenvalues	**4.38**	**1.17**
% of variance	**54.72**	**14.64**

Note: Factor loadings <0.2 are suppressed.

Appendix C. Hierarchical and simultaneous linear regressions

C.1 - Confidence in the safety of the food supply

A hierarchical multiple regression was conducted in four stages with level of confidence in the safety of the food supply as the dependent variable.

As in the 2023 analysis, age, gender, and education[28] were entered at stage 1. Shopping responsibility, food industry experience, having a child under 15 years of age in the household, equivalised household income, country, birth country, cultural background[29], selecting a medical- or lifestyle-related factor as currently affecting food choices, and knowledge of a food recall were entered at stage 2. Average trust in professionals and institutions more broadly (i.e., the generalised trust index) was entered at stage 3, and trust in different food system actors (farmers and producers, manufacturers and processors, retailers, government/public food authorities, and food-related scientists) was entered at stage 4.

All four models were found to be significant based on the ANOVA tests (all *p*-values < 0.05). The addition of variables significantly improved each model (i.e., all changes in the R^2 values were significant; all *p*-values < 0.05). Models 1 and 2 (where trust measures had not yet been added to the models), only explained 2.9% and 3.8% of the variance in confidence in the safety of the food supply, respectively. After adding the generalised trust index to the model (Model 3), the amount of variance explained substantially increased to 26.9%. Finally, after adding trust in food system actors to the model (Model 4), the amount of variance explained further increased to 47.7% and the generalised trust index became non-significant. Interpretation of the results (regarding which measures significantly predicted level of confidence in the safety of the food supply) are based on the final model (Model 4).

The full statistical results of the hierarchical regression analysis (including standardised beta values and p-values for each association and adjusted R^2 for each model) are available in Table 28.

[28] For analysis education was recategorised into ‘Tertiary educated’ and ‘Non-Tertiary educated’.

[29] For analysis cultural background was recategorised into ‘European background’, ‘Non-European background’ and ‘prefer not to say’.

Table 28: Hierarchical multiple regression testing various predictors of level of confidence in the safety of the food supply.

	β	*t*	*p*	Adjusted R^2
Model 1			<.001	0.029
Gender (Male vs Female)	-0.094	-3.787	0.000	
Education (Non-Tertiary vs Tertiary)	0.145	5.753	0.000	
Age	0.070	2.776	0.006	
Model 2			0.011	0.038
Gender (Male vs Female)	-0.088	-3.416	0.001	
Education (Non-Tertiary vs Tertiary)	0.122	4.542	0.000	
Age	0.070	2.472	0.014	
Shopping responsibility (does not do the food shopping vs does the majority of the food shopping for my household	0.033	0.500	0.617	
Shopping responsibility (does not do the food shopping vs shares the food shopping with someone else)	0.004	0.065	0.949	
Food Industry Experience (does not have experience vs has experience)	-0.010	-0.399	0.690	
Household composition (has children <15 years vs has no children <15 years)	0.010	0.377	0.706	
Equivalised annual household income	0.026	0.996	0.320	
Country (Australia vs New Zealand)	-0.060	-2.327	0.020	
Birth country (Aus/NZ vs Other English-speaking country)	0.036	1.391	0.164	
Birth country (Aus/NZ vs Non-English-speaking country)	0.032	1.155	0.248	
European background (European background vs non-European background)	0.023	0.792	0.429	
Medical-related dietary factors affecting food choices (has at least one vs do not have any)	-0.084	-3.277	0.001	
Lifestyle-related dietary factors affecting food choices (has at least one vs. do not have any)	0.011	0.437	0.662	
Selected ‘Nutrition’ as a top three food value	0.024	0.969	0.333	
Remembering a food recall (can’t remember a food recall vs can remember a food recall)	-0.015	-0.568	0.570	
Model 3			<.001	0.269
Gender (Male vs Female)	-0.068	-3.061	0.002	

	β	*t*	*p*	Adjusted R^2
Education (Non-Tertiary vs Tertiary)	0.053	2.258	0.024	
Age	0.000	0.004	0.997	
Shopping responsibility (does not do the food shopping vs does the majority of the food shopping for my household	-0.014	-0.241	0.810	
Shopping responsibility (does not do the food shopping vs shares the food shopping with someone else)	-0.038	-0.656	0.512	
Food Industry Experience (does not have experience vs has experience)	-0.017	-0.761	0.447	
Household composition (has children <15 years vs has no children <15 years)	0.023	1.028	0.304	
Equivalised annual household income	0.008	0.329	0.742	
Country (Australia vs New Zealand)	-0.041	-1.850	0.064	
Birth country (Aus/NZ vs Other English-speaking country)	0.033	1.475	0.141	
Birth country (Aus/NZ vs Non-English-speaking country)	0.023	0.958	0.338	
European background (European background vs non-European background)	-0.008	-0.322	0.748	
Medical-related dietary factors affecting food choices (has at least one vs do not have any)	-0.077	-3.458	0.001	
Lifestyle-related dietary factors affecting food choices (has at least one vs. do not have any)	0.014	0.596	0.551	
Selected ‘Nutrition’ as a top three food value	0.020	0.933	0.351	
Remembering a food recall (can’t remember a food recall vs can remember a food recall)	-0.010	-0.429	0.668	
Level of trust in professions and institutions	0.491	22.341	0.000	
Model 4			<.001	0.477
Gender (Male vs Female)	-0.056	-2.923	0.004	
Education (Non-Tertiary vs Tertiary)	0.048	2.406	0.016	
Age	-0.053	-2.508	0.012	
Shopping responsibility (does not do the food shopping vs does the majority of the food shopping for my household	0.006	0.114	0.909	
Shopping responsibility (does not do the food shopping vs shares the food shopping with someone else)	0.009	0.192	0.848	

	β	*t*	*p*	Adjusted R^2
Food Industry Experience (does not have experience vs has experience)	-0.024	-1.251	0.211	
Household composition (has children <15 years vs has no children <15 years)	0.026	1.369	0.171	
Equivalised annual household income	0.002	0.108	0.914	
Country (Australia vs New Zealand)	-0.020	-1.029	0.304	
Birth country (Aus/NZ vs Other English-speaking country)	0.043	2.265	0.024	
Birth country (Aus/NZ vs Non-English-speaking country)	0.028	1.375	0.169	
European background (European background vs non-European background)	-0.006	-0.304	0.761	
Medical-related dietary factors affecting food choices (has at least one vs do not have any)	-0.066	-3.498	0.000	
Lifestyle-related dietary factors affecting food choices (has at least one vs. do not have any)	0.013	0.673	0.501	
Selected ‘Nutrition’ as a top three food value	-0.008	-0.440	0.660	
Remembering a food recall (can’t remember a food recall vs can remember a food recall)	-0.008	-0.428	0.669	
Level of trust in professions and institutions	0.051	1.876	0.061	
Level of trust in farmers and producers	0.129	5.802	0.000	
Level of trust in manufacturers and processors	0.270	9.374	0.000	
Level of trust in government/public food authorities	0.061	2.068	0.039	
Level of trust in food scientists	0.140	5.376	0.000	

C.2 - Level of trust in FSANZ

A two-stage hierarchical multiple regression was conducted with level of trust in FSANZ as the dependent variable. Age, gender, education[30], shopping responsibility, food industry experience, having a child under 15 years of age in the household, equivalised household income, country, birth country, health consciousness, cultural background[31], selecting a medical- or lifestyle-related factor as currently affecting food choices, and knowledge of a food recall were entered as predictor variables at stage 1. Average trust in professionals and institutions more broadly (i.e., the generalised trust index) was entered as a predictor variable at stage 2 and trust in the actors of the food system.

Both models were significant based on the ANOVA tests (*p*-values < 0.05). The addition of variables significantly improved each model (i.e., all changes in the R^2 values were significant; *p*-values < 0.05). Model 1 only accounted for 4.2% of the variance in levels of trust in FSANZ. After controlling for trust in institutions and professions more broadly and trust in food system actors the amount of variance accounted for by the model also substantially increased to 58.0%.

The full statistical results of the hierarchical regression analysis (including standardised beta values and p-values for each association and adjusted R^2 for each model) are available in Table 29 below.

Table 29: Hierarchical multiple regression testing various predictors of level of trust in FSANZ.

	β	*t*	*p*	Adjusted R^2
Model 1			0.002	0.042
Gender (Male vs Female)	-0.002	-0.047	0.963	
Birth country (Aus/NZ vs Other English-speaking country)	0.003	0.056	0.956	
Birth country (Aus/NZ vs Non-English-speaking country)	0.007	0.145	0.885	
European background (European background vs non-European background)	0.012	0.240	0.811	
Education (Non-Tertiary vs Tertiary)	0.109	2.211	0.028	
Age	0.178	3.569	0.000	
Country (Australia vs New Zealand)	-0.061	-1.315	0.189	
Household composition (has children <15 years vs has no children <15 years)	-0.012	-0.250	0.802	
Equivalised annual household income	0.068	1.428	0.154	

[30] For analysis education was recategorised into 'Tertiary educated' and 'Non-Tertiary educated'.

[31] For analysis cultural background was recategorised into 'European background', 'Non-European background' and 'prefer not to say'.

	β	*t*	*p*	Adjusted R^2
Food Industry Experience (does not have experience vs has experience)	-0.037	-0.803	0.422	
Health consciousness	0.072	1.550	0.122	
Medical-related dietary factors affecting food choices (has at least one vs do not have any)	-0.021	-0.459	0.647	
Lifestyle-related dietary factors affecting food choices (has at least one vs. do not have any)	0.055	1.193	0.234	
Selected 'Nutrition' as a top three food value	0.073	1.616	0.107	
Remembering a food recall (can't remember a food recall vs can remember a food recall)	0.037	0.755	0.451	
Model 2			<.001	0.580
Gender (Male vs Female)	0.030	0.983	0.326	
Birth country (Aus/NZ vs Other English-speaking country)	0.026	0.859	0.391	
Birth country (Aus/NZ vs Non-English-speaking country)	0.025	0.755	0.451	
European background (European background vs non-European background)	-0.012	-0.354	0.724	
Education (Non-Tertiary vs Tertiary)	0.035	1.049	0.295	
Age	0.073	2.180	0.030	
Country (Australia vs New Zealand)	0.005	0.165	0.869	
Household composition (has children <15 years vs has no children <15 years)	0.003	0.090	0.928	
Equivalised annual household income	0.024	0.765	0.445	
Food Industry Experience (does not have experience vs has experience)	-0.025	-0.827	0.409	
Health consciousness	-0.032	-1.000	0.318	
Medical-related dietary factors affecting food choices (has at least one vs do not have any)	0.006	0.198	0.843	
Lifestyle-related dietary factors affecting food choices (has at least one vs. do not have any)	0.046	1.461	0.145	
Selected 'Nutrition' as a top three food value	0.067	2.231	0.026	
Remembering a food recall (can't remember a food recall vs can remember a food recall)	0.030	0.918	0.359	
Level of trust in professions and institutions	0.162	3.482	0.001	
Level of trust in farmers and producers	0.096	2.651	0.008	

	β	*t*	*p*	Adjusted R^2
Level of trust in manufacturers and processors	0.076	1.655	0.099	
Level of trust in supermarkets and retailers	0.041	0.916	0.360	
Level of trust in government/public food authorities	0.212	4.205	0.000	
Level of trust in food scientists	0.333	7.927	0.000	

C.3 - Health consciousness

Simultaneous linear regression was used to test if various factors (gender, age, education[32], shopping responsibility, cooking meals, having a child under 15 years of age in the household, equivalised household income, country, birth country, level of confidence in the safety of the food supply, cultural background[33], selecting a medical- or lifestyle-related factor as currently affecting food choices) significantly predicted the level of health consciousness. The model was statistically significant, $F(16, 1881) = 14.810$, $p < .001$), and accounted for 10.4% of variance in the sample (adjusted $R^2 = .104$).

The full statistical results of the regression analysis (including standardised beta values and p-values for each association and adjusted R^2 for each model) are available in Table 30 below.

Table 30: Simultaneous multiple regression testing various predictors of level of health consciousness.

	β	*t*	*p*	Adjusted R^2
Model		17.024	0.000	.104
Country (Australia vs New Zealand)	-0.036	-1.609	0.108	
Gender (Male vs Female)	0.042	1.846	0.065	
Birth country (Aus/NZ vs Other English-speaking country)	0.036	1.586	0.113	
Birth country (Aus/NZ vs Non-English-speaking country)	0.037	1.451	0.147	
Cook meals (I do not do vs I do the majority of preparing and cooking meals)	0.241	4.762	0.000	
Cook meals (I do not do vs I share the preparing and cooking of meals with someone else)	0.143	3.322	0.001	
Age	0.178	7.262	0.000	
Household composition (has children <15 years vs has no children <15 years)	-0.044	-1.889	0.059	
Equivalised annual household income	0.048	2.048	0.041	
European background (European background vs non-European background)	-0.003	-0.133	0.894	
Education (Non-Tertiary vs Tertiary)	0.072	3.019	0.003	
Medical-related dietary factors affecting food choices (has at least one vs do not have any)	-0.075	-3.327	0.001	

[32] For analysis education was recategorised into ‘Tertiary educated’ and ‘Non-Tertiary educated’.

[33] For analysis cultural background was recategorised into ‘European background’, ‘Non-European background’ and ‘prefer not to say’.

Lifestyle-related dietary factors affecting food choices (has at least one vs. do not have any)	-0.181	-7.993	0.000	
Level of confidence that food is safe to eat	0.112	5.052	0.000	
Shopper (does not do vs I do all or the majority of the food shopping for my household)	-0.056	-0.796	0.426	
Shopper (does not do vs I share the food shopping with someone else)	-0.014	-0.215	0.830	

* The p-value tested for significant changes in R^2 value. Note: The model was significant based on the ANOVA test ($p < 0.001$).

Trust in front-of-pack and back-of-pack labelling elements

Two hierarchical multiple logistic regressions were conducted with trust in front-of-pack labelling elements (health star rating, health benefit claims and nutrient or ingredient content claims) and trust in back-of-pack labelling elements (nutrition information panel, ingredients list, allergen information, advisory or warning statements, best before/use by dates) as the dependent variables. The predictor variables for both models were age, gender, level of education[34], equivalised annual household income, country, cultural background[35], medical factors affecting food choice, lifestyle factors affecting food choice, level of household health consciousness, overall confidence in the safety of the food supply and perceived confidence in ability to make informed choices from food labels. The final model for both dependent variables also initially included the variable for level of importance of either front-of-pack or back-of-pack labelling elements. However, these variables were not included in the model due to their multicollinearity with the dependent variables.

The models were statistically significant (front-of-pack model $F(11, 1886) = 31.179$, $p < .001$ and accounted for 14.9% of the variance (adjusted $R^2 = .149$); back-of-pack model $F(11, 1886) = 63.991$, $p < .001$ and accounted for 26.8% of the variance (adjusted $R^2 = .268$)). See Table 31 and Table 32 for the full results.

Table 31: Hierarchical logistic regression testing various predictors on overall trust in front-of-pack labelling elements.

	β	*t*	*p* value	Adjusted R^2
Model 1			.020	.004
Age	.071	3.033	.002	
Gender (Male vs Female)	-.017	-.742	.458	
Education (Tertiary vs non-tertiary)	.022	.941	.347	
Model 2			< .001	.015
Age	.081	3.416	<.001	
Gender (Male vs Female)	-.014	-.607	.544	
Education (Non-tertiary vs tertiary)	.011	.466	.641	
Equivalised annual household income	-.029	-1.187	.235	

[34] For analysis education was recategorised into ‘Tertiary educated’ and ‘Non-Tertiary educated’.

[35] For analysis cultural background was recategorised into ‘European background’, ‘Non-European background’ and ‘prefer not to say’.

Country (Australia vs New Zealand)	-.076	-3.293	.001	
European background (European vs non-European)	.092	3.872	<.001	
Model 3			< .001	.042
Age	.052	2.154	.031	
Gender (Male vs Female)	-.026	-1.163	.245	
Education (Tertiary vs non-tertiary)	-.006	-.237	.813	
Equivalised annual household income	-.039	-1.621	.105	
Country (Australia vs New Zealand)	-.068	-3.001	.003	
European background (European vs non-European)	.089	3.790	<.001	
Any medical factors affecting food choice (do not have any vs have at least one)	.003	.145	.885	
Any lifestyle factors affecting food choice (do not have any vs have at least one)	-.012	-.494	.622	
Level of effort to maintain a healthy diet	.173	7.374	<.001	
Model 4			< .001	.111
Age	.035	1.532	.126	
Gender (Male vs Female)	-.003	-.156	.876	
Education (Tertiary vs non-tertiary)	-.035	-1.481	.139	
Equivalised annual household income	-.048	-2.066	.039	
Country (Australia vs New Zealand)	-.053	-2.434	.015	
European background (European vs non-European)	.083	3.699	<.001	
Any medical factors affecting food choice (do not have any vs have at least one)	.027	1.217	.224	
Any lifestyle factors affecting food choice (do not have any vs have at least one)	-.006	-.283	.777	

Level of effort to maintain a healthy diet	.143	6.272	<.001	
Level of confidence in the safety of food sold in Australia or New Zealand	.270	12.172	<.001	
Model 5			< .001	.149
Age	.051	2.230	.026	
Gender (Male vs Female)	-.005	-.230	.818	
Education (Tertiary vs non-tertiary)	-.037	-1.600	.110	
Equivalised annual household income	-.057	-2.509	.012	
Country (Australia vs New Zealand)	-.058	-2.719	.007	
European background (European vs non-European)	.088	3.987	<.001	
Any medical factors affecting food choice (do not have any vs have at least one)	.020	.910	.363	
Any lifestyle factors affecting food choice (do not have any vs have at least one)	-.011	-.504	.614	
Level of effort to maintain a healthy diet	.069	2.918	.004	
Level of confidence in the safety of food sold in Australia or New Zealand	.235	10.620	<.001	
Level of confidence in ability to make informed choices about foods from the information on food labels	.214	9.206	<.001	
Model 6			< .001	.415
Age	-.009	-.475	.635	
Gender (Male vs Female)	-.020	-1.119	.263	
Education (Tertiary vs non-tertiary)	-.029	-1.532	.126	
Equivalised annual household income	-.032	-1.712	.087	
Country (Australia vs New Zealand)	.004	.249	.804	
European background (European vs non-European)	.014	.745	.456	

Any medical factors affecting food choice (do not have any vs have at least one)	-.020	-1.084	.278	
Any lifestyle factors affecting food choice (do not have any vs have at least one)	-.040	-2.174	.030	
Level of effort to maintain a healthy diet	-.050	-2.473	.013	
Level of confidence in the safety of food sold in Australia or New Zealand	.205	11.203	<.001	
Level of confidence in ability to make informed choices about foods from the information on food labels	.155	8.018	<.001	
Level of importance of front-of-pack labelling elements	.556	29.332	<.001	

Table 32: Hierarchical logistic regression testing various predictors on overall trust in back-of-pack labelling elements.

	β	*t*	*p* value	Adjusted R^2
Model 1			< .001	.010
Age	.006	.271	.787	
Gender (Male vs Female)	.052	2.278	.023	
Education (Tertiary vs non-tertiary)	.095	4.066	<.001	
Model 2			< .001	.017
Age	.008	.326	.745	
Gender (Male vs Female)	.055	2.383	.017	
Education (Non-tertiary vs tertiary)	.079	3.221	.001	
Equivalised annual household income	.071	2.910	.004	
Country (Australia vs New Zealand)	-.032	-1.371	.170	
European background (European vs non-European)	-.044	-1.856	.064	
Model 3			< .001	.056

Age	-.017	-.703	.482	
Gender (Male vs Female)	.033	1.440	.150	
Education (Tertiary vs non-tertiary)	.058	2.395	.017	
Equivalised annual household income	.058	2.404	.016	
Country (Australia vs New Zealand)	-.026	-1.169	.243	
European background (European vs non-European)	-.048	-2.065	.039	
Any medical factors affecting food choice (do not have any vs have at least one)	.044	1.925	.054	
Any lifestyle factors affecting food choice (do not have any vs have at least one)	.048	2.032	.042	
Level of effort to maintain a healthy diet	.178	7.646	<.001	
Model 4			< .001	.162
Age	-.037	-1.639	.101	
Gender (Male vs Female)	.061	2.858	.004	
Education (Tertiary vs non-tertiary)	.022	.952	.341	
Equivalised annual household income	.046	2.061	.039	
Country (Australia vs New Zealand)	-.008	-.376	.707	
European background (European vs non-European)	-.055	-2.492	.013	
Any medical factors affecting food choice (do not have any vs have at least one)	.074	3.397	<.001	
Any lifestyle factors affecting food choice (do not have any vs have at least one)	.054	2.450	.014	
Level of effort to maintain a healthy diet	.141	6.362	<.001	
Level of confidence in the safety of food sold in Australia or New Zealand	.335	15.526	<.001	
Model 5			< .001	.268

Age	-.012	-.549	.583	
Gender (Male vs Female)	.059	2.930	.003	
Education (Tertiary vs non-tertiary)	.018	.863	.388	
Equivalised annual household income	.031	1.484	.138	
Country (Australia vs New Zealand)	-.016	-.818	.413	
European background (European vs non-European)	-.047	-2.291	.022	
Any medical factors affecting food choice (do not have any vs have at least one)	.062	3.033	.002	
Any lifestyle factors affecting food choice (do not have any vs have at least one)	.046	2.235	.026	
Level of effort to maintain a healthy diet	.018	.819	.413	
Level of confidence in the safety of food sold in Australia or New Zealand	.275	13.433	<.001	
Level of confidence in ability to make informed choices about foods from the information on food labels	.356	16.511	<.001	
Model 6			< .001	.386
Age	-.008	-.397	.692	
Gender (Male vs Female)	.030	1.616	.106	
Education (Tertiary vs non-tertiary)	.023	1.163	.245	
Equivalised annual household income	.030	1.569	.117	
Country (Australia vs New Zealand)	.007	.384	.701	
European background (European vs non-European)	-.073	-3.889	<.001	
Any medical factors affecting food choice (do not have any vs have at least one)	.006	.297	.766	
Any lifestyle factors affecting food choice (do not have any vs have at least one)	.018	.920	.358	

Level of effort to maintain a healthy diet	-.039	-1.902	.057	
Level of confidence in the safety of food sold in Australia or New Zealand	.288	15.326	<.001	
Level of confidence in ability to make informed choices about foods from the information on food labels	.279	13.816	<.001	
Level of importance of back-of-pack labelling elements	.374	19.109	<.001	

C.4 - Importance of the Ingredients List

A hierarchical multiple regression was conducted in two stages with the importance of the ingredients list as the dependent variable. The predictor variables gender, age, education[36], food industry experience, having a child under 15 years of age in the household, equivalised household income, country, birth country, health consciousness, level of confidence in the safety of the food supply, cultural background[37], selecting a medical- or lifestyle-related factor as currently affecting food choices, average trust in professionals and institutions more broadly (i.e., the generalised trust index) and selecting 'Nutrition' as a top food value) were entered as predictor variables at stage 1. Trust in FOP and BOP labelling elements were entered as a predictor variable at stage 2.

Both models were significant based on the ANOVA tests (*p*-values < 0.05). The addition of variables significantly improved each model (i.e., all changes in the R^2 values were significant; *p*-values < 0.05). Model 1 accounted for 13.3% of the variance in levels of and model 2 accounted for 21.6% of the variance. The full statistical results of the hierarchical regression analysis (including standardised beta values and p-values for each association and adjusted R^2 for each model) are available in Table 33 below.

Table 33: Hierarchical logistic regression testing various predictors on importance in the Ingredients List.

	β	*t*	*p*	Adjusted R^2
Model 1		8.204	0.000	.133
European background (European background vs non-European background)	0.000	-0.012	0.990	
European background (European background vs prefer not to say)	0.011	0.526	0.599	
Birth country (Aus/NZ vs Other English-speaking country)	0.007	0.334	0.738	
Birth country (Aus/NZ vs Non-English-speaking country)	0.029	1.177	0.239	
Level of confidence that food is safe to eat	-0.084	-3.316	0.001	
Level of health consciousness	0.123	5.093	0.000	
Age	0.029	1.166	0.244	
Equivalised annual household income	0.000	0.020	0.984	
Food industry experience (Has no experience vs has experience)	-0.033	-1.494	0.135	
Gender (Male vs Female)	0.089	4.093	0.000	

[36] For analysis education was recategorised into 'Tertiary educated' and 'Non-Tertiary educated'

[37] For analysis cultural background was recategorised into 'European background', 'Non-European background' and 'prefer not to say'.

Medical-related dietary factors affecting food choices (has at least one vs do not have any)	-0.096	-4.315	0.000	
Education (Non-Tertiary vs Tertiary)	0.051	2.147	0.032	
Trust index	0.071	2.761	0.006	
Nutrition as a food value	0.026	1.213	0.225	
Lifestyle-related dietary factors affecting food choices (has at least one vs. do not have any)	-0.096	-4.198	0.000	
Country (Australia vs New Zealand)	-0.021	-0.975	0.330	
Household composition (has children <15 years vs has no children <15 years)	-0.004	-0.165	0.869	
Ability to use food labelling	0.195	8.246	0.000	
Model 2		5.248	0.000	0.216
European background (European background vs non-European background)	0.023	0.943	0.346	
European background (European background vs Prefer not to say)	0.009	0.461	0.645	
Birth country (Aus/NZ vs Other English-speaking country)	0.019	0.894	0.372	
Birth country (Aus/NZ vs Non-English-speaking country)	0.015	0.653	0.514	
Level of confidence that food is safe to eat	-0.137	-5.637	0.000	
Level of health consciousness	0.131	5.675	0.000	
Age	0.039	1.641	0.101	
Equivalised annual household income	-0.007	-0.305	0.760	
Food industry experience (Has no experience vs has experience)	-0.021	-0.976	0.329	
Gender (Male vs Female)	0.068	3.279	0.001	
Medical-related dietary factors affecting food choices (has at least one vs do not have any)	-0.073	-3.470	0.001	
Education (Non-Tertiary vs Tertiary)	0.056	2.493	0.013	
Trust Index	-0.028	-1.101	0.271	
Nutrition as a food value	0.007	0.340	0.734	
Lifestyle-related dietary factors affecting food choices (has at least one vs. do not have any)	-0.077	-3.551	0.000	
Country (Australia vs New Zealand)	-0.018	-0.870	0.384	
Household composition (has children <15 years vs has no children <15 years)	-0.007	-0.320	0.749	
Ability to use food labelling	0.077	3.233	0.001	

Trust - FOP	0.034	1.295	0.195	
Trust - BOP	0.332	12.007	0.000	

C.5 - Importance of the NIP

A hierarchical multiple regression was conducted in two stages with the importance of the NIP as the dependent variable. The predictor variables gender, age, education[38], food industry experience, having a child under 15 years of age in the household, equivalised household income, country, birth country, health consciousness, level of confidence in the safety of the food supply, cultural background[39], selecting a medical- or lifestyle-related factor as currently affecting food choices, average trust in professionals and institutions more broadly (i.e., the generalised trust index) and selecting 'Nutrition' as a top food value) were entered as predictor variables at stage 1. Trust in FOP and BOP labelling elements were entered as a predictor variable at stage 2.

Both models were significant based on the ANOVA tests (*p*-values < 0.05). The addition of variables significantly improved each model (i.e., all changes in the R^2 values were significant; *p*-values < 0.05). Model 1 accounted for 21.6% of the variance in levels of and model 2 accounted for 29.5% of the variance. The full statistical results of the hierarchical regression analysis (including standardised beta values and p-values for each association and adjusted R^2 for each model) are available in Table 34 below.

Table 34: Hierarchical logistic regression testing various predictors on importance of the NIP

	β	*t*	*p*	Adjusted R^2
Model 1		6.009	0.000	.216
European background (European background vs non-European background)	-0.014	-0.590	0.555	
European background (European background vs prefer not to say)	0.026	1.291	0.197	
Birth country (Aus/NZ vs Other English-speaking country)	-0.003	-0.131	0.895	
Birth country (Aus/NZ vs Non-English-speaking country)	-0.006	-0.272	0.786	
Level of confidence that food is safe to eat	-0.058	-2.420	0.016	
Level of health consciousness	0.190	8.228	0.000	
Age	-0.036	-1.544	0.123	

[38] For analysis education was recategorised into 'Tertiary educated' and 'Non-Tertiary educated'

[39] For analysis cultural background was recategorised into 'European background', 'Non-European background' and 'prefer not to say'.

Equivalised annual household income	0.026	1.193	0.233	
Food industry experience (Has no experience vs has experience)	-0.083	-3.963	0.000	
Gender (Male vs Female)	0.045	2.199	0.028	
Medical-related dietary factors affecting food choices (has at least one vs do not have any)	-0.089	-4.226	0.000	
Education (Non-Tertiary vs Tertiary)	-0.025	-1.122	0.262	
Trust index	0.079	3.241	0.001	
Nutrition as a food value	0.130	6.287	0.000	
Lifestyle-related dietary factors affecting food choices (has at least one vs. do not have any)	-0.117	-5.382	0.000	
Country (Australia vs New Zealand)	-0.009	-0.448	0.654	
Household composition (has children <15 years vs has no children <15 years)	0.036	1.652	0.099	
Ability to use food labelling	0.228	10.171	0.000	
Model 2		2.890	0.004	0.295
European background (European background vs non-European background)	0.007	0.308	0.758	
European background (European background vs Prefer not to say)	0.025	1.270	0.204	
Birth country (Aus/NZ vs Other English-speaking country)	0.009	0.428	0.669	
Birth country (Aus/NZ vs Non-English-speaking country)	-0.020	-0.897	0.370	
Level of confidence that food is safe to eat	-0.110	-4.783	0.000	
Level of health consciousness	0.196	8.982	0.000	
Age	-0.027	-1.227	0.220	
Equivalised annual household income	0.020	0.966	0.334	
Food industry experience (Has no experience vs has experience)	-0.071	-3.549	0.000	
Gender (Male vs Female)	0.026	1.297	0.195	
Medical-related dietary factors affecting food choices (has at least one vs do not have any)	-0.067	-3.366	0.001	
Education (Non-Tertiary vs Tertiary)	-0.019	-0.884	0.377	
Trust Index	-0.021	-0.857	0.392	
Nutrition as a food value	0.112	5.680	0.000	
Lifestyle-related dietary factors affecting food choices (has at least one vs. do not have any)	-0.099	-4.800	0.000	

Country (Australia vs New Zealand)	-0.006	-0.284	0.776	
Household composition (has children <15 years vs has no children <15 years)	0.033	1.606	0.108	
Ability to use food labelling	0.114	5.003	0.000	
Trust - FOP	0.048	1.933	0.053	
Trust - BOP	0.317	12.090	0.000	

C.6 - Importance of the HSR

A hierarchical multiple regression was conducted in two stages with the importance of the ingredients list as the dependent variable. The predictor variables gender, age, education[40], food industry experience, having a child under 15 years of age in the household, equivalised household income, country, birth country, health consciousness, level of confidence in the safety of the food supply, cultural background[41], selecting a medical- or lifestyle-related factor as currently affecting food choices, average trust in professionals and institutions more broadly (i.e., the generalised trust index) and selecting 'Nutrition' as a top food value) were entered as predictor variables at stage 1. Trust in front of pack (FOP) labelling elements and trust in back-of-pack (BOP) labelling elements were entered as a predictor variable at stage 2.

Both models were significant based on the ANOVA tests (*p*-values < 0.05). The addition of variables significantly improved each model (i.e., all changes in the R^2 values were significant; *p*-values < 0.05). Model 1 accounted for 10.8% of the variance in levels of and model 2 accounted for 27.8% of the variance. The full statistical results of the hierarchical regression analysis (including standardised beta values and p-values for each association and adjusted R^2 for each model) are available in Table 35 below.

Table 35: Hierarchical logistic regression testing various predictors on importance of the HSR

	β	*t*	*p*	Adjusted R^2
Model 1		9.558	0.000	.108
European background (European background vs non-European background)	-0.029	-1.316	0.188	
Birth country (Aus/NZ vs Other English-speaking country)	0.052	2.033	0.042	
Birth country (Aus/NZ vs Non-English-speaking country)	-0.013	-0.577	0.564	

[40] For analysis education was recategorised into 'Tertiary educated' and 'Non-Tertiary educated'.

[41] For analysis cultural background was recategorised into 'European background', 'Non-European background' and 'prefer not to say'.

Level of confidence that food is safe to eat	0.033	1.317	0.188	
Level of health consciousness	-0.070	-2.744	0.006	
Age	0.139	5.647	0.000	
Equivalised annual household income	0.016	0.643	0.520	
Food industry experience (Has no experience vs has experience)	-0.052	-2.219	0.027	
Gender (Male vs Female)	-0.051	-2.260	0.024	
Medical-related dietary factors affecting food choices (has at least one vs do not have any)	0.033	1.498	0.134	
Education (Non-Tertiary vs Tertiary)	-0.038	-1.683	0.093	
Trust index	-0.047	-1.944	0.052	
Nutrition as a food value	0.235	9.072	0.000	
Lifestyle-related dietary factors affecting food choices (has at least one vs. do not have any)	0.032	1.431	0.153	
Country (Australia vs New Zealand)	-0.031	-1.330	0.184	
Household composition (has children <15 years vs has no children <15 years)	-0.089	-4.004	0.000	
Ability to use food labelling	-0.040	-1.741	0.082	
Model 2		6.778	0.000	0.278
European background (European background vs Prefer not to say)	-0.028	-1.423	0.155	
European background (European background vs non-European background)	0.027	1.161	0.246	
Birth country (Aus/NZ vs Other English-speaking country)	-0.001	-0.035	0.972	
Birth country (Aus/NZ vs Non-English-speaking country)	0.017	0.738	0.460	
Level of confidence that food is safe to eat	-0.109	-4.663	0.000	
Level of health consciousness	0.129	5.819	0.000	
Age	0.001	0.048	0.961	
Equivalised annual household income	-0.026	-1.252	0.211	
Food industry experience (Has no experience vs has experience)	-0.033	-1.624	0.105	
Gender (Male vs Female)	0.034	1.682	0.093	
Medical-related dietary factors affecting food choices (has at least one vs do not have any)	-0.026	-1.290	0.197	
Education (Non-Tertiary vs Tertiary)	-0.013	-0.620	0.536	
Trust Index	0.073	2.961	0.003	

Nutrition as a food value	0.041	2.028	0.043	
Lifestyle-related dietary factors affecting food choices (has at least one vs. do not have any)	-0.026	-1.252	0.211	
Country (Australia vs New Zealand)	-0.069	-3.453	0.001	
Household composition (has children <15 years vs has no children <15 years)	-0.032	-1.555	0.120	
Ability to use food labelling	-0.055	-2.396	0.017	
Trust – FOP	0.465	18.654	0.000	
Trust - BOP	0.013	0.506	0.613	

Appendix D. Multinomial logistic regression

D.1 - Predictors of frequency of HSR use

As the proportional odds for ordinal regression assumption was violated, a multinomial logistic regression was used to determine whether various factors (equivalised annual household income, age, self-perceived ability to use food labels, trust in FOP labelling elements, trust in BOP labelling elements, trust in professions/institutions (trust index), level of confidence that food is safe to eat, level of health consciousness, understanding of the HSR[42], medical related dietary factor, lifestyle related dietary factor, nutrition as a food value, education[43], cultural background[44], food industry experience, gender, birth country and country significantly predicted frequency of HSR use (rarely/never vs always; rarely/never vs most of the time; and rarely/never vs sometimes).

Due to small numbers in some of the outcome categories for the frequency of use in the HSR, categories were recategorised into the following: always, most of the time, sometimes and rarely/never. Unsure (n = 20) was excluded from the analysis. Due to small numbers in some responses of self-reported understanding of the HSR and HSR frequency of use identified in cross-tabs, self-reported understanding was recategorised into the following categories: 'I know a lot about it', 'I know a fair amount about it' and 'I know a little bit about it/I have seen or heard of it before/I have never seen it before'.

The model was statistically significant ($\chi^2(60) = 648.430$, $p < .001$). The model explained 35.1% of the variance in consumer behaviour (Nagelkerke $R^2 = .351$).

The full statistical results of the multinomial logistic regression analysis are available in Table 36 -Table 38.

Table 36: Multinomial logistic regression testing various predictors of Always use of the HSR

				95% CI for Exp(β)	
	β	Wald	*p*	OR	Lower	Upper
Always use the HSR (χ2(60) = 648.430, p < .001)						

[42] HSR understanding was recategorised into know a lot/fair amount ('I know a lot about it', and 'I know a fair amount about it'), know a little ('I know a little about it'), and have seen but no nothing/haven't seen it ('I have seen or heard of it, but don't know anything about it', and 'I have never seen or heard of it before today')

[43] For analysis education was recategorised into 'Tertiary educated' and 'Non-Tertiary educated'

[44] For analysis cultural background was recategorised into 'European background', 'Non-European background' and 'prefer not to say'.

Age	-0.015	3.904	0.048	0.985	0.970	1.000
Ability to use food labelling	0.063	0.228	0.633	1.065	0.824	1.376
Trust – FOP	0.984	52.431	0.000	2.676	2.050	3.493
Trust - BOP	0.130	0.611	0.434	1.139	0.822	1.577
Trust Index	-0.214	3.405	0.065	0.808	0.644	1.013
Level of health consciousness	0.416	12.202	0.000	1.515	1.200	1.913
HSR understanding (know a lot vs know a little/have seen it but know nothing/haven't seen it)	3.755	50.400	0.000	42.742	15.157	120.531
HSR understanding (know a fair amount vs know a little/have seen it but know nothing/haven't seen it)	2.245	66.836	0.000	9.444	5.513	16.178
Medical-related dietary factors affecting food choices (has at least one vs do not have any)	0.372	2.451	0.117	1.451	0.910	2.312
Lifestyle-related dietary factors affecting food choices (has at least one vs. do not have any)	0.283	1.406	0.236	1.327	0.831	2.118
Nutrition as a food value	-0.281	1.125	0.289	0.755	0.450	1.269
Education (Non-Tertiary vs Tertiary)	0.192	0.477	0.490	1.211	0.703	2.088
European background (European background vs No European background)	-0.531	2.476	0.116	0.588	0.304	1.139
EHHI (high income vs low income)	0.231	0.692	0.405	1.259	0.732	2.168
EHHI (middle income vs low income)	-0.050	0.025	0.873	0.951	0.513	1.764

Food industry experience (Has no experience vs has experience)	0.147	0.365	0.546	1.159	0.718	1.869
Gender (Male vs Female)	-0.174	0.579	0.447	0.840	0.536	1.316
Birth country (Aus/NZ vs Non-English speaking background)	0.214	0.246	0.620	1.238	0.532	2.881
Birth country (Other English speaking country vs Non-English-speaking country)	-0.016	0.001	0.976	0.984	0.360	2.691
Country (Australia vs New Zealand)	0.658	7.435	0.006	1.932	1.203	3.101

Reference category: Rarely/never use the HSR

Table 37: Multinomial logistic regression testing various predictors of Most of the time use the HSR

					95% CI for Exp(β)	
	β	Wald	*p*	OR	Lower	Upper
Most of the time use the HSR (χ2(60) = 648.430, p < .001)						
Age	-0.011	4.711	0.030	0.989	0.979	0.999
Ability to use food labelling	-0.092	1.109	0.292	0.912	0.769	1.082
Trust – FOP	0.602	46.820	0.000	1.826	1.537	2.170
Trust - BOP	-0.022	0.047	0.829	0.978	0.798	1.198
Trust Index	0.147	2.939	0.086	1.158	0.979	1.369
Level of health consciousness	0.275	11.625	0.001	1.316	1.124	1.541
HSR understanding (know a lot vs know a little/have seen it but no nothing/haven't seen it)	1.352	6.867	0.009	3.864	1.406	10.621
HSR understanding (know a fair amount vs know a little/have seen it but no nothing/haven't seen it)	1.945	107.267	0.000	6.996	4.841	10.110

Medical-related dietary factors affecting food choices (has at least one vs do not have any)	0.130	0.602	0.438	1.139	0.820	1.581
Lifestyle-related dietary factors affecting food choices (has at least one vs. do not have any)	-0.023	0.020	0.887	0.977	0.708	1.349
Nutrition as a food value	-0.326	3.178	0.075	0.722	0.504	1.033
Education (Non-Tertiary vs Tertiary)	-0.489	7.110	0.008	0.613	0.428	0.878
European background (European background vs No European background)	-0.362	2.090	0.148	0.697	0.427	1.137
EHHI (high income vs low income)	-0.609	10.377	0.001	0.544	0.375	0.788
EHHI (middle income vs low income)	-0.515	6.079	0.014	0.598	0.397	0.900
Food industry experience (Has no experience vs has experience)	0.354	4.450	0.035	1.424	1.025	1.978
Gender (Male vs Female)	0.033	0.045	0.833	1.034	0.759	1.409
Birth country (Aus/NZ vs Non-English speaking background)	0.078	0.063	0.802	1.081	0.589	1.984
Birth country (Other English speaking country vs Non-English-speaking country)	0.042	0.014	0.906	1.043	0.516	2.106
Country (Australia vs New Zealand)	0.622	14.982	0.000	1.863	1.360	2.553

Table 38: Multinomial logistic regression testing various predictors of Sometimes use the HSR

					95% CI for Exp(β)	
	β	Wald	*p*	OR	Lower	Upper

Sometimes use the HSR (χ2(60) = 648.430, p < .001)						
Age	-0.008	2.993	0.084	0.993	0.984	1.001
Ability to use food labelling	-0.027	0.134	0.714	0.974	0.844	1.123
Trust – FOP	0.402	29.631	0.000	1.495	1.293	1.728
Trust - BOP	-0.111	1.711	0.191	0.895	0.758	1.057
Trust Index	0.083	1.281	0.258	1.087	0.941	1.255
Level of health consciousness	0.053	0.641	0.423	1.055	0.926	1.202
HSR understanding (know a lot vs know a little/have seen it but know nothing/haven't seen it)	0.222	0.178	0.673	1.248	0.445	3.501
HSR understanding (know a fair amount vs know a little/have seen it but know nothing/haven't seen it)	0.847	23.040	0.000	2.334	1.651	3.298
Medical-related dietary factors affecting food choices (has at least one vs do not have any)	0.273	3.594	0.058	1.314	0.991	1.743
Lifestyle-related dietary factors affecting food choices (has at least one vs. do not have any)	0.113	0.629	0.428	1.120	0.847	1.480
Nutrition as a food value	-0.336	4.527	0.033	0.715	0.525	0.974
Education (Non-Tertiary vs Tertiary)	-0.237	2.160	0.142	0.789	0.576	1.082
European background (European background vs No European background)	-0.149	0.444	0.505	0.862	0.556	1.335
EHHI (high income vs low income)	-0.344	4.583	0.032	0.709	0.517	0.971
EHHI (middle income vs low income)	-0.286	2.529	0.112	0.751	0.528	1.069

Food industry experience (Has no experience vs has experience)	0.222	2.457	0.117	1.249	0.946	1.649
Gender (Male vs Female)	0.033	0.058	0.809	1.033	0.791	1.350
Birth country (Aus/NZ vs Non-English speaking background)	0.158	0.314	0.575	1.171	0.674	2.035
Birth country (Other English speaking country vs Non-English-speaking country)	0.089	0.076	0.783	1.093	0.580	2.059
Country (Australia vs New Zealand)	0.243	3.209	0.073	1.275	0.977	1.662

Reference category: Rarely/never use the HSR

Appendix E. Binomial logistic regression

E.1 - Predictors of cost of living pressures affecting food choices

A binomial logistic regression was used to determine whether various factors (equivalised annual household income, considering nutrition as an important food value, level of health consciousness, lifestyle factors affecting food choice, medical factors affecting food choice, whether they shop for their household, country, birth country, household composition, level of education[45], gender and age) significantly predicted whether cost of living pressures affected food choices.

The model was statistically significant ($\chi^2(13) = 132.792$, $p < .001$). The model explained only 9.3% of the variance in consumer behaviour (Nagelkerke $R^2 = .093$) and correctly classified 66.9% of cases.

Respondents who were female, younger, born in Australia or New Zealand (compared to any other English-speaking country), from a lower income household, reported a lifestyle or medical factors affecting diet choice, and did not consider nutrition as an important food value when choosing foods to buy were had higher odds of reporting that cost of living pressures affected their food choices (p values < 0.05).

The full statistical results of the binomial logistic regression analysis are available in Table 39 below.

Table 39: Binomial logistic regression testing various predictors of cost of living pressures affecting food choices

					95% CI for Exp(β)	
	β	Wald	*p*	OR	Lower	Upper
Cost of living affecting food choices (χ2(13) = 132.792, p < .001)						
Age	-.013	14.965	<.001	.987	.981	.994
Gender (male vs. female)	.246	6.006	.014	1.279	1.050	1.556
Education (non-tertiary vs tertiary)	-.192	2.777	.096	.826	.659	1.034
Household composition (<15 years in house vs no <15 years in house)	-.093	.630	.427	.911	.724	1.147
Birth country (AU/NZ vs. other English speaking)	-.344	5.523	.019	.709	.532	.945
Birth country (AU/NZ vs. non-English speaking)	-.118	.491	.483	.888	.638	1.237
Equivalised annual household income	-.086	36.354	<.001	.918	.892	.944
Country (Australia vs New Zealand)	.044	.190	.663	1.045	.856	1.276

[45] For analysis education was recategorised into 'Tertiary educated' and 'Non-Tertiary educated'.

Shop for household (None of the shopping vs All or some of the shopping)	.368	1.707	.191	1.445	.832	2.510
Any medical factors affecting food choice (no vs yes)	.422	15.391	<.001	1.524	1.235	1.882
Any lifestyle factors affecting food choice (no vs yes)	.449	18.052	<.001	1.567	1.274	1.928
Effort towards maintaining a healthy diet for you and / or your household?	-.045	1.049	.306	.956	.876	1.042
Nutrition as a food value (no vs yes)	-.320	7.890	.005	.726	.581	.908

E.2 - Predictors of cell-cultured/cultivated dairy consumption

A binomial logistic regression was used to determine whether various factors (overall awareness of new foods and technologies, confidence in the safety of cell-cultured/cultivated dairy, age, gender, level of education[46], equivalised annual household income, country, birth country, and cultural background[47]) significantly predicted intentions to include cell-cultured/cultivated dairy in the diet (yes vs. no/don't know).

The model was statistically significant ($\chi^2(10) = 520.114$, $p < .001$). The model explained 36.1% of the variance in consumption intentions (Nagelkerke $R^2 = 0.361$) and correctly classified 81.6% of cases.

Respondents who were more confident in the safety of cell-cultured/cultivated dairy, were more aware of new foods and technologies, or were younger had higher odds of reporting that they would include cell-cultured/cultivated dairy in their diets (p values < .05).

The full statistical results of the binomial logistic regression analysis are available in Table 40 below.

Table 40: Binomial logistic regression testing various predictors of intentions to include cell-cultured/cultivated dairy in diet

					95% C.I for Exp(β)	
	β	Wald	*p*	OR	Lower	Upper
Intentions to include cell-cultured/cultivated dairy in their diet ($\chi^2(10) = 520.114$, $p < .001$)						
Age	-0.024	33.469	< 0.001	0.976	0.968	0.984
Gender (male vs. female)	-0.029	0.050	0.824	0.972	0.754	1.252
Education (non-tertiary vs. tertiary)	0.136	0.874	0.350	1.146	0.861	1.524
Country (Australia vs New Zealand)	0.104	0.613	0.434	1.109	0.856	1.437
Equivalised annual household income	-.017	.850	.357	.983	.949	1.019
Cultural background (European background vs non-European background)	-0.025	0.017	0.895	0.976	0.677	1.406
Birth country (AU/NZ vs. other English speaking)	0.274	1.920	0.166	1.315	0.893	1.937
Birth country (AU/NZ vs. non-English speaking)	0.068	0.084	0.772	1.070	0.677	1.692

[46] For analysis education was recategorised into 'Tertiary educated' and 'Non-Tertiary educated'.

[47] For analysis cultural background was recategorised into 'European background', 'Non-European background' and 'prefer not to say'.

					95% C.I for Exp(β)	
	β	Wald	*p*	OR	Lower	Upper
Confidence in the safety of cell-cultured/cultivated dairy	0.738	242.717	< 0.001	2.092	1.906	2.295
Overall awareness of new food/technologies	0.068	11.980	< 0.001	1.070	1.030	1.112