



**Encouraging Healthier
Eating Habits In Welsh Food
Chains: By Evaluating The
Impact Of Calorie Labelling
On Obesity Prevention And
Managing Eating Disorders.**

Independent Project

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Declaration

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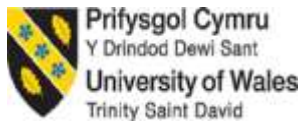
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Abstract

This independent project examined the impact of calorie labelling on consumers' behaviours and emotional responses in Carmarthenshire, Wales (Brookes, 2021). Using a mixed-methods approach, the researcher collected data from 65 adult participants through a structured questionnaire to explore how calorie labelling influences awareness, eating habits, and public health perceptions (Gupta, 2024). The areas studied include demographics, frequency of dining out, awareness of calorie labelling, emotional reactions, and perceived effectiveness of the policy. The responses showed that 78% of participants believe that calorie labelling helps them make healthier food choices, but only 56% actually changed their eating habits. The findings suggest that while calorie information tends to increase awareness and encourage healthier choices, it can also cause emotional reactions (Narutrat, 2021). Many individuals reported feelings of guilt, anxiety, or complete ignoring this information. The research indicates that calorie labelling is an important public health strategy, but its effectiveness can be influenced by emotional, behavioural, and other factors (Hossan et al., 2023). The findings recommend that all food outlets in Wales adopt calorie labelling and that the public receive better education on how to understand nutritional information. It also highlights the need to carefully consider how calorie labelling may affect people's emotions, especially those with or at risk of eating disorders (Robinson et al., 2021).

Contents

Chapter One: Introduction	1
Chapter 2. Literature Review	2
• 2.0.Theoretical Frameworks.....	2
• 2.1. Changes in Eating Habits and Food Choices	2
• 2.3. Eating Out and the Rise of Calorie Labelling.....	3
• 2.4. Obesity Strain on the NHS	5
• 2.5. Calorie Labelling: Risk Factor for Eating Disorder Symptoms	5
Chapter 3. Methodology.....	7
• 3.1. Aims and Objectives	7
• 3.2. Research Rationale	7
• 3.3. Research Design	8
• 3.4. Research Paradigm	9
• 3.5. Data Collection	10
• 3.6. Population and Sample	10
• 3.7. Data and Analysis.....	11
• 3.8. Reliability and Viability.....	12
• 3.8.1. Limitations of the Research	12
• 3.9. Research Ethics	13
Chapter 4. Findings.....	14
• 4.1. Presentation and Interpretation of the Data.....	14
• 4.1.1 Introduction	14
• 4.1.2 Student Questionnaire	14
• Section 1. Demographics.....	15
• Section 2. Eating Habits When Dining Out	17
• Section 3. Awareness and Perceptions of Calorie Labelling	18
• Section 5. Reflections and Broader Opinions	22
Chapter 5. Conclusion	29
• 5.1 Recommendations	30

Chapter 6. Appendices	31
Chapter7. References	40

Table of Figures

Figure 1– What is your age group?

Figure 2– What is your gender? 15

Figure 3– What is your current employment status?..... 15

Figure 4– How would you describe your current health status? 16

Figure 5– Describe your current body weight in terms of what you consider healthy. ... 17

Figure 6– How often do you eat out at restaurants, cafes or fast-food chains 17

Figure 7– The food establishments visited when eating out. 17

Figure 8– When choosing a meal, what do you consider the most important?..... **Error!**

Bookmark not defined.

Figure 9– Awareness of Calorie Labelling..... 18

Figure 10– influences on meal choice 18

Figure 11– Is it helpful to have calorie labelling on menus 19

Figure 12– Impact on Healthy Decision-Making..... 19

Figure 13– mandatory calorie labelling 20

Figure 14– the justifications for question13,..... 21

Figure 16– Have you ever changed your order?..... 21

Figure 17– How likely are you to avoid high-calorie items if calorie labelling is present?

..... 22

Figure 18– Do you feel that calorie labelling causes you to think more carefully about your health when eating out? 22

Figure 19– Calorie labelling: Is it an effective public health strategy for reducing obesity? 23

Figure 20– Would you support adding further nutritional information?..... 23

Figure 21– Would you prefer menus that do not include calorie labelling? 23

Figure 22– What improvements would you suggest for calorie information in restaurants? 24

Figure 23– What other factors besides calorie information would influence choices?.. 25

Figure 24– Calorie labelling: Does it help make healthier food choices..... 25

Figure 25– Justifications to question twenty-four 25

Figure 26– Have your eating habits changed since calorie labelling became more common? 26

Figure 27– Justifications to question twenty-six, ... 29

Chapter One: Introduction

The United Kingdom has implemented a public health campaign aimed at promoting healthier eating habits. In April 2022, the government introduced the Calorie Labelling (Out-of-Home Sector) Regulations, which are relevant nationwide across the UK. This legislation requires major food chains employing over 250 individuals to provide calorie information on their menus (Gov.UK, 2022). Wales and the broader UK are facing a serious obesity problem, as indicated by the 2022 National Health Survey. The survey revealed that 61% of women and 67% of men are classified as overweight or obese, while around 27% of children aged two to fifteen fall into similar categories (NHS Digital, 2024). This independent project explores how calorie labelling influences customer choices in the Welsh fast food restaurants. It examines the effectiveness of this labelling, its limitations, and its overall impact on customers. It will also investigate whether viewing calorie information affects the food choices people make and how it influences their emotions, such as feelings of guilt or empowerment (Yeo, 2022).

This project uses a mixed-methods approach, drawing on questionnaire data from 65 participants in Carmarthenshire, Wales, to explore public awareness, attitudes, and emotional reactions to calorie labelling. The findings are analysed to identify patterns in how people engage with calorie information when dining out (Polden et al. 2023). The research examines calorie labelling and its effectiveness as a public health strategy. Many people believe calorie labelling can help individuals make healthier choices while still allowing them the freedom to choose. However, some experts worry that this practice might cause negative feelings, especially in those with a history of eating disorders or anxiety about food and body image (Trompeter, 2023). To address this challenge, a balanced approach is needed. It should consider physical health, and also needs to take into account emotional well-being and the social environment in which people live (Frances et al, 2024).

Chapter 2. Literature Review

2.0. Theoretical Frameworks

Several key principles and theories can be applied to understand how dietary choices impact public health, particularly with initiatives such as calorie labelling. The Social Ecological Model (SEM) helps illustrate how the surrounding environment influences personal decisions. Combining the Health Belief Model (HBM) and Nudge Theory offers a deeper understanding of the factors affecting food decisions. Together, these theories demonstrate that eating habits are not solely based on what is known or preferred; they are shaped by social, environmental, and regulatory factors (Townsend & Foster, 2013).

2.1. Changes in Eating Habits and Food Choices

Over the past hundred years, dietary habits have undergone a significant transformation, making modern eating patterns unrecognisable compared to past generations. Fifty to eighty years ago, families typically followed more structured mealtimes than they do today; generally, they would eat meals around the same time each day, which allowed their bodies to anticipate when food would be available (Cheng et al. 2007). Additionally, the majority of families adhered to a weekly meal schedule. Sundays were a religious day when the family would come together and enjoy a roast dinner with seasonal vegetables; any leftovers were reused for Monday's cold meat dish. As the week progressed, any remaining leftovers would be creatively transformed into pies or other meals. Fridays were typically reserved for fish and chips (Brombach, 2017). This routine ensured that all leftovers were used and allowed families to enjoy freshly prepared meals with seasonal vegetables and salads each night. Although the variety of food might have been limited, the availability of convenience foods in tins offered the advantage of incorporating fruits, vegetables, meats, and fish, even when out of season, making it simple to prepare meals and added consistency to the dining experience, helping to maintain a balanced nutritional diet (Temple, 2021). Today, tinned foods remain popular, alongside the increased use of frozen items, which retain more nutrients and are generally considered healthier. Food processing innovations have helped improve nutrition, reduce food waste, and make meal preparation quicker and more convenient, supporting the needs of today's busy lifestyles (Goffe et al, 2020). From a theoretical perspective, the Social Ecological Model (SEM) helps us understand how people make food choices in response to social, ecological, and behavioural influences. Factors such as family routines, access to fresh food in the community, and social pressures to prepare home-cooked meals all contribute to shaping these choices. These influences show that our choices go beyond personal preferences (Townsend & Foster, 2013).

In the 1970s, the domestic microwave oven revolutionised home cooking by significantly reducing meal preparation times (Crowe, 2017). By the 1980s and early 1990s, supermarkets began offering a variety of pre-packaged, ready-made meals, making it convenient for consumers to heat them at home (Griffith, 2022). During this period, the EU introduced the Food Labelling Directive 90/496/EEC in 1990, allowing food manufacturers to provide calorie and nutrition information on their packaging. This marked the first time many UK households could compare the calorie and nutrient content of ready meals (Delhomme, 2021).

Today, many people are moving away from the traditional practice of eating three meals a day. Instead, trends such as skipping breakfast, frequent snacking, and relying on multiple cups of coffee have become more routine (Petty, 2017). Nearly one in three meals in Britain is now consumed alone, a trend that has steadily increased since the mid-20th century. Several social shifts have made gathering the family for shared meals increasingly impractical. Due to longer commutes, the increasing number of dual-income families, and inflexible work hours, it is becoming harder for everyone to sit together at mealtimes. As a result, many people return home at different times and opt for the convenience of ready meals rather than preparing dishes from scratch (Warde, 2024). This shift reflects a change in dietary habits and lifestyles that deviate from traditional past routines (Yates & Warde, 2017).

2.3. Eating Out and the Rise of Calorie Labelling

The convenience of takeaways, fast food, and pre-packaged meals enables consumers to decide when and what to eat at any time of day or night (Eastlake, 2024). Takeaway fast foods often carry negative images and are viewed as unhealthy, a perception supported by a study conducted in North-West England. This study analysed 489 meals from 274 different outlets. The findings revealed that many of these meals were excessively large and packed with high calories, fats, sugars, and salt. Frequent consumers of takeaway food typically have a higher body mass index (BMI) and are at a greater risk of obesity (AlOudat, 2023). Additionally, the prevalence of takeaway outlets in poorer neighbourhoods has raised concerns that fast food may exacerbate health issues and contribute to growing health inequalities among these individuals. (Shahzad et al, 2022).

In recent years, dining out has become a common practice among many families, resulting in increased calorie consumption associated with meals outside the home. To address this, the United Kingdom implemented mandatory calorie labelling on menus for large businesses, including restaurants, cafés, and takeaways with over 250 employees, this initiative aims to inform consumers and promote healthier eating habits (Colombet, 2023). This principle aligns with the Nudge Theory, suggesting that small environmental changes, such as offering calorie information, can steer individuals toward healthier decisions without restricting their freedom (Arno & Thomas, 2016).

While calorie labelling has raised awareness about food choices, it has not curbed the trend of dining out or the selection of high-calorie meals. Consequently, it only partially addresses the issue of weight gain linked to current dining habits (Narutrat, 2021).

However, in contrast, according to the latest findings from the Food Standards Agency (2023), people surveyed in England and Wales have changed their eating habits in the last year. The most common changes individuals have made include eating out less, reducing takeaways, cooking and dining at home more often. The primary reasons for these changes in eating habits were financial factors (69%), health concerns (47%), and the impact of COVID-19 and lockdowns (41%). A total of 6,770 adults from 4,727 households participated in the survey. (Food Standards Agency, 2023).

The rising obesity rates in the United Kingdom have sparked significant interest in public health programs, including the government's mandate for calorie labelling on food menus (Finlay et al., 2023). Numerous studies have been conducted to determine how such labelling influences consumer choices. For instance, the International Food Policy Study was conducted between 2019 and 2022, and a series of well-controlled experimental studies, published in the *Appetite* journal, examined the impact of calorie labelling in three English cafeterias in collaboration with the Institute of Grocery Distribution (IGD). Approximately 87% of the food options in this intervention featured visible calorie information (Institute of Grocery Distribution, 2018). The findings from these studies were mixed: while the introduction of calorie labels did lead to a slight increase in diners' awareness of the nutritional content of their meals, it did not significantly deter them from ordering high-calorie foods. Remarkably, only about one-third of the customers paid attention to the calorie information, and just one-fifth reported that it influenced their meal choices. Despite the marginal increase in nutritional awareness, diners had no noticeable reduction in overall calorie consumption (Vasiljevic et al., 2019). These results suggest that while calorie labelling may be an educational tool, its effectiveness in changing consumer behaviour in real-world settings remains limited. According to the Health Belief Model, this may be because individuals do not always perceive immediate health risks when eating out, especially if the behaviour is associated with reward or celebration (Jeong & Ham, 2018).

In contrast, the Cochrane Review cited by Courtemanche (2025) evaluated data from twenty-five studies involving approximately 10,000 adults across the UK, US, Canada, and France; they found that implementing calorie labelling was associated with an average reduction of 11 calories per meal. While this decrease may seem minor in isolation, over time and across the entire population, it could translate into substantial public health benefits by potentially lowering the risk of weight gain and related chronic conditions. Furthermore, the varied outcomes across studies suggest that the current policy may not be as effective as intended, particularly because many small food businesses have been excluded from its scope. Expanding the policy to include these smaller businesses could enhance its overall efficacy and public health impact.

(Robinson et al., 2022). Calorie labelling presents both challenges and opportunities for food businesses. Some businesses have adjusted their recipes and menus to offer healthier alternatives in response to these regulations; the policy aims to prompt positive change by drawing attention to calorie labelling (Parkin, 2022). However, concerns have been raised among some owners, particularly those in smaller restaurant chains, that this focus on calorie labelling could negatively impact sales of their traditional high-calorie menu items. In these cases, the influence of calorie labelling on customer purchasing decisions appears to be less significant (Essman et al., 2024). These findings suggest that further policy refinement and targeted support for small food businesses could be crucial for maximising the benefits of calorie labelling.

2.4. Obesity Strain on the NHS

Obesity costs the National Health Service approximately £6.5 billion annually and is the second most significant preventable cause of cancer. In Wales, recent data reveal that around 28% of adults and 24% of children aged 10–11 are living with obesity, placing severe strain on the healthcare system. Calorie labelling initiatives are expected to yield health benefits worth £4.6 billion and generate NHS savings of £430 million over twenty-five years (Metcalf & Sasse, 2023). Beyond its connection to diabetes, heart disease, and cancer, obesity severely impacts life opportunities and exacerbates mental ill health due to social stigma. Some estimates suggest that obesity-related costs account for 1–2% of GDP, a figure expected to rise in the foreseeable future (Holmes, 2021).

Efforts to combat obesity extend beyond calorie labelling. The NHS, for instance, offers a Digital Weight Management Programme, a 12-week online initiative designed to support healthier lifestyles (NHS, 2023). In addition, recent advances have introduced Wegovy, one of two weight loss injections available on the NHS; the other is Saxenda, which uses medications such as GLP-1 analogues to reduce appetite and promote significant weight loss (British Heart Foundation 2025). These slimming injections are becoming more widely accessible through NHS pathways, offering promising clinical results and potentially alleviating long-term burdens on the healthcare system (NHS, 2023). Furthermore, new measures will restrict the display and promotion of unhealthy foods in physical shops and online stores. These measures are expected to improve public health and deliver health benefits exceeding £57 billion, as well as NHS savings of over £4 billion, over the next 15 years (Gov.UK, 2022). These initiatives present a multilayered approach to addressing obesity and reducing its associated economic and public health impacts.

2.5. Calorie Labelling: Risk Factor for Eating Disorder Symptoms

According to Lewthwaite & LaMarre (2022), Humans naturally track their physical health and appearance, promoting well-being and encouraging healthy lifestyles. However, this awareness can sometimes escalate into overconcern or obsession,

especially when combined with unrealistic expectations. The emergence of social media has intensified these pressures, as constant exposure to edited or unrealistic images nurtures a desire to meet specific standards of attractiveness and thinness (Cam, 2024). This can lead to feelings of inadequacy and an unhealthy obsession with food to maintain a particular look. The Social Ecological Model (SEM) helps illustrate how the surrounding environment influences cultural and social norms, such as weight stigma or diet culture, which can exacerbate these challenges. (Liddiard & Hamshaw, 2024).

Implementing the calorie labelling policy aimed to help individuals make informed nutritional choices as part of the initiative to combat obesity. However, there is limited understanding of the potential impact this policy may have on mental health, particularly for those who have experienced eating disorders (Frances et al, 2024). A significant concern surrounding obesity-reduction policies is their emphasis on weight as the central health measure. Research indicates that exposure to anti-obesity messages can reinforce the belief that slimmer bodies are more desirable than larger ones, a notion linked to the development of eating disorders (Bristow, 2022).

Research suggests that calorie labelling can create feelings of guilt and shame for individuals who are overweight. Also, for those with eating disorders, the presence of calorie labels on menus often heightens feelings of distress and anxiety, leading to increased isolation (Vajpayee, 2024). This evidence suggests that calorie labelling can worsen and trigger eating disorders, resulting in unhealthy behaviours such as restrictive eating or bingeing. Young people are more at risk since they are susceptible to shared social media messages and the stigma associated with this issue. However, there is limited research on how this policy affects young people, so little is known about its impact on this group (Trompeter, 2023).

Those in recovery from eating disorders often find it challenging to cope with anti-obesity messages and pressures that promote dieting and thinness. Counting calories is a common behaviour among those with eating disorders, so seeing calorie labels on food can make it harder to break this habit during recovery (Ramani et al, 2023). This constant exposure encourages anxiety around eating rather than supporting healthier eating choices. Consequently, there is a need for a balanced public health strategy that raises awareness, supports government initiatives, and carefully considers how to prevent obesity without harming mental health. By maybe adopting a more sensitive and inclusive approach, it is possible to promote physical health while also protecting emotional well-being (Frances et al, 2024).

Chapter 3. Methodology

3.1. Aims and Objectives

The aims and objectives of this research are.

- To analyse how much calorie labelling influences consumer purchasing choices and how emotional factors contribute to the consumer's decision when calorie information is available on menus.
- To explore the relationship between calorie-labelled choices and consumer demographics, such as age and gender, measuring consumer awareness and attitudes toward calorie labelling enhances adults' understanding of nutritional information, aiding obesity prevention.
- To examine how food businesses have adapted to calorie labelling on restaurant menus.
- To recommend how effective calorie labelling is in encouraging healthier eating habits among consumers in Wales by identifying key factors influencing consumer responses, such as price, convenience, and existing dietary choices

3.2. Research Rationale

The rationale for this study is motivated by growing concerns about obesity and the effectiveness of public health interventions such as calorie labelling in out-of-home food settings. Although calorie labelling has been implemented across the UK to encourage healthier choices, its practice is still not fully understood, especially in Wales (Brookes, 2021). There has been increasing attention to calorie labelling as a public health policy, yet uncertainties remain regarding how consumers respond to the emotional aspects of calorie labelling (McLeod, 2024). Additionally, questions exist about how businesses have adapted to the introduction of calorie labelling laws (Polden et al., 2024). Building on the current literature (Vasiljevic et al., 2019; Robinson et al., 2022; Courtemanche, 2025). suggests that current studies often measure immediate consumer reactions to calorie labelling but cease evaluating whether these reactions lead to ongoing calorie-conscious food choices and whether they contribute to long-term obesity and eating disorder prevention (Marty et al., 2021). Furthermore, there is limited research on how age, income level, and economic and social factors influence consumer engagement with calorie labels. Understanding these dynamics will be crucial for evaluating the effectiveness of calorie labelling as a preventive strategy against obesity, laying a key foundation for this research initiative (Liddiard and Hamshaw, 2024)

3.3. Research Design

A research design framework is a structured plan that directs the investigative process (Coghlan, 2019). It outlines how data will be collected, analysed, and interpreted, ensuring the research questions are addressed logically and methodically (Humberstone, 2020).

Research design is grounded in philosophical foundations, particularly epistemology and ontology (Tobi and Kampen, 2018). Epistemology looks at what knowledge is and how much is known. It raises questions about whether self-reported answers from questionnaires and case studies accurately reflect how consumers interact with calorie labels. On the other hand, ontology examines what is real in the survey. This includes visible factors, such as whether calorie labels are available on menus, and invisible factors, including guilt, confidence, and motivations that affect food choices (Baran, 2020).

There are two main research approaches: deductive and inductive. The deductive approach begins with existing theories or ideas and tests them using structured data collection methods. In contrast, the inductive approach gathers data first and develops theories based on the analysis of that data (Matias & Dyna, 2024). Choosing a research method that aligns with the research questions is essential. Qualitative methods employ questionnaires and observations to gain insight into people's experiences and social issues. Quantitative methods focus on numbers and statistical analysis. Mixed methods combine qualitative and quantitative approaches, giving a more complete understanding of the research topic (Blackham, 2022).

This project uses a mixed-methods research design, integrating quantitative and qualitative approaches to examine the effects of calorie labelling. As Johnson et al. (2007) explained, this method combines various research techniques, strategies, approaches, theories, and language into a single study, enhancing its strengths. By using both types of data, the research allows for triangulation, where the strengths of one method compensate for the limitations of another, thereby enhancing the validity and depth of the findings (Creswell & Plano Clark, 2023). The quantitative data will provide statistical insights into changes in food choices and consumption behaviours, while the qualitative responses will examine the emotional impact of calorie labelling. (Creswell & Creswell, 2017).

3.4. Research Paradigm

The concept of "paradigm," introduced by Thomas Kuhn in 1970, refers to the collective generalisations, beliefs, and values shared by a community of experts. It relates to comprehending reality and knowledge, highlighting how these frameworks shape perspectives and approaches within the field (Kaushik & Walsh, 2019). Deductive methods generally reflect a positivist worldview, while inductive methods correspond with informational opinion (Proudfoot, 2023). When qualitative and quantitative techniques are combined within a mixed-methods design, the question of which paradigm best supports the study becomes more complex (Zoellner & Harris, 2017).

The first is the paradigmatic approach. The researcher overlooks or downplays the philosophical beliefs and treats the methods as tools. This approach lacks a clear rationale for how the various methods integrate (Hall, 2012). The second approach is the multiple-paradigm method. Here, researchers rationalise different study parts with multiple philosophies, using positivism for quantitative work and interpretivism for qualitative research. This can lead to a fragmented understanding, resulting in two separate studies instead of a combined project (Baker, 2016). The third approach is the single-paradigm method, which aims to achieve an integrated worldview that supports both quantitative and qualitative methods. The options in this category include:

- Pragmatism. This focuses on practical solutions, allowing flexibility in methods.
- Transformative. This approach aims to promote social justice and give marginalised groups a voice, but it may not align well with impartial assessments.
- Realism. This approach seeks to understand why observed outcomes occur and effectively combines qualitative and quantitative data (Johnson, 2023).

Each research approach has its advantages and disadvantages. Pragmatism is valued for its flexibility, but it is criticised for lacking a strong theory of truth (Shan, 2022). Transformative approaches effectively promote empowerment, but some believe they focus too heavily on social issues, which may limit their applicability in certain studies (Dawadi et al., 2021). Realism offers a balanced view by helping to understand reality and being open to different methods. However, realism is mainly used in program evaluations and is not usually applied in other areas (Mukumbang, 2023).

Pragmatism is well-suited for this study as it focuses on generating valuable insights related to public health policy and business practices (Edmond, 2024). By prioritising effectiveness, pragmatism evaluates various aspects such as menu design, emotional engagement, and the necessary business changes, ultimately selecting the most effective methods to address the research questions (Kivunja & Kuyini, 2017).

3.5. Data Collection

Data collection methods refer to the strategies and procedures used to obtain information in support of research objectives (Cote, 2021). These methods vary from straightforward self-reported surveys to more intricate quantitative or qualitative research. Data collection includes surveys, interviews, observations, focus groups, experiments, and secondary data analysis (Taherdoost, 2021). The information gathered through these approaches can then be analysed to confirm or challenge research hypotheses and draw conclusions regarding the study's subject matter (Paradis et al. 2016).

The data collection method used for this study was a cross-sectional questionnaire, serving as the primary data collection tool to gather participants' opinions on how calorie labelling influences consumer behaviour among adults in Carmarthenshire (Melnikovas, 2018). Participants received background information along with an electronic questionnaire, which was distributed via email and through a secure, dedicated website. All collected data are securely stored in the archives of the researchers' institute, in compliance with its regulations and procedures (Daniel, 2022). The questionnaires use a variety of question formats to assess attitudes. These included dichotomous questions, multiple-choice options, rating scales, Likert scales, and open-ended questions (Brace, 2008). This diverse approach facilitates statistical and comparative analysis among participants, enabling the researcher to reach a broader population. The questions used are tightly structured and have limited scope for answer development. Therefore, the structured nature of these questions allowed the researcher to identify trends and patterns that support the quantitative aspect of the mixed-methods approach (Bihu, 2021). Open-ended questions are also included on the questionnaire to encourage more in-depth replies, allowing participants to elaborate on their thoughts, feelings, and experiences regarding calorie labelling (Opie & Brown, 2019). This qualitative element aims to uncover emotional factors, such as motivation, responsibility, and confusion, that may influence consumer decision-making; however, the responses to this type of question tend to be very limited (Mazharet et al., 2021).

3.6. Population and Sample

When developing a methodology, selecting an appropriate population sample is crucial for obtaining proportional and reliable results. The researcher must decide whether to use a sample or the entire population (Phair & Warren, 2021). For this research, the target population consists of adults aged 18 and older who reside in the Carmarthenshire area of Wales and have experienced out-of-home food environments, such as restaurants, cafés, or fast-food outlets where calorie labelling is available. Everyone's perceptions are essential for understanding the emotional, behavioural, and demographic influences on food choices. (Cash et al. 2022).

The cross-sectional questionnaire was designed to capture responses from participants with varied demographic backgrounds, particularly in terms of age, gender, and income level. This supported the research on the effects of calorie labelling on diverse consumer groups, consequently ensuring that responses reflected the various experiences and perspectives of the participants.(Onwuegbuzie & Collins, 2007). This research study used a random sampling approach, selecting participants by chance from a broader population to promote equality and minimise bias. Approximately 100 participants should have completed the questionnaire to provide an adequate sample, but only 65 responded, which meant that the researcher had limited data, thereby restricting the analysis (Lund, 2023). The questionnaire incorporated a variety of question types, including yes/no, multiple-choice, rating scales, Likert-scale items, and open-ended questions, to capture both quantitative data and qualitative insights. This supported the mixed-methods design of the research, allowing for both statistical evaluation and greater understanding of consumer attitudes and behaviours related to calorie labelling (Ahmed, 2024). To maximise participation, this questionnaire was distributed to participants online, including local community forums, social media groups, and email outreach. With links to Google Forms, this distribution method increased reach and diversity within the entire population sample, helping to achieve more reliable and generalisable findings in Carmarthenshire (Brosnan et al., 2021)

3.7. Data and Analysis

Data analysis is the systematic process of reviewing, interpreting, and presenting data, generally employing statistical techniques. Data analysis is a central component of scientific and business research, with a growing demand in recent years for data-driven decision-making (Eldridge, 2025). The data was analysed using Excel to help the researcher describe, summarise, and identify patterns, thereby organising the data for a better understanding (Miller, 2014). Gathering quantitative data through various types of questions to assess attitudes. These included yes/no questions, multiple-choice questions, rating scales, and Likert scales (Oosterveld, 2019). Coding these questionnaire items with numbers and then analysing them in Excel to find descriptive statistics, frequencies, averages, and standard deviations, along with cross-tabulations based on demographic factors (Brace, 2008). Additionally, qualitative data collected from open-ended questionnaire responses and case studies were analysed to identify emerging themes, including emotional drivers such as guilt and empowerment, as well as business changes like menu reformulation and marketing adjustments. (Eder et al.,2025). Finally, patterns in quantitative data, such as trends in calorie labelling, were compared with qualitative themes and case study findings. This will help to understand how people in Carmarthenshire view and use calorie labelling (Atta et al., 2025).

3.8. Reliability and Viability

Using standardised questions in questionnaires is essential for ensuring that research is reliable and valid. Validity refers to the extent to which a measurement accurately reflects what it is intended to measure. Researchers must be aware of the strengths and weaknesses of various data collection and analysis methods, as these can significantly impact the accuracy and validity of the results (Kishore, 2021). To improve validity, researchers can combine qualitative and quantitative data, which helps ensure that the findings truly represent what participants experience and think (Youssef, 2023).

Researchers should select methods that align with the topic they are studying to obtain trustworthy results. Reliability is implemented consistently, producing the same results under the same conditions every time. (Andersson, 2024). Having a reliable tool is crucial. Researchers can enhance the trustworthiness of their measurements by managing both systematic and random errors. Middleton (2022) noted that reliability is essential, but it is less vital than validity. Therefore, researchers should check validity before assessing reliability, though both are necessary for strong research.

3.8.1. Limitations of the Research

The researcher identified several limitations in the research. There is a lack of research on how calorie labelling affects smaller food outlets, many of which are exempt from mandatory labelling rules. This limitation makes it challenging to evaluate the effectiveness of calorie labelling policies, particularly in rural or low-income areas (Ross, 2019). A recent article in the *International Journal of Eating Disorders* highlights the necessity for further research into the emotional implications of calorie labelling, particularly for individuals with eating disorders. The article emphasises the limitations surrounding this sensitive topic and calls for more focused and ethically guided research to better understand how calorie labelling might negatively impact these vulnerable groups (Putra, 2023).

There are limitations associated with the questionnaires, particularly concerning the structure of the questions. It was deemed appropriate to include multiple-choice questions, allowing respondents to select options that closely aligned with their views. However, the overall structure of these multiple-choice questions yields basic statistical information (BiHu, 2021). Additionally, a notable concern is response bias, where participants may opt to provide answers that they perceive as socially acceptable rather than expressing their genuine opinions, and the low response rate to the questionnaire meant that the researcher had limited primary data, which restricted the results to be applied more broadly (Gupta, 2024).

The research was confined to a specific area, Carmarthenshire, which may not represent the broader diversity found in other regions. Most existing literature stems from research conducted in England, where participants may come from a more varied cultural and ethical background (Theofanidis & Fountouki, 2018). This difference could

impact the generalisability of the findings. The calorie labelling regulations have only been legislated in the last three years, which has limited the range of research on the calorie labelling policy due to the restricted timeframe available for analysis (Almeida, 2018).

3.9. Research Ethics

Before beginning the research, it is essential to consider the ethical implications, particularly whether the study should proceed. Following the guidelines established by the British Educational Research Association (BERA, 2018), participants were fully informed about the research purposes, and the researcher ensured that signed informed consent agreements were obtained from each participant to confirm their understanding of their involvement in the research study, also data confidentiality measures were implemented to protect participant privacy (Brown, 2020). Consumer questionnaire data responses will be anonymised, safeguarding personal information. Participation was entirely voluntary, and participants were reminded of their right to withdraw at any point (Millum and Bromwich, 2021).

The research study will use a cross-sectional questionnaire that incorporates a variety of question types and a structured data collection method to ensure reliability and consistency in responses. This will maintain the questionnaire's validity by utilising questions from existing research that accurately measure participants' awareness of calorie labelling (Kang and Hwang, 2023).

Research in a community like Carmarthenshire could have significant ethical challenges. Because the area may lack the diversity of larger cities, accurately representing participants' views is crucial. Misunderstanding their views or generalising results can lead to misleading conclusions. By addressing these ethical issues, the researcher can foster respectful relationships with the community, ensuring a positive impact (Coghlan, 2019).

According to Bhandari et al. (2022), there are many reasons why research ethics are essential. Ethical considerations were integral to each step of the research process, from initial planning and data collection to the explanation and presentation of findings. The researchers made an effort to capture the voices of the participants in a manner that ensured validity, reliability, and fairness (Johnsson, 2014). Throughout this research journey, the aim was to uphold the credibility and social value of the research, reflecting the diverse experiences and understanding of those involved (Hall, 2020).

Chapter 4. Findings

4.1. Presentation and Interpretation of the Data

4.1.1 Introduction

This chapter presents the findings from the questionnaire. It aims to analyse the data in line with the research objectives outlined and discussed in Chapter 3. Data was collected via Microsoft Forms. Despite the goal of obtaining 100 responses, only sixty-five valid submissions were analysed. Although this is a smaller sample, the lower response rate introduces limitations, which could affect the validity of the responses. Nevertheless, it provides valuable insights into consumer decision-making in real-world food environments.

The study presents and discusses data related to various aspects, including demographic description, dining habits, and individuals' awareness and attitudes towards calorie labelling. It examines the emotional and behavioural impacts linked to these factors. The questionnaire used in the research revealed patterns indicating that feedback on the deductive and numerical calculations, provided in a multiple-choice format, was effective. This design aimed to include generalised, non-evasive questions that encourage honest responses. Organising the findings according to the research objectives resulting from previous literature and theories examined in Chapter 2.

4.1.2 Student Questionnaire

The purpose of the questionnaire was to establish the preferences and mindset of the recipients, exploring their attitudes and behaviours related to calorie labelling on menus in restaurants, cafes, and fast-food outlets across Carmarthenshire. It also sought to determine their thoughts, starting with feedback on their demographics. The participation response had a 60:30 female-to-male ratio, with 10% of respondents choosing not to participate (Figure 2). The respondents represented a range of age groups, with a significant proportion in the 18-44 age group, whereas a smaller number of participants fell into the 45-55+ age group. Suggesting that the sample is tilted towards younger adults who engaged with issues like calorie labelling due to social and lifestyle influences (Figure 1). Participants reported a variety of employment statuses, with a significant number employed full-time, followed by part-time workers, students, the unemployed, and the retired. This variety highlights the understanding that different lifestyles can influence eating habits (Figure 3).

Section 1. Demographics

Figure 1– What is your age group?

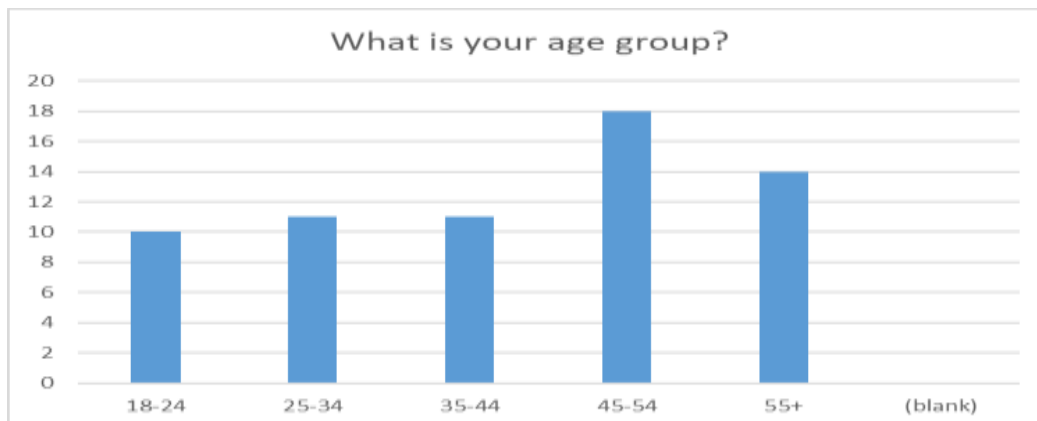
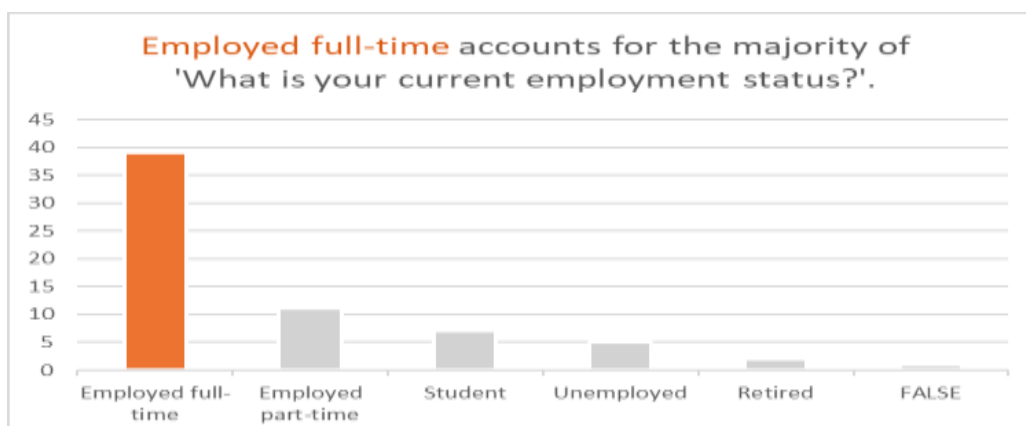


Figure 2– What is your gender?



Figure 3– What is your current employment status?



The participants were questioned regarding their current health status. Fifty-two per cent classified themselves as healthy, while 34% reported moderate health, followed by those in an unhealthy state and those recovering (Figure 4). The respondents were asked if their body weight was healthy for them, with 25 considering themselves above a healthy weight, followed by slightly above, about right, slightly below and below.

These self-perceptions influence how respondents look at calorie labels and the decisions they make when dining out (Figure 5).

Figure 4– How would you describe your current health status?

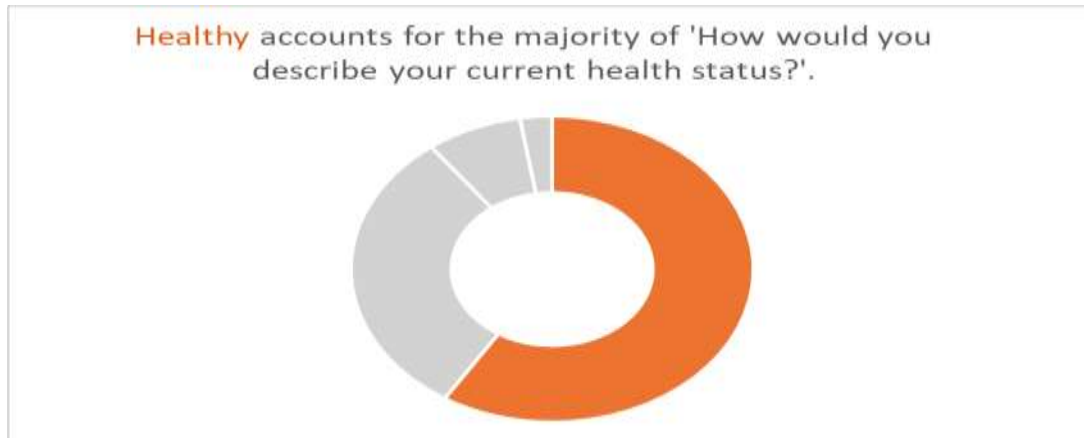
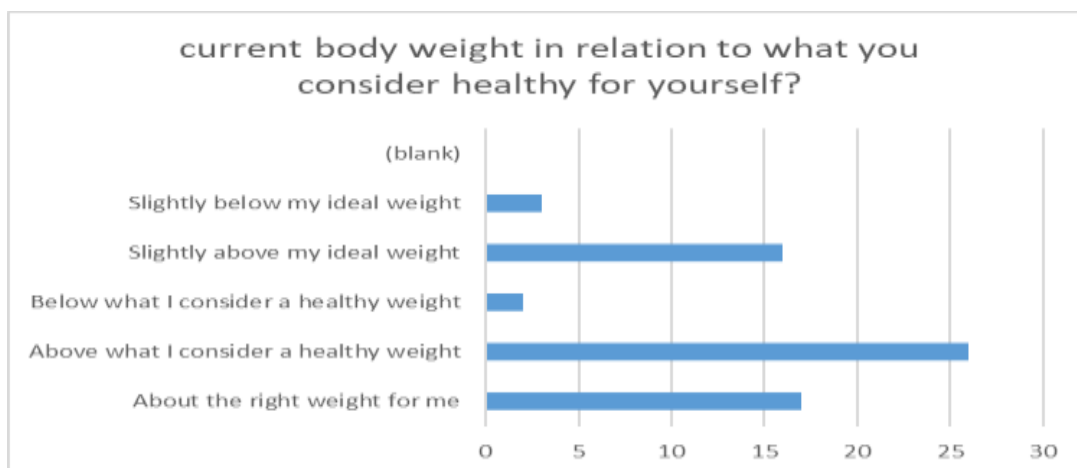


Figure 5– How would you describe your current body weight in terms of what you consider healthy for yourself?



Research by Lewthwaite & LaMarre (2022) shows that humans naturally track their physical health and appearance, promoting and encouraging healthy lifestyles. However, calorie labelling can create feelings of guilt and shame for overweight individuals. This leads to feelings of inadequacy and an unhealthy obsession with food to maintain a particular look (Liddiard & Hamshaw, 2024).

Section 2. Eating Habits When Dining Out

The following section of the questionnaire asked about the participants' eating habits when dining out (Figure 6). The respondents were asked how often they dined out at restaurants, cafes, coffee shops, and fast food chains (Figure 7). What type of food chains do they mostly use when eating out, and what do they consider most when eating out?

Figure 6– How often do you eat out at restaurants, cafes or fast-food chains

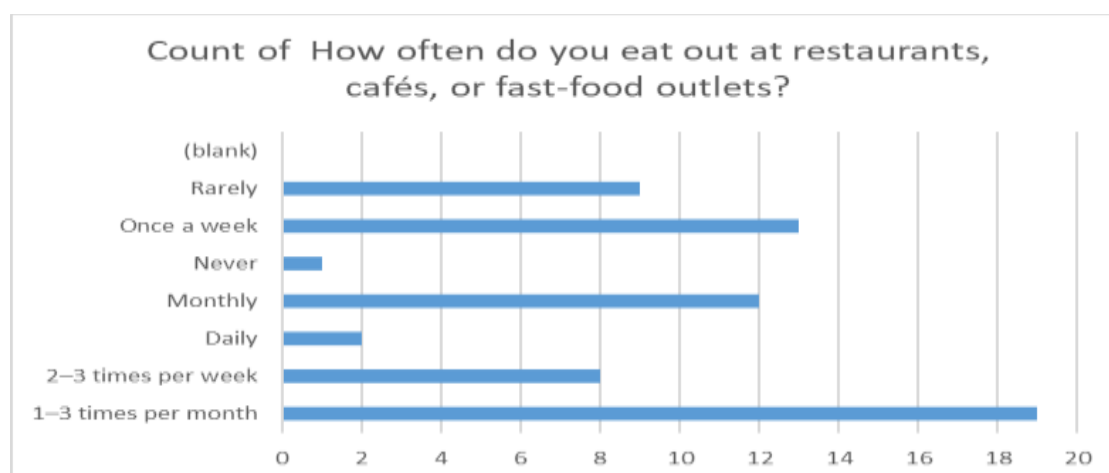
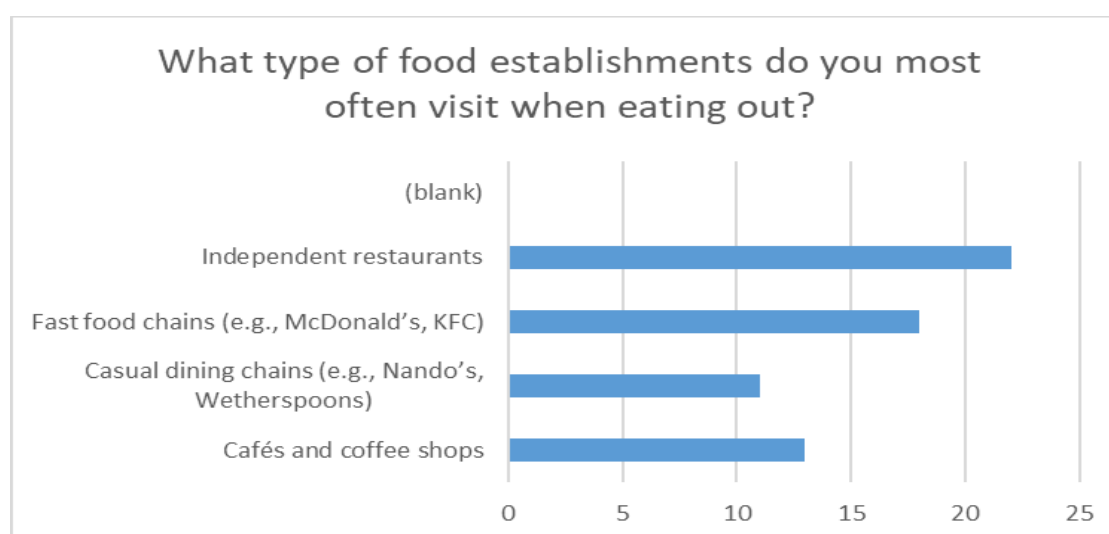


Figure 7– The food establishments are visited when eating out.



The findings suggest that participants who eat out occasionally and view eating out as a treat rather than a routine are likely to be influenced by calorie labelling in their decision-making, that 34% of participants had a strong preference for independent and 28% for fast-food chains highlighting why there is an importance for the calorie labelling policy to be applied to all these types of food establishments.

The findings also showed that the majority of participants chose taste and cost as the main reasons for their meal choices, with calorie information playing a secondary role

This finding is consistent with existing research, despite a marginal increase in nutritional awareness, diners showed no noticeable reduction in overall calorie consumption. Taste and price continue to influence consumer behaviour (Vasiljevic et al., 2019).

Section 3. Awareness and Perceptions of Calorie Labelling

The next section of questions was used to gauge the participants' awareness and attitudes towards calorie labelling. It suggests that, due to calorie labelling being introduced in 2022 and made compulsory in larger food establishments, most consumers have now encountered calorie labelling, with 86% answering yes to being aware of the calorie information on menus (Figure 9). Even though participants noticed calorie labels, their food choices still varied. This suggests that calorie labels can sometimes be helpful, but do not always strongly influence decisions. It suggests that calorie labels serve more as helpful reminders than as the primary reason for choosing food (Figure 10).

Figure 8– Awareness of Calorie Labelling

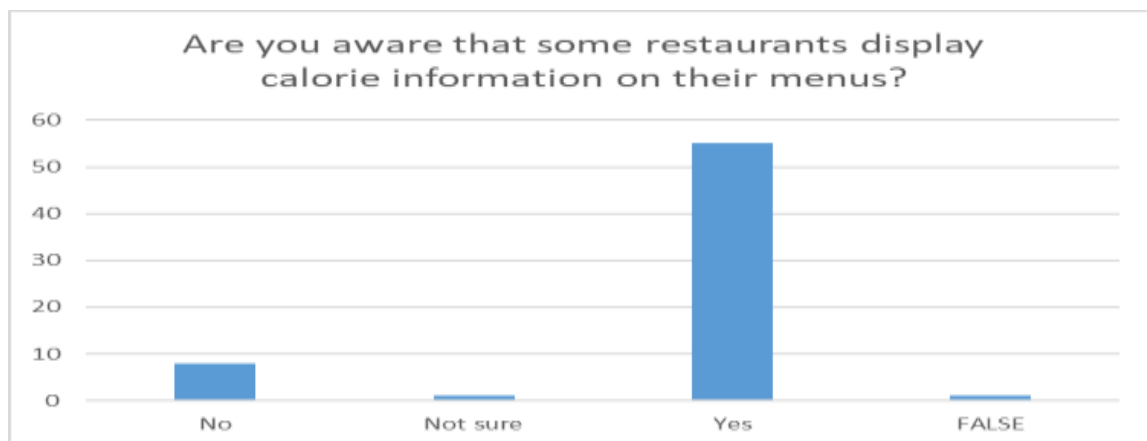


Figure 9– influences on meal choice



Regarding whether calorie labelling is helpful, 78% of participants expressed an optimistic view. This showed that many participants supported having access to calorie information and the value of being informed, even if they did not always use the information they received (Figure 11). When asked if calorie labelling helped the participants make healthier food choices 72%, agreed. This response reinforces the idea that calorie labelling might not completely change everyone's eating habits, but it does help increase health awareness. This is particularly noticeable for individuals who are already motivated to make healthier food choices (Figure 12).

Figure 10– *Is it helpful to have calorie labelling on menus*

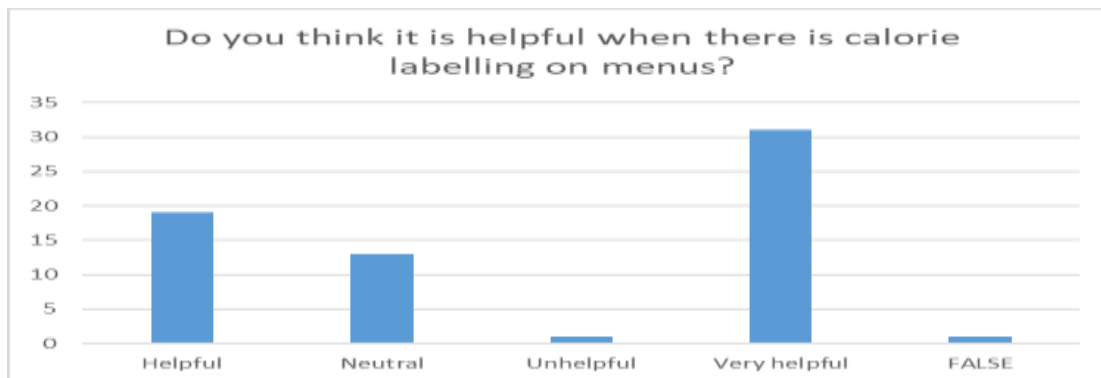
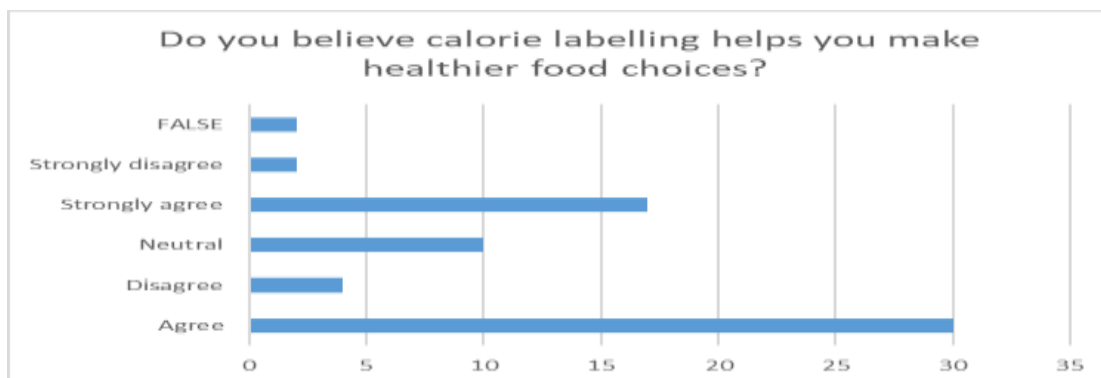


Figure 11– *Impact on Healthy Decision-Making*



Previous research by Courtemanche (2025) indicates that implementing calorie labelling was associated with an average decrease of 11 calories per meal. While this reduction may seem minor over time, across the entire population, it could translate into substantial public health benefits. This research backs the idea that the majority of the participants used calorie labelling to make healthier choices.

Figure 12– mandatory calorie labelling

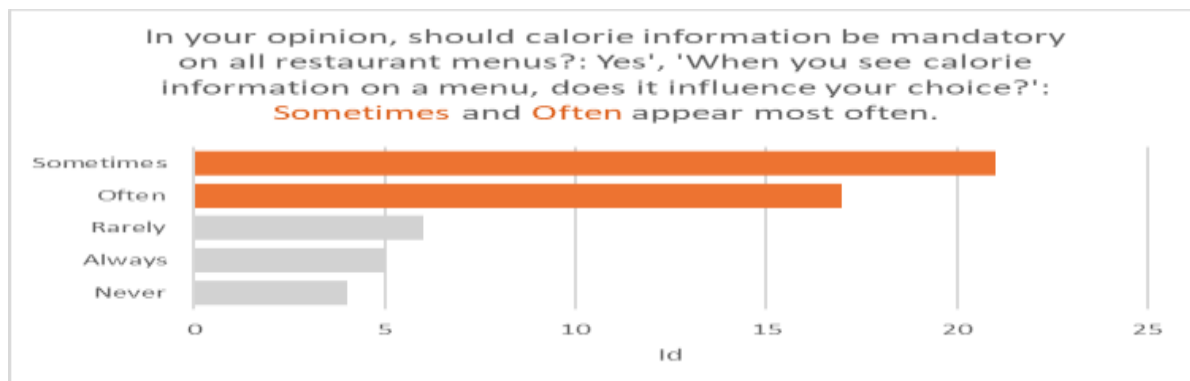


Figure 13– The justifications for question 13



This open question focused on whether calorie labelling should be mandatory in all restaurants. An overwhelming 83% of participants believed that there should be strong support for the UK's current policy, indicating that people want more transparency and consistency in food information (Figure 13). The responses were very similar; they include:

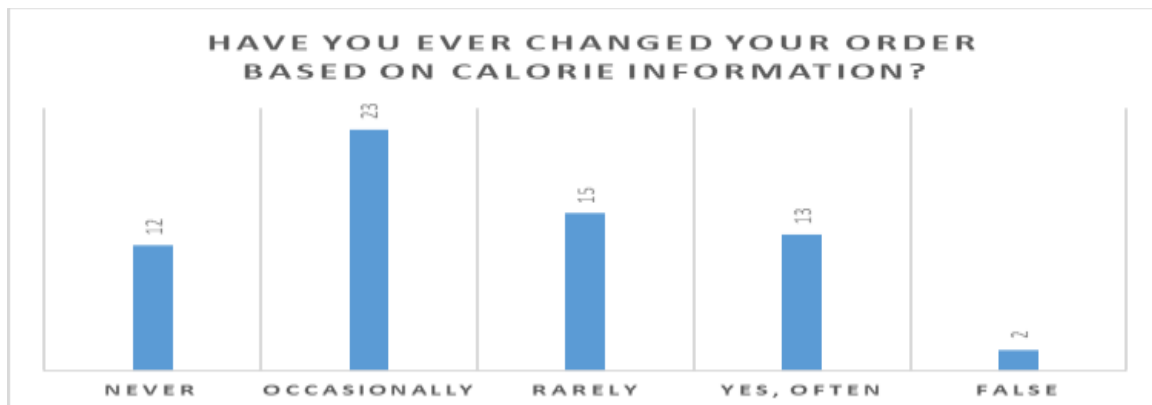
- I believe it should be mandatory so people know how many calories they are eating, so they know how many calories per day they have left.
- think it should be mandatory because a food item on a menu could sound healthy but have a lot of calories in it, from the way it's cooked, so people get tricked into thinking they're going for healthy options without realising there's a lot of calories in it.
- It should be standard like food packaging. People have the right to know what they are putting into their bodies (Figure 14).

Earlier research suggests that the calorie labelling policy may not achieve its intended effectiveness, particularly because many small food businesses have been excluded from its scope, thereby undermining its overall effectiveness. Supporting this research, which shows that most participants believe calorie labelling should be made mandatory, highlighting a desire for more comprehensive regulations in this area.(Robinson et al., 2022).

Section 4. Emotional and Behavioural Responses

The next set of questions focused on the emotional and behavioural influences of calorie labelling. Most participants' reactions were curiosity, as they wanted to compare high-calorie foods with different options on the menu. This suggests that being clear about nutrition helps people to reflect on their choices, even if it does not always influence what they ultimately decide to eat. Participants who have changed their order based on calorie information indicate that calorie labelling has had a moderate behavioural impact of 38%, with some participants occasionally changing their choices (Figure 16). This research is linked to previous research. The findings, published in the *Appetite* journal, show that the introduction of calorie labels led to a slight increase in diners' awareness of the nutritional content of their meals. Still, it did not discourage them from ordering high-calorie foods. Remarkably, only about one-third of the customers paid attention to the calorie information, and just one-fifth reported that it influenced their meal choices (Institute of Grocery Distribution, 2018)

Figure 14– Have you ever changed your order?



Continuing with the emotional and behavioural impacts of calorie labelling, when participants were asked how likely they would be to avoid high-calorie meals if calorie labelling were present, the results indicated that the majority of participants (54%) would make different choices when confronted with calorie information (Figure 17). A clear 56% of participants' responses revealed that calorie labelling caused them to think more carefully about their health when eating out, supporting calorie labelling as a means of raising dietary awareness (Figure 18). This research revealed that the participants are now more likely to consider better meal choices compared to what previous studies have shown. According to Narutrat (2021), calorie labelling raises awareness about food choices, but it has not curbed the selection of high-calorie meals. Consequently, it only partially addresses the issue of weight gain linked to current dining habits.

Figure 15– How likely are you to avoid high-calorie items if calorie labelling is present?

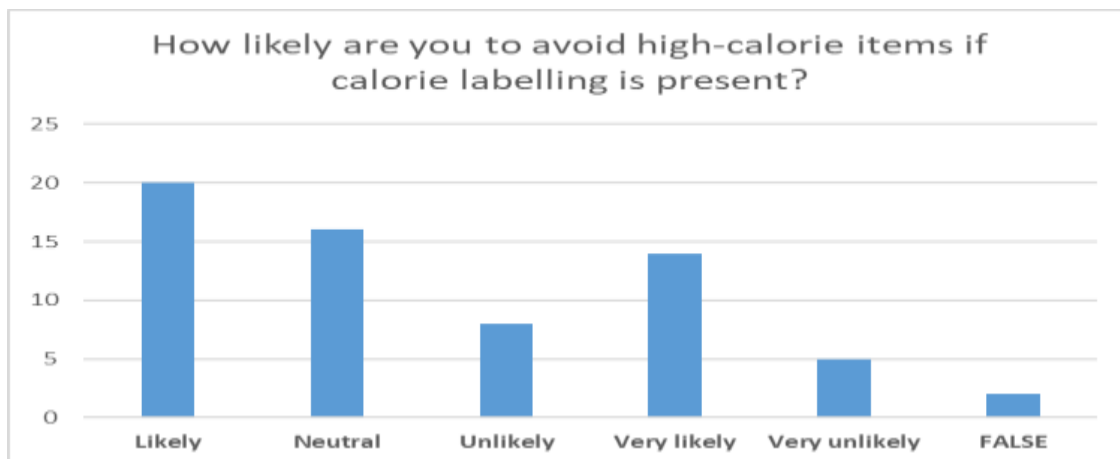
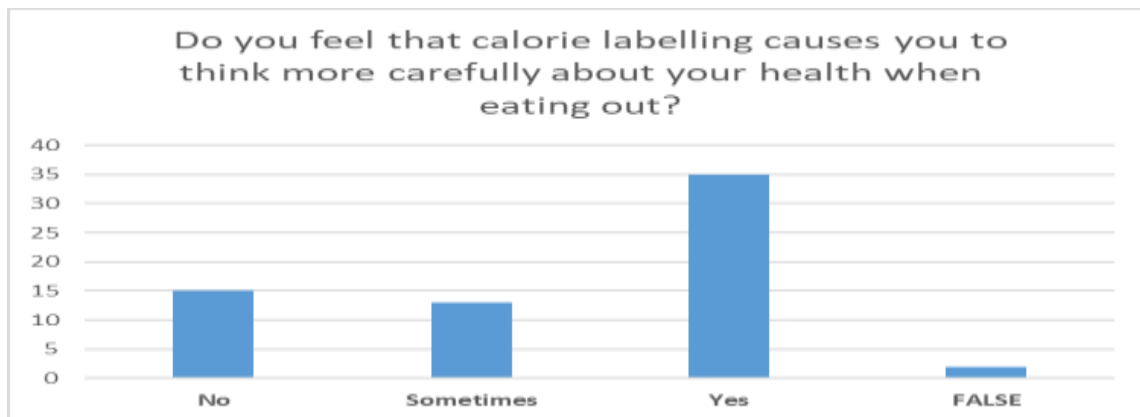


Figure 16– Do you feel that calorie labelling causes you to think more carefully about your health when eating out?



Section 5. Reflections and Broader Opinions

The following set of questions will reflect on the respondents' broader opinions on calorie labelling. A high majority, 73%, agreed or strongly agreed that calorie labelling is an effective public health strategy for reducing obesity, signifying that the participants have confidence in the policy's potential impact (Figure 19). Next, the participants were asked if they would like to see extra nutritional details. The response was 67%. This result indicates that participants want transparency on menus, allowing them to make informed decisions when selecting a meal (Figure 20).

Figure 17– Calorie labelling: Is it an effective public health strategy for reducing obesity?

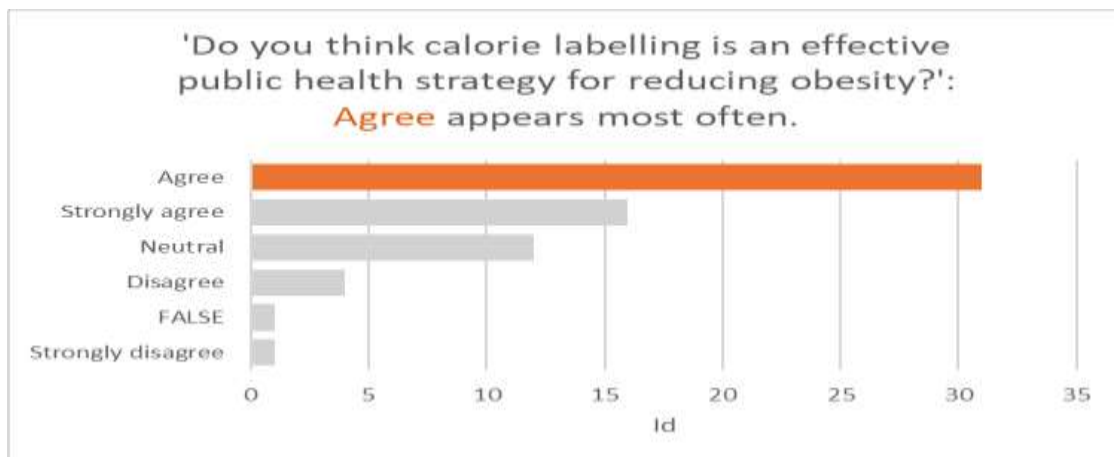
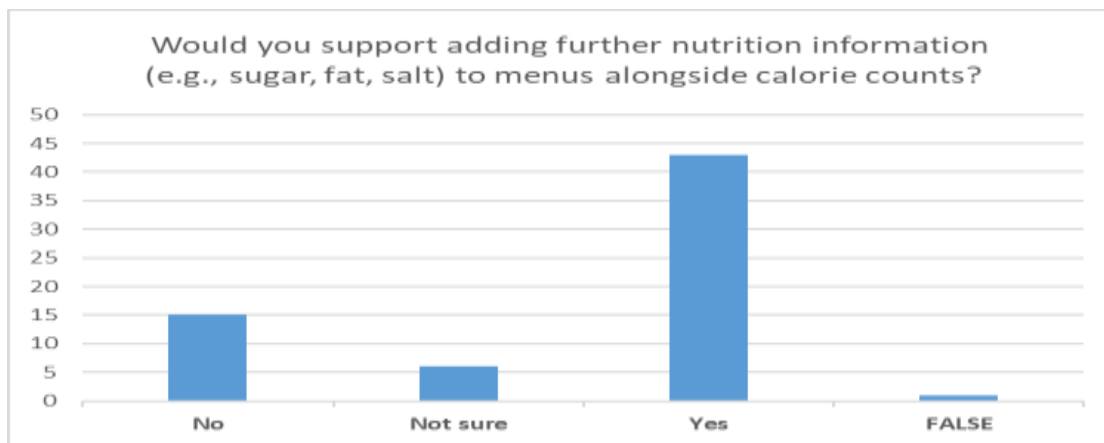
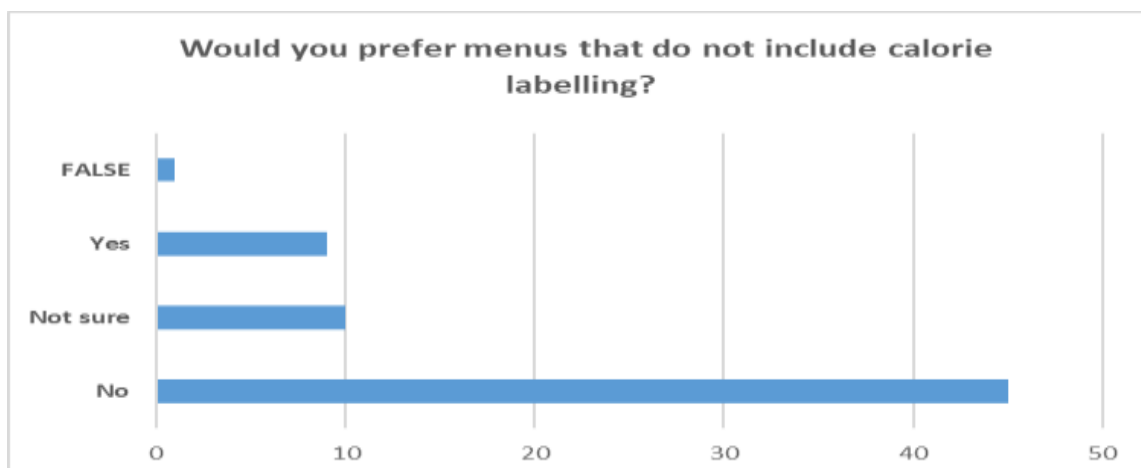


Figure 18– Would you support adding further nutritional information?



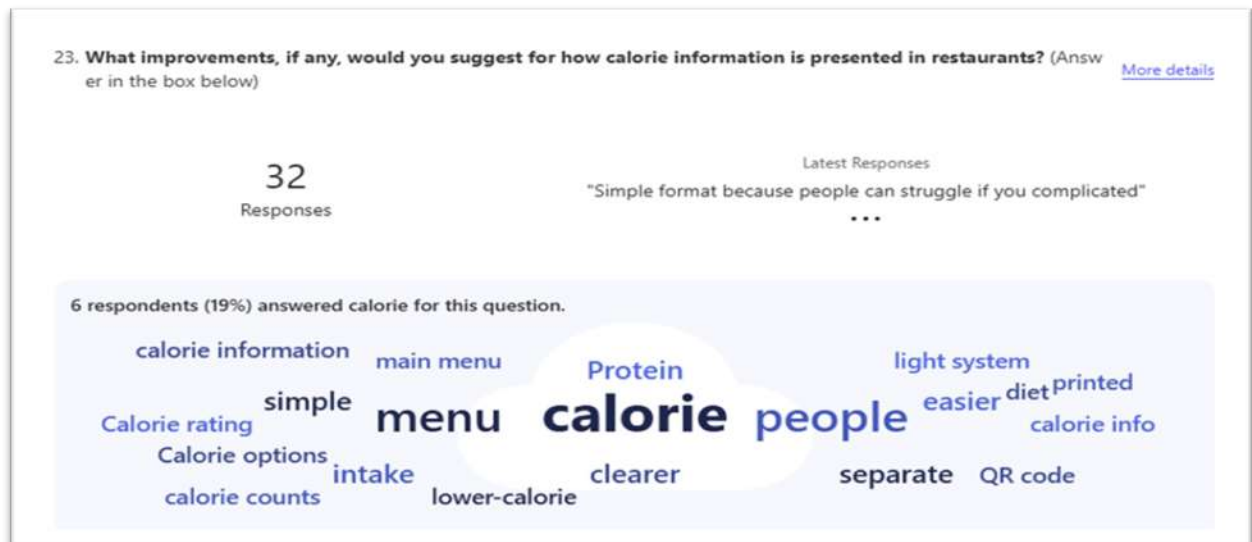
When participants were asked if they would prefer menus without calorie labelling, 70% of respondents stated that they would not, signalling that despite the emotional and behavioural impacts of calorie labels, the majority of the participants value this information being available (Figure 21).

Figure 19– Would you prefer menus that do not include calorie labelling?



The following response was an open-ended question that focused on suggestions for improving the presentation of calorie information in restaurants. The word cloud summary reveals words such as "clear," "simple," "QR code," and "traffic light system." This shows the need for easily accessible, non-technical, and user-friendly formats, possibly incorporating visual cues (Figure 22).

Figure 20– What improvements would you suggest for how calorie information is presented in restaurants?

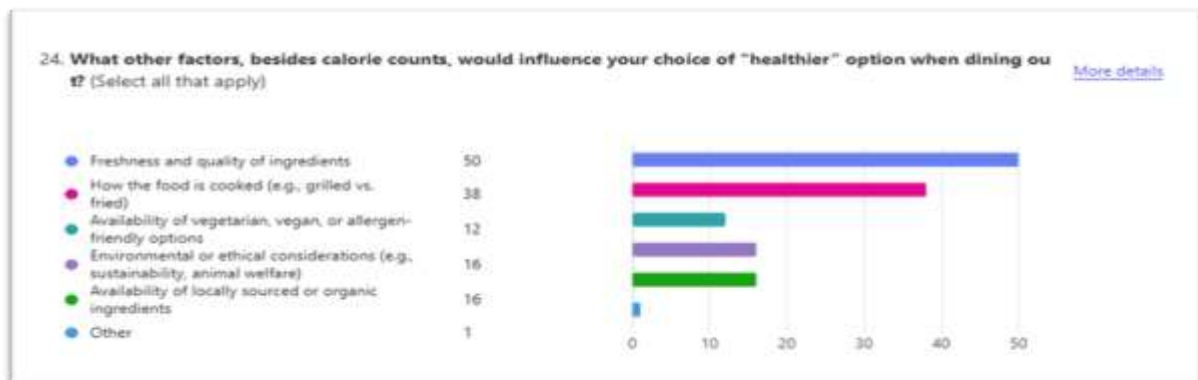


The respondents' feedback included,

- Consider including a QR code for those who want more details, rather than printing all the information on the main menu.
- Some menus are too small to read. It should be clearer and always placed directly next to the item name, rather than being hidden in a footnote.
- Simple format because people can struggle if it is too complicated.
- A traffic light system, the same as used on supermarket products, would be helpful.

The next question asked if there were other factors besides calorie information that participants found important. The two main responses were the freshness and quality of the ingredients, as well as how the food is cooked, such as grilled or fried. Other factors that influenced their choices included environmental concerns, ethical values, and dietary needs. This shows that calorie labelling is just one of many factors that affect how people perceive a healthier choice (Figure 23).

Figure 21– What other factors besides calorie information would influence choices?



Questions twenty-four and twenty-five reflect on the participants' personal experiences and the effectiveness of calorie labelling on menus. (Figure 24) shows that the majority of participants 78%, answered yes, indicating that calorie labelling does help them make healthier meal options. 22% felt that it did not influence their decision, indicating that there may be room for improvement in how calorie information is utilised by consumers.

Figure 22– Calorie labelling: Does it help make healthier food choices

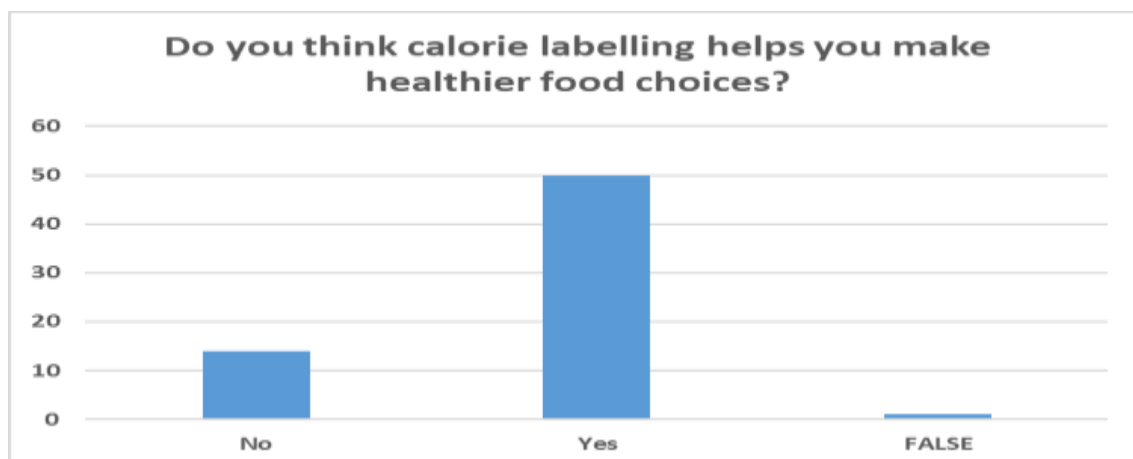


Figure 25– explaining the answer to question twenty-four



The responses in (Figure 25) provide an in-depth view of how the participants describe how seeing calorie labelling helps them make better choices. Comments such as “seeing the calorie content makes me think twice about what I am ordering”, and “it helps me compare options or pick something lighter” were common. Several participants said it helped them stay on track with personal weight management or healthy eating habits, and some shared that it helped them be more conscious of daily calorie intake, with statements like “it helps me see if I have exceeded the normal daily intake for a woman”. Other participants raise awareness about foods that are perceived as healthy but are higher in calories than expected. One participant said, “It challenges assumptions about what is healthy”. A minority expressed indifference, saying that calorie labelling would not change their behaviour, saying such things as “personally I would still eat the item I have chosen even if the calories are high” or “If I eat out, it is for enjoyment”. Others questioned the emotional impact, stating that “calorie labelling made them feel guilty and fat”. This could be a potential risk for individuals with eating disorders. Research by Ramani et al (2023). States that counting calories is a common behaviour among those with eating disorders, so seeing calorie labels on food can make it harder to break this habit. Some of the participants support calorie labelling in principle but say that the benefits vary based on personal mindset, saying it is helpful “depending on the situation” or “when I am actively trying to eat healthily”. Calorie labelling will only work when individuals make informed choices and have personal responsibility as one participant said “the figures are in front of you, it is up to you to make that choice”.

The final question explored participants reflections on whether their eating habits have changed since calorie labelling became more common. Out of 65 participants, 56% answered “yes”, while 44% answered “no”. This nearly equal split shows that most people noticed a change in their eating behaviour, but a significant number felt that calorie labelling did not affect their food choices (Figure 26).

Figure 23– Have your eating habits changed since calorie labelling became more common?

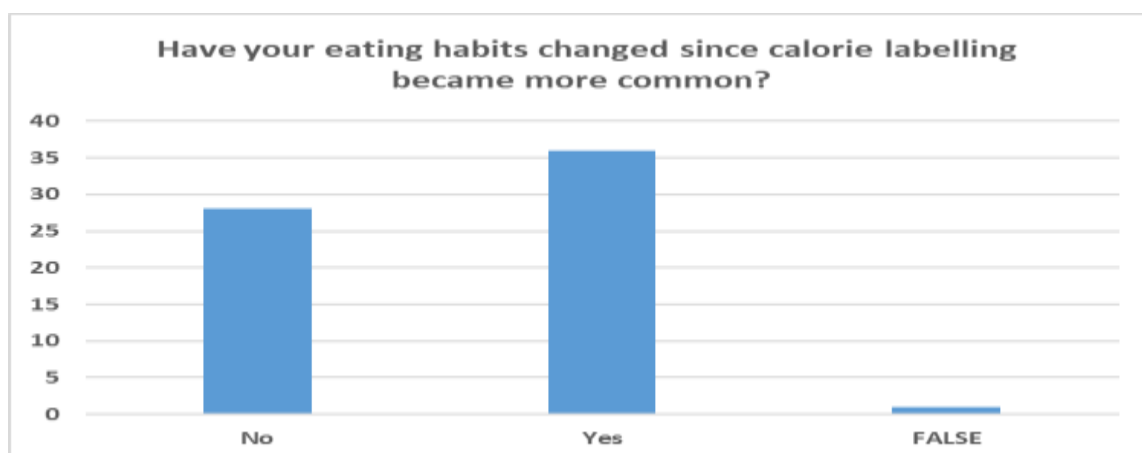
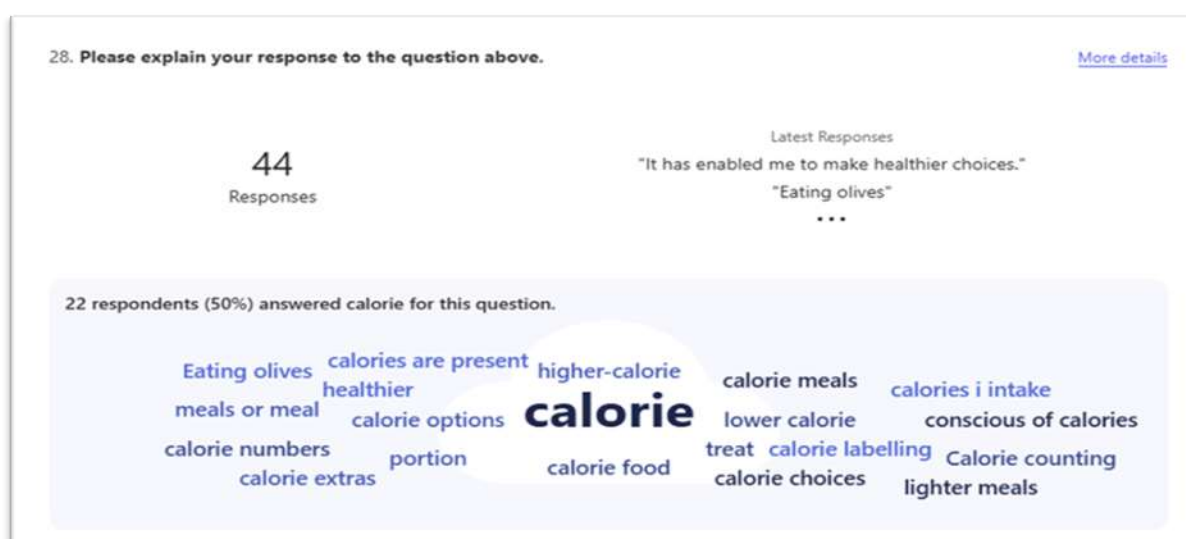


Figure 24– Explanation to question twenty-six?



(Figure 27). The participants who noticed change said that calorie labelling had increased their awareness of the portion size and the calories they consumed. For example, some participants noted, "It enabled me to make healthier choices." At the same time, another said, "It informs me and gives me an awareness." Several participants mentioned ordering low-calorie meals and skipping extras such as desserts and creamy sauces. One wrote, "I now try to make lower calorie choices." Another participant wrote, "I have started to order lighter meals and smaller portions." Some participants have changed their behaviour down to lifestyle concerns, such as managing their weight and being self-conscious of their health, saying, "My eating habits have changed due to me being more aware of my weight and being uncomfortable." A few participants noted that calorie labelling helps with their existing diets, for example, "I am more conscious of calories to still enjoy food, but still keep on track."

Several participants reported no change since the introduction of calorie labelling, stating that they would continue to eat as they had before, particularly when eating out, which they viewed as a treat. The comments include "If I eat out, it is usually a treat so that I would splurge," and "still order chips, burger and milkshake just like I always have." Some felt that calorie labelling added no new information, as they clearly understand what healthy eating is. As one participant said, "I feel that I have a decent working knowledge of healthier versus unhealthy foods." A few Participants expressed that they ignore calorie labelling altogether, with remarks like, "I do not bother looking at calorie labelling," and "calorie counting is not for me." Some participants also mentioned that they had not observed an increase in calorie labelling in their local restaurant, with one participant saying, "There are not many places that you eat out that have calorie intake on the menu." Some responses showed mixed feelings. Participants knew that certain factors influenced their meal choices and accepted a flexible approach. One person said, "Taste and habit still matter. If I want something

indulgent, I might overlook the numbers." Another participant mentioned the need for balance: "I still treat myself, but I try to balance it out better than I did before."

The findings found that calorie labelling does not change everyone's eating habits, but it has helped many consumers make informed choices. It appears to have a greater impact on individuals who are trying to manage their weight or improve their overall health. While some of the participants felt confident in their meal choices, this meant that calorie labelling held very little significance in their decision-making.

Chapter 5. Conclusion

The study examines the impact of calorie labelling on food choices, emotional responses, and attitudes among a sample of 65 adult Participants. This partial response has limited the findings to Carmarthenshire, which restricts their broader relevance (Melnikovas, 2018). The research reveals a complex relationship between current dietary habits and public health initiatives. Over the past century, shifts from structured meal patterns to the convenience of fast foods have contributed to the rise in obesity rates and the increased NHS burdens, with obesity illness-related costs projected to consume 1-2% of GDP. Calorie labelling was introduced as a policy to help consumers make healthier choices. (Colombet, 2023). The findings from this study indicated that many participants value the transparency that calorie labelling provides. While calorie information can help individuals make better choices, it did not significantly motivate them to adopt new behaviours on its own. The (56%) of participants, who were already paying attention to their health or weight goals, said calorie labelling helped them confirm or adjust their decisions. In contrast, participants who treated eating out as a special occasion or had long-standing eating habits (44%) were less likely to be influenced, even if they were aware of the calorie labelling. This finding is consistent with other studies, which show that calorie labelling typically supports existing healthy habits rather than encouraging significant changes (Arno & Thomas, 2016). Emotional responses varied; some participants felt more in control of their diet, while others described feelings of guilt or discomfort when confronted with calorie labelling information. The policy in question brings implications, particularly regarding potential risks. One concern is that it may inadvertently contribute to the rise of eating disorder symptoms and various emotional health issues. Despite these concerns, many participants appreciated having calorie labelling available. This suggests that freedom of choice remains important, and the presence of calorie labelling may be more about making informed choices than requiring strict adherence to a diet (Vasiljevic et al., 2019).

5.1 Recommendations

Based on the findings, the following recommendations for future public health policy are to extend calorie labelling to smaller food chains, ensuring consistency across all dining environments, and supporting informed decision-making in both urban and rural areas. Incorporating visual aids, such as traffic light systems or QR codes, also makes calorie information more accessible to all age groups. For emotional health considerations, providing a clear opt-out feature on menus for those with eating disorders ensures the calorie labelling policy does not harm vulnerable individuals. Additionally, recommendations for future research include conducting long-term studies to track whether short-term awareness translates into long-term behavioural change. To expand, the questionnaire sample size should be increased, and the geographic area should be expanded to include different Welsh regions and various economic groups, thereby improving the representation. And future research should also examine the impact on younger demographics, especially teens and young adults, who may be more vulnerable to both obesity and eating disorders (Shahzad et al, 2022).

Chapter 6. Appendices

Questionnaire Questions and Responses

demographics

1. I am happy to participate in this research (please tick).

[More details](#)

● I am happy to proceed. 65



2. What is your age group?

[More details](#)

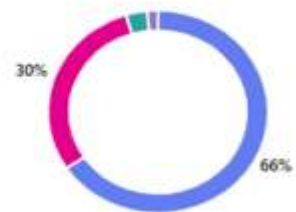
● 18-24 10
 ● 25-34 11
 ● 35-44 11
 ● 45-54 18
 ● 55+ 14



3. What is your gender?

[More details](#)

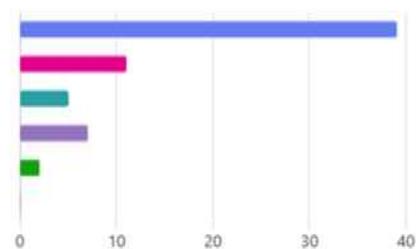
Woman	42
Man	19
Non-binary	2
Prefer not to say	1



4. What is your current employment status?

[More details](#)

Employed full-time	39
Employed part-time	11
Unemployed	5
Student	7
Retired	2
Prefer not to say	0



5. How would you describe your current health status?

[More details](#)

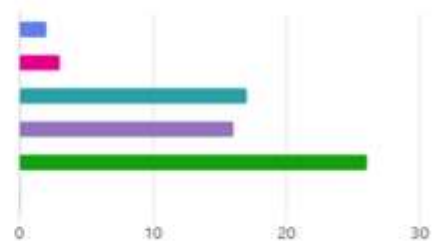
Unhealthy	7
Healthy	33
Moderate	22
Recovering	2
Prefer not to say	0



6. How would you describe your current body weight in relation to what you consider healthy for yourself?

[More details](#)

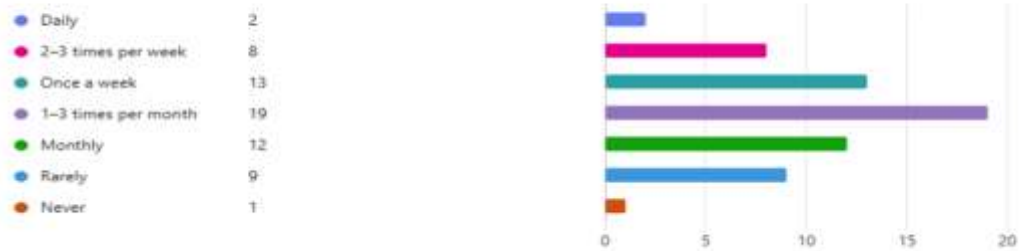
Below what I consider a healthy weight	2
Slightly below my ideal weight	3
About the right weight for me	17
Slightly above my ideal weight	16
Above what I consider a healthy weight	26
Prefer not to say	0



The following few questions ask about eating habits when dining out.

7. How often do you eat out at restaurants, cafés, or fast-food outlets?

[More details](#)



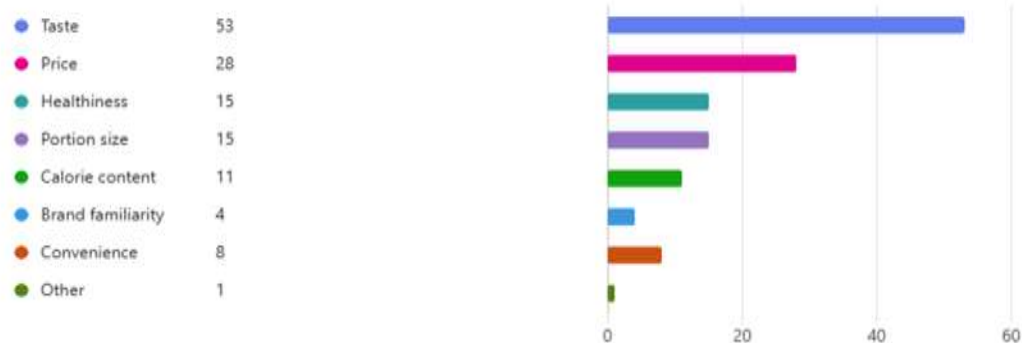
8. What type of food establishments do you most often visit when eating out?

[More details](#)



9. When choosing a meal at a restaurant, which of the following do you consider most? (Select all that apply)

[More details](#)



Awareness and perceptions of calorie labelling

10. Are you aware that some restaurants display calorie information on their menus?

[More details](#)

Yes	55
No	8
Not sure	1



11. When you see calorie information on a menu, does it influence your choice?

[More details](#)

Always	5
Often	17
Sometimes	22
Rarely	9
Never	11



12. Do you think it is helpful when there is calorie labelling on menus?

[More details](#)

Very helpful	31
Helpful	19
Neutral	13
Unhelpful	1
Very unhelpful	0



13. Do you believe calorie labelling helps you make healthier food choices?

[More details](#)

Strongly agree	17
Agree	30
Neutral	10
Disagree	4
Strongly disagree	2



14. In your opinion, should calorie information be mandatory on all restaurant menus?

[More details](#)

Yes	53
No	11



15. Please explain your response to the question above.

[More details](#)

54
Responses

Latest Responses

"To enable people to make informed choices."

"Help me pick the right choice"

"I feel that we should now how much calories are in the food as specially if th..."

...

25 respondents (46%) answered people for this question.

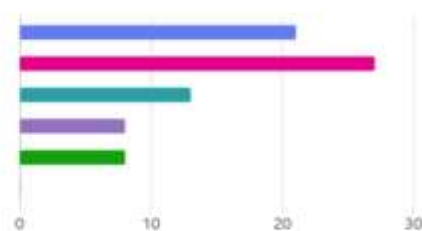


Emotional and behavioural responses

16. How do you feel when you see high-calorie numbers beside your food choices? (Select all that apply)

[More details](#)

Motivated to choose something else	21
Curious to compare options	27
Indifferent, it doesn't affect my choice	13
Slightly guilty, but still go ahead	8
Reassured if my choice is low-calorie	8
Other	0



17. Have you ever changed your order based on calorie information?

[More details](#)

Yes, often	13
Occasionally	23
Rarely	15
Never	12



18. How likely are you to avoid high-calorie items if calorie labelling is present?

[More details](#)

Very likely	14
Likely	20
Neutral	16
Unlikely	8
Very unlikely	5



18. How likely are you to avoid high-calorie items if calorie labelling is present?

[More details](#)

Very likely	14
Likely	20
Neutral	16
Unlikely	8
Very unlikely	5



19. Do you feel that calorie labelling causes you to think more carefully about your health when eating out?

[More details](#)

Yes	35
No	15
Sometimes	13



Reflections and broader opinions

20. Do you think calorie labelling is an effective public health strategy for reducing obesity?

[More details](#)

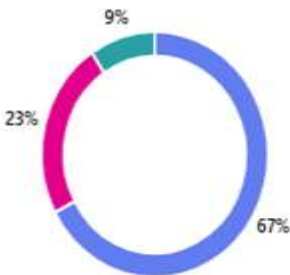
Strongly agree	16
Agree	31
Neutral	12
Disagree	4
Strongly disagree	1



21. Would you support adding further nutrition information (e.g., sugar, fat, salt) to menus alongside calorie counts?

[More details](#)

Yes	43
No	15
Not sure	6



22. Would you prefer menus that do not include calorie labelling?

[More details](#)

Yes	9
No	45
Not sure	10



23. What improvements, if any, would you suggest for how calorie information is presented in restaurants? (Answer in the box below) [More details](#)

32
Responses

Latest Responses

"Simple format because people can struggle if you complicated"

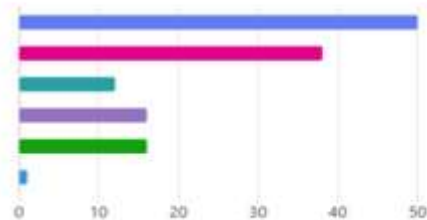
...

6 respondents (19%) answered calorie for this question.

calorie information main menu Protein light system printed
simple menu calorie people easier diet
Calorie rating Calorie options intake clearer separate QR code
calorie counts lower-calorie calorie info

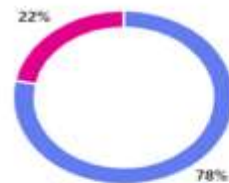
24. What other factors, besides calorie counts, would influence your choice of "healthier" option when dining out? (Select all that apply) [More details](#)

- Freshness and quality of ingredients 50
- How the food is cooked (e.g., grilled vs. fried) 38
- Availability of vegetarian, vegan, or allergen-friendly options 12
- Environmental or ethical considerations (e.g., sustainability, animal welfare) 16
- Availability of locally sourced or organic ingredients 16
- Other 1



25. Do you think calorie labelling helps you make healthier food choices? [More details](#)

- Yes 50
- No 14



26. Please explain your answer to the question above. [More details](#)

45
Responses

Latest Responses

"It helps me evaluate if I have exceeded the normal daily calorie intake for a ..."

"Give you information on the product you are looking at for eating"

...

19 respondents (42%) answered calorie for this question.

calories would be a negative calorie labeling lower calorie healthier meals calorie food calorie deficit calorie are high calorie high Calories eating regardless aware of calories options calorie content choice number calorie allowance calorie count

27. Have your eating habits changed since calorie labelling became more common?

[More details](#)

● Yes: 36
● No: 28



28. Please explain your response to the question above.

[More details](#)

44
Responses

Latest Responses

"It has enabled me to make healthier choices."

"Eating olives"

...

22 respondents (50%) answered calorie for this question.

Word cloud content:

- calorie
- calories are present
- healthier
- higher-calorie
- calorie meals
- calories i intake
- conscious of calories
- calorie labelling
- Calorie counting
- lighter meals
- calorie choices
- calorie food
- portion
- calorie numbers
- calorie extras
- meals or meal
- Eating olives
- calorie options
- lower calorie
- treat

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