

Out of Home Food Intake and Behaviours Among Adults Living in Scotland, 2025

Summary briefing

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1. Introduction

Out of home (OOH) eating is increasingly commonplace in people's daily lives across Scotland.

'Out of home (OOH)' refers to:

- Any food or drink bought and eaten away from home, including 'on the go'
- Any takeaway or home delivered food, such as pizzas.

There is very limited data on the proportion of energy or nutrients that comes from OOH food in Scotland. Quantifying the contribution of OOH food to energy and nutrient intake would help understand how policies to improve the healthfulness of the OOH food environment may impact on achievement of the Scottish Dietary Goals.

How OOH food contributes to overall diets and the underlying behavioural motivations also remains under-researched. The overall aim of this report was to understand, currently who in Scotland is and is not eating OOH regularly, how OOH food contributes to their overall diet, and what motivates people to eat or not eat OOH food.

This study provides a comprehensive, mixed-methods assessment of who eats OOH, how often, from which outlets, what motivates these behaviours, and how OOH food contributes to overall energy and nutrient intake.

The project was funded by Food Standards Scotland and was carried out by the University of Edinburgh and Taylor McKenzie, a research survey company based in Glasgow.

2. Key findings

- Participants reported a mean of seven OOH visits in the past week.
- Supermarkets, convenience stores and corner shops were the most frequently used OOH outlets, with 40% of respondents purchasing food 'on the go' two to three times per week, and 23% once per week.
- High OOH consumers were younger and more likely to be male, single, and employed full-time.
- OOH food accounted for 21% of total energy intake and around 20–22% of most macronutrients. Fast food/takeaway outlets and cafés, coffee or sandwich shops were the main contributors, followed by sit-down restaurants or pubs.
- OOH energy intake was mainly derived from a small number of food groups, including sandwiches, pasta, rice, pizza and potato products.

- Taste was the main motivation across all low, moderate and high OOH consumers, with 77% of respondents rating it as 'very' or 'extremely' important. Treat related motivations were also important, alongside socialising and value for money.
- Cost was a key barrier to OOH consumption, with rising prices leading some respondents to reduce frequency, seek promotions, or budget carefully.

3. Methodology and characteristics of participants

The sample comprised 1,016 participants, with a mean age of 42 years. Slightly more than half of the respondents were female, and the majority identified as white. The sample was largely urban, with representation across all five Scottish Index of Multiple Deprivation (SIMD) quintiles.

Based on the distribution of visits, respondents were categorised as low OOH consumers (≤ 4 visits per week), moderate OOH consumers (>4 to 7 visits), or high OOH consumers (>7 visits), with similar sample sizes in each group.

A two-phase study design was used.

- In phase 1 participants completed a web questionnaire followed by three 24-hour dietary recalls completed over the course of one week. The recalls were collected using [Intake24](#).
- Phase 2 comprised a short pre-task questionnaire on a recent OOH purchase followed by in-depth qualitative interviews with 35 respondents purposively sampled to reflect low, moderate, and high OOH consumers.

4. Results

Frequency of OOH consumption:

Overall, participants reported a mean of seven OOH visits in the past week, with frequencies ranging from 0 to 46 visits. 'Supermarkets, convenience stores and corner shops' were the most frequently used OOH outlets, with 40% of respondents purchasing food 'on the go' from these outlets two to three times per week, and 23% reporting consumption once in the past week. 'Cafés or coffee shops' were the next most commonly used, with 25% reporting using these two to three times per week, and 36% reported using once per week.

Over a third of respondents did not purchase from 'quick-service restaurants, takeaways', or 'bakeries or sandwich shops' in the past week, and among those who did, most visited only once. More than half of respondents reported not sourcing food from 'full-service restaurants', 'petrol stations, cinemas or workplace canteens', 'pubs or bars' or 'vending machines' in the past week, and most of those who did access food at these types of outlets did so only once in the past week.

Over one third of respondents used delivery apps in the past week, mainly for ready-to-eat food, with higher use among high OOH consumers. Among app users, most used them for ready-to-eat meals (78%) rather than household shopping (22%).

Demographic characteristics by frequency of OOH consumption:

With regards to differences in sociodemographic characteristics by OOH consumption frequency, high OOH consumers were:

- Younger: 46% of high OOH consumers were under 35 years, compared with 38% of moderate and 35% of low OOH consumers.
- More likely to be male (49% male) compared to moderate (40%) and low (35%) OOH consumers.
- More likely to be single (35%) compared with moderate (33%) and low (23%) consumers.
- More likely to be employed full time (65%) compared with moderate (58%) and low (54%) consumers.
- Slightly more likely to live in urban areas (88%) compared with low (84%) consumers.

There was not a significant difference ($p>0.05$) between OOH consumption groups with regards to ethnicity, number of adults or children in the household, work location (at home or out of home), or SIMD.

Contribution of OOH food to overall diet:

OOH (total across all outlet types) contributed to 21% of total energy intake and around 20–22% of most macronutrients. Fast food/takeaway outlets and cafés, coffee or sandwich shops were the largest OOH contributors, followed by sit-down restaurants or pubs.

High OOH consumers obtained almost 30% of their energy intake from OOH sources, compared with 19% in moderate and 13% in low consumers. Mean energy intake was highest among high OOH consumers (1744 kcal), followed by moderate (1594 kcal) and low consumers (1512 kcal), with similar patterns observed for carbohydrates, protein, fat, saturated fat, free sugars and salt with intakes highest in high OOH consumers and lowest in low OOH consumers.

OOH energy intake was mainly derived from a small number of food groups, with sandwiches (13.6%), pasta, rice and pizza (10.6%), potato products (7.3%), chicken and turkey dishes (7.0%), buns, cakes and pastries (5.1%), milk and cream (5.1%), meat pies and pastries (4.3%) and white bread (4.2%) together accounting for 57% of OOH energy intake.

Motivations for OOH consumption:

Motivations for OOH consumption were analysed in both phases of the study. In phase 1, the web questionnaire included rating different motivators on a scale and in phase 2 the pre-task involved questions regarding participants' most recent OOH experience.

From the web questionnaire taste was the strongest motivator for OOH consumption, with 77% of respondents rating it as 'very or extremely important', with little variation between low, moderate and high OOH consumers. Treat-related motivations were also important, alongside socialising and value for money, with each rated highly by around half of respondents across OOH consumer levels. Convenience and variety were especially important to high OOH consumers.

Qualitative interviews identified cost as a key major concern affecting OOH food consumption, with rising prices leading some respondents to reduce frequency, seek promotions, or budget carefully to accommodate the OOH occasion before going ahead. Healthier choices could be supported through clearer portion guidance, better nutritional information, and more appealing, accessible healthy food 'on the go' options, especially for those with dietary restrictions.

5. Limitations

This survey has several limitations, primarily related to dietary recall and under-reporting, which is common in nutrition surveys and particularly affects foods consumed OOH. However, use of the multiple-pass method is likely to have reduced some of this bias.

A further limitation is the limited specificity of the Intake24 nutrient database, as most items are not brand-specific, potentially leading to nutrient misclassification, especially for packaged foods and items consumed across multiple OOH settings.

Finally, although the sample was broadly comparable to the Scottish population, it was slightly younger, more female and more urban, which means the results may not be fully representative of the Scottish Population.

6. Conclusion

OOH food contributed to 21% of total calories consumed. High OOH consumers are more likely to be younger, male, single and employed full time. High OOH consumers had higher average total energy intake and sourced food frequently from a variety of OOH outlet types. Taste was the dominant motivator for OOH consumption across all groups and food 'on the go' from supermarkets, convenience stores, cafés, bakeries, and sandwich outlets is the dominant form of OOH consumption.

These findings support the need for a comprehensive OOH policy approach that extends beyond traditional hospitality settings to include retail food 'on the go', meal deals, in-store hot food counters and delivery platforms, alongside clearer nutrient benchmarks, portion size guidance, reformulation targets and default healthier options.

Given that taste and convenience are the main drivers of OOH choices, healthier options must be equally appealing, visible, accessible and convenient. Policies and voluntary measures that improve the availability, affordability and attractiveness of healthier OOH options, especially in convenience-led settings, could help support healthier dietary choices across Scotland.