



Research Findings

Though 85% of Americans Say They Have the Knowledge Needed to Eat Right, Majority Obtain a Failing Grade on Fat IQ Test

Most Are Not Content with Their Current Weight, With Two Thirds of Americans' BMI Scores in the Overweight/Obese Range

Washington, DC, June 27, 2018 — Three quarters of American adults acknowledge that they would feel better if they tried harder to stay fit (75%). In fact, nearly six in ten (56%) are not content with their current weight (vs. 43% who agree they are content) and nearly half (46%) are also not content with how they look. According to the recent online study conducted by Ipsos on behalf of MDVIP, two in five believe other people negatively judge their weight (41%) and similar proportions believe others see them as unattractive because of their weight (40%).

- Women are much more likely to say that they are not content with their weight (63%) or how they look (52%) compared to men who say the same thing (49% and 39%, respectively). Women are also significantly more likely to believe others judge them because of their weight or that others view their weight as unattractive, this time along with a significantly greater proportion of young/middle aged adults (age 18-54) who also feel this way.
- Those who are overweight/obese are also much more likely to express discontent with their weight/how they look and say that they feel judged by others because of their weight. They are also significantly more likely to agree they would feel better if they tried harder to stay fit (85% of those who are obese vs. 63% of those with a BMI score in the normal range).
- Across the different city boosts, those in Boston (84%) and Houston (83%) are much more likely to say that they would benefit from trying harder to stay fit. Residents of Boston are also significantly more likely to report being unsatisfied with their current weight (61% vs. 48% Houston, 51% Los Angeles, 52% Miami, and 49% New York) and discontent with how they look (52% vs. 43% Atlanta, 45% Houston, 41% Los Angeles, 39% Miami, 43% New York and 44% Phoenix).

Looking at respondents' BMI scores, one third of adults fall within the normal range (33%). Only a few (2%) are classified as being underweight, while 30% are considered overweight and 35% are classified as being obese.

- Though a greater proportion of women have a 'normal' BMI score (58% vs. 42% of men), women are also much more likely to fall into the obese category (54% vs. 46%). More men, in their turn, are overweight (57% vs. 43% of women).
- Those under the age of 35 are least likely to be considered overweight or obese, with a greater proportion falling into the normal range (38%), though adults over the age of 55 do not fall too far behind (33% vs. 29% of middle aged adults).
- Adults living in Los Angeles (43%) and San Francisco (46%) are especially likely to fall into the normal BMI range.
- More than a third of those living in Atlanta (36%), Houston (36%), Phoenix (33%), and Boston (33%) are considered obese which is much higher than those living in Los Angeles (23%), New York (26%), San Francisco (24%), and DC (29%).

Given the widespread discontent with weight/body image, it is no surprise that most adults surveyed have dieted in the past (66%), with another two in five (38%) currently on a diet or taking steps to lose weight/maintain their ideal weight. Dieting, both in the past and presently, is much more common among women, those who are obese, and those who say they want to lose weight. Across cities,

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those from Boston (79%), Houston (75%), Los Angeles (74%), and DC (73%) are especially likely to have been on a diet in the past, while the proportion of those currently on a diet is particularly high among those living in Miami (51%) and DC (45%).

Though more than six in ten (63%) agree that they have the willpower to eat the way they think they should, 40% admit that they have struggled with yo-yo dieting in the past, losing weight only to regain it once off a diet.

- Whereas men are more likely to agree they have the willpower to eat the way they think they should (69% vs. 58% of women), women are more likely to admit they have struggled with yo-yo dieting in the past (48% vs. 32% of men).
- Those with a college degree (68% vs. 59% of those with no college degree) and those within the normal BMI range (73% vs. 50% of those who are obese) are also more likely to claim to have the willpower needed to eat right. Willpower is also particularly high in Houston (71%), Los Angeles (74%), and Phoenix (71%) – especially compared to those from Boston (54%) who say they have the willpower to eat the way they think they should.

Even though most adults surveyed have dieted in the past, six in ten (60%) believe that most diet plans ultimately fail and similar proportions say that life is too short to always be watching what you eat (60%). Three in ten (31%) also feel that diets are about suffering and self-deprivation.

Thinking about different weight loss or weight management resources, personal trainers/fitness instructors are seen to be most effective at helping people lose or manage weight, as selected by more than two in five (44%). Dieticians (33%), family members (33%), and primary care doctors (30%) are rated as being most effective at helping people lose/manage weight by roughly a third, while one in four say the same thing of weight loss support groups (27%) and friends (26%). Other resources such as health food store/vitamin shop staff (5%), alternative practitioners (2%), celebrities/product spokespersons (1%) and pharmacists (1%) are rated as being most effective by fewer, while one in ten believe that none of these are most effective (13%).

- Primary care doctors are especially likely to be seen as effective in helping people lose or manage weight by men (35% vs. 26% of women) and those over the age of 55 (36% vs. 24% of those age 18-34).
- Those living in Houston (35%), Miami (35%), Phoenix (35%), and DC (35%) mirror this trend (vs. 26% of those in San Francisco) with a greater proportion of residents from these areas selecting doctors as among the best resources to help people with weight issues.

Family members (27%) and friends (24%) – though not necessarily top of mind when it comes to being most effective at helping people lose weight – are most likely to have been personally used by respondents seeking help with weight loss or weight management in the past. Primary care physicians round out the top three, with 21% saying that they have turned to their doctor for weight loss/weight management advice. More than one in ten have sought out a personal trainer (16%), dietician (12%), or weight loss support group (11%) for their weight loss needs, while other mentions fall below this threshold. Two in five (39%), however, say that they have not used/consulted any of these for weight loss advice – particularly men (43% vs. 36% of women), older adults (47% of those age 55+ vs. 32% of those under the age of 35), those with no children (43% vs. 31% of those with kids at home), and those with a BMI that is in the normal range (55% vs. 26% of those who are obese and 29% of those who are underweight).

- Compared to those in the normal BMI range, obese adults are significantly more likely to say that they have used/consulted most of the resources listed.
- Friends and family are especially likely to have been consulted for weight loss matters by women, young adults, and those with children living at home. Those from Boston and DC, and to some extent residents of Phoenix and Houston, are also more likely than those in other boost cities to report turning to their friends/family for weight loss advice.

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- Primary care doctors rank first in Miami, where 26% of residents say that they have consulted their doctor for help with weight loss – ahead of friends (24%), personal trainers or fitness instructors (23%), and family (20%). An even greater proportion of adults living in Boston (29%) and Houston (27%) say that they have turned to their doctor for this, though physicians fall behind family and friends in both markets.

Weight Loss/Weight Management Motivations and Barriers

Whereas a majority of Americans claim to be most often motivated to diet and exercise out of concern for their long-term health (65%), more than a third say instead that they are most often motivated by wanting to look their best (35%). Dieting to look good is especially common among young (45% of those age 18-34) and middle-aged adults (39% of those age 35-54 vs. 23% of those over 55), those who are not married (40% vs. 31% of those who are married), and those with a BMI score in the normal (43%) to overweight range (38% vs. 25% of those who are considered obese).

- Those in Chicago (40%), New York (38%) and Houston (39%) are also more likely to say they diet mostly to look good – especially when compared to those in Atlanta and San Francisco who say the same (32%, each).

Both health and appearance play significant roles in encouraging people to get fit. Wanting to have healthier levels of energy and mental acuity (91%) is most likely to influence Americans to lose or manage their weight - though another nine in ten say that hearing from a doctor that they have a serious health risk (90%) or feeling their clothes fit too tight (89%) would also have a great deal/major/some influence on their motivation to lose/manage their weight.

Eight in ten (83%) say hearing that they need to lose weight from a doctor would have a great deal/major/some influence on them to lose or manage their weight – on par with those who say the same thing of being motivated by wanting to appear physically attractive to their spouse or romantic interest (83%), seeing unflattering photos or mirror images of themselves (82%), and wanting to achieve personal success or standards (81%).

Experiencing or anticipating a major milestone (e.g., wedding, reunion) is not as likely to motivate adults to lose weight, though 69% nevertheless say that this would influence them at least somewhat. Just over half (52%) say that competition with peers of the same gender to stay fit is also a motivating factor for them.

- Those under the age of 55 and higher income earners are significantly more likely to be motivated by many of the items listed compared to older adults and those earning less than \$50,000 annually.
- Those who are classified as being overweight are much more likely to be motivated to lose weight when feeling their clothes fitting too tight (94% vs. 84% of those with a normal BMI), seeing unflattering pictures or themselves (86% vs. 75%), and wanting to achieve personal success (84% vs. 75%).

Thinking about factors which can make losing/maintaining weight more difficult, lack of motivation to stick with a diet or exercise plan (58%) and lack of willpower to resist food temptations (55%) are most likely to make losing/maintaining weight more difficult for Americans. The cost of eating healthy (48%) acts as a weight loss barrier for nearly half, while roughly a third say that not knowing which foods to eat/avoid (36%), bad genetics (35%), and lack of support from others (32%) make it more difficult for them to achieve their weight loss goals. For three in ten, being embarrassed by their weight also makes it more difficult to lose or maintain an ideal weight (29%).

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- Lack of motivation and lack of willpower are especially problematic for women, those who are obese, and residents of DC, Phoenix, and Atlanta when trying to lose weight.
- The cost of eating healthy is more likely to make losing/maintaining weight difficult for women (53%), adults under the age of 35 (58%), lower income earners (56%), those with children living at home (56%), those with no college degree (52%), and those who are considered obese (57%). In Atlanta (53%) and Phoenix (52%), the cost of eating healthy is also much more likely to be a barrier (this figure drops to 38% among residents of San Francisco).

Physician Involvement with Patient Weight Loss

A third of Americans say that they have been told they need to lose weight by their doctor (33%) – though this increases to at least two in five among middle aged adults (39%), Bostonians (47%), Houstonians (44%), and Phoenix residents (42%). Just under one in five (18%) have also been given specific diet plans or recommendations from their doctor and one in ten have been given specific exercise plans (13%).

- Those who are obese are considerably more likely to have been told they need to lose weight by their doctor (64%) and to have been given specific diet (26%) and/or exercise plans (19%). Having a physician recommend a specific diet and/or exercise plan is also more common across the 10 boost cities compared to the national average, except for in New York where results fall in line with national findings.

One in five (20%) have asked their doctor for specific help or advice on how to lose weight - though nearly as many are not comfortable talking about their weight with their primary care doctor (17%). More than one in ten (13%) have even put off or considered delaying a doctor's appointment until they had lost weight.

- Obese adults continue to stand out, with greater proportions saying that they have asked their doctor for help/advice (30% vs. 11% of adults in the normal BMI range), yet are uncomfortable talking about their weight with their doctor (22% vs. 9%). One in four obese adults have put off a doctor's appointment until they've lost weight (23% vs. 4%).
- Asking their physician for weight loss help/advice is especially prominent in Houston (31%) and Miami (30%), and more than one in four say the same thing in Boston (27%), Chicago (27%), Phoenix (27%), and Atlanta (26%).
- Those in Atlanta (20%), Chicago (21%), Houston (20%), Phoenix (20%) and San Francisco (22%) are also among the most likely to say that they are uncomfortable discussing their weight with their physician. Yet when it comes to intentionally delaying a doctor's appointment for weight reasons, those in Boston (22%) and San Francisco (18%) are especially likely to agree.

While a third (33%) report that their primary care doctor has shown s/he has the knowledge and tools to help them lose weight, nearly half (49%) disagree and another 18% don't know. Those in Houston (40%) and Miami (42%) are most likely to say their doctors have shown them they have the knowledge/tools to help them lose weight. Those in New York (27%) are least likely to feel this way.

Among those who received recommendations/specific plans from their doctor, 94% who were told to lose weight agreed with their doctor, with half saying that they are still following this advice (50%). However, another 39% are no longer following this advice, including one in five who stopped because it was too hard (20%) and one in ten who changed to a different plan (10%). One in ten stopped following the advice to lose weight as they achieved their goal (9%).

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Most adults who were given a specific diet plan/exercise regimen also agreed with their doctors' recommendations (75% and 86%, respectively).

- Among those who were given a specific diet plan, less than half are still following this advice (44%). The other 51% have stopped following this advice, including 18% who stopped because it was too hard and one in ten who changed to a different plan (11%). However, one in five stopped following their doctor's recommended diet plan as they achieved their goal (22%).
- Most adults who were given a specific exercise regimen are still following this advice (58%), compared to 17% who stopped because it was too hard and one in ten who stopped to change to a different plan (9%). Another one in ten stopped following their doctor's recommended exercise plan as they achieved their goal (10%).

Lifestyle Habits and Specific Diets/Meal Plans

Thinking about lifestyle changes people can make to lose/maintain their weight, Americans are most willing to exercise more (54%, ranked 1,2) or avoid drinking alcohol (48%) for weight loss/weight management reasons, while at least a third would be most willing to limit the number of calories they eat (38%) or avoid eating sugar (35%). Americans are least likely to be willing to eliminate certain foods they like to eat (26%).

- Whereas men are especially likely to avoid sugar (39% vs. 31% of women) or eliminate certain foods altogether (31% vs. 21%), women are much more likely to say that they would be willing to give up alcohol in order to lose weight/maintain their weight (56% vs. 40% of men).
- Overweight adults are more likely to say that they would be willing to avoid eating sugar (41%) and exercise more (55%) compared to those who are obese (32% and 45%, respectively).

When it comes to specific diets/meal plans that Americans have tried, low-fat/low-calorie diets (33%) and/or high-protein/low-carb diets (32%) are most common. Roughly one in ten have also tried intermittent fasting (12%), plant-based/vegan diets (9%), ketogenic diets (8%), paleo diets (7%), and/or the Mediterranean diet (7%). Other diets are mentioned by fewer, while one in ten (10%) say that they do not believe in dieting, and three in ten say that they have never tried any of these (29%).

- Those most likely to say that they have never tried any of these include older respondents (34% of adults age 55+), the less affluent (34%), those with no children living at home (32%), and those who are in the normal BMI range (37%). Adults living in Chicago are also significantly more likely to say that they have never tried any of these (36%).

High-protein/low-carb diets (36%) and low-fat/low-calorie diets (34%) are also top ranked when it comes being most effective for weight loss or weight management. More than one in ten believe instead that plant-based/vegan diets (16%), the Mediterranean diet (15%), Ketogenic diets (12%) and intermittent fasting (10%) are best for weight loss or weight management. Other mentions fall below this threshold.

Low-fat/low-calorie diets (33%) continue to take the lead when it comes to being best for long term health, with high-protein/low-carb diets (28%) and the Mediterranean diet (20%) rounding out the top three. One in five also see plant-based/vegan diets as being most effective when thinking about long-term health (19%), while one in ten believe that a paleo diet (10%) or low-glycemic diet (8%) would be best for ensuring long term health. Other mentions are brought up by fewer, while 15% do not think any of these are best for long term health.

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America's Fat IQ

The MDVIP survey included a series of questions asked to gain insight into how well Americans know and understand dietary facts. Grades were assigned based on the number of correct answers each respondent scored on the quiz. Though 85% agree that they have the knowledge to eat the way they think they should, very few (2%) received an 'A' or 'B' grade (80% or higher), while one in ten scored a 'C' (10%) and 32% obtained a 'D' grade – leaving more than half (56%) with a failing grade. The average quiz score was 53% - or 13.3 correct answers out of a possible 25.

- Compared to their demographic counterparts, those with a significantly higher average Fat IQ score include the more affluent (13.7 vs. 12.4 for those earning less than \$50,000), those with a college degree (14 vs. 12.6 for those with no degree), married adults (13.6 vs. 12.9 for those who are not married), and those who want to lose weight (13.6 vs. 11.2 for those who are currently at their ideal weight).
- Interestingly, Fat IQ scores increase with BMI scores, with those who are underweight obtaining the lowest score (12.2) and those who are obese obtaining the highest score (13.7). Those in the normal range (13) and those who are overweight (13.1) fall in the middle.
- Though no major differences emerge across the boost cities, those in DC (13.9), Phoenix (13.8), Boston (13.8), Chicago (13.6) and San Francisco (13.6) obtain the highest scores, ahead on the national average. Residents of Miami (13.1), New York (13), Los Angeles (13), Atlanta (12.9) and Houston (12.6) have Fat IQ scores that fall below the national average.

Weight Loss Questions

When it comes to weight loss, most (72%) correctly believe that crash diets can cause you to lose muscle, which in turn slows your metabolism and makes it more difficult to lose weight long term – versus only 8% who think this is false and one in five (20%) who don't know. Another two thirds (66%) correctly believe that you can lose weight with diet alone, but without exercise you're also stripping away muscle and bone density (vs. 15% false and 19% don't know). Half (51%) are correct in saying that you can change your body's basal metabolic rate (vs. 16% false and 33% don't know).

Results are mixed when it comes to other weight loss facts, including 39% who mistakenly believe that strength training can make it harder to lose weight because it adds muscle – versus 43% who correctly believe this to be false (and another 18% don't know). Similarly, while 45% believe you can eat foods that are high in calories and fat and still lose weight successfully – which is true – sizeable proportions (36%) incorrectly say this is false, while one in five (19%) don't know.

50% of those surveyed believe that to lose 1 pound of weight, you generally need to burn off 2,500 more calories than you take in, which is incorrect. Only 14% correctly claim that this is false, while more than a third don't know (35%).

Body Fat Questions

The quiz also features a series of true or false questions surrounding body fat. Most Americans understand the purpose of body mass index (BMI) measures, with 88% correctly identify BMI as a screening tool to determine if you are underweight, overweight, obese or a healthy weight for your height. Very few (3%) believe this is false and 10% don't know.

Nearly three quarters correctly believe that being overweight can increase the risk for developing arthritis (72% vs. 10% who believe this is false and 18% who don't know). More than half also correctly acknowledge that there are different types of body fat that have different colors and health functions (57% vs. 10% who believe this is false and 33% who don't know), and that fat is a major source of energy in the body (57% vs. 24% who believe this is false and 18% who don't know).

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One in two say that it is not true that body fat concentrated around the hips and thighs is linked to more health problems than body fat concentrated around the stomach (50%) which is correct – compared to 23% who incorrectly believe this is true and a quarter who don't know (26%). Beliefs are split when it comes to thinking that having too little body fat is better than having too much body fat, with 41% correctly identifying this as being false, versus 35% who think this is true (and another 24% who don't know).

When asked how much weight a person would gain if they ate an extra 100-calorie cookie in addition to their regular calorie intake every day for a year (assuming their calorie intake and activity level remain consistent), three in ten correctly say that this person would gain 10 pounds (31%). The remaining seven in ten guess incorrectly, with 38% saying this would lead to a 5 pound weight gain and 32% who believe this would cause someone to gain 15 pounds or more.

Dietary Fat Questions

Nearly eight in ten Americans correctly believe that you can gain weight even if your diet has little dietary fat in it (77%) – compared to only 7% who think this is false and one in five (17%) who don't know. Similar proportions are correct in believing that fats can have different effects on your cholesterol levels with some fats increasing cholesterol and others decreasing it (80% vs. 6% who mistakenly think this is false and 14% who don't know). Two thirds (64%) also don't believe that how much fat you eat is more important than the type of fat you consume, though 20% incorrectly believe this to be true (and another 16% don't know).

Nearly half (47%) are aware that trans fats, also known as trans fatty acids, lower your “good” (HDL) cholesterol – though more than a quarter do not believe this to be true (27%) or say that they don't know (27%). Fewer claim to know whether or not one's diet should focus more on eating saturated fats in place of monounsaturated and polyunsaturated fats, with 38% correctly identifying this statement as being false, versus 28% who think this is true. Another 35%, however, say they don't know.

Only 21% of Americans accurately believe that all fats, regardless of the type, have the same number of calories per gram – versus a majority (56%) who mistakenly believe this to be false and a quarter who don't know (23%).

Caloric Knowledge

The study's quiz portion also featured a series of food pairs and asked respondents to select which item they believe has more calories. Americans perform rather well here, with most correctly identifying one cup of orange juice as containing more calories than one cup of skim milk (69% and 21%, respectively), a medium sized fry as containing more calories than two scoops of chocolate ice cream (61% and 21%, respectively), and 20 pretzels as containing more calories than 12 almonds (60% vs. 30%). More than half also correctly identify 2oz of chicken as having more calories than 2oz of salmon (56% and 30%, respectively).

Results are mixed when comparing avocados and bananas, with fewer correctly identifying ½ an avocado (47%) as containing more calories than a large banana (41%). Americans are least likely to know which has more calories when it comes to olive oil versus butter, with 69% incorrectly saying that 1 tbsp. of butter has more calories than 1tbls. of olive oil, when in fact the opposite is true (19%).

About the Study

These are the findings from an Ipsos poll conducted May 29 – June 1, 2018 on behalf of MDVIP. For the survey, a sample of 1,003 adults ages 18 and over from the continental U.S., Alaska and Hawaii was interviewed online, in English. A boost sample made up of

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adults living in the following ten cities (as per CBSA definitions provided by the Census Bureau) was also interviewed (roughly 300 interviews completed in each of the following): Atlanta, Boston, Chicago, Houston, Los Angeles, Miami, New York, Phoenix, San Francisco, and Washington. The precision of Ipsos online polls is measured using a credibility interval. In this case, the poll has a credibility interval of ± 3.5 percentage points for all respondents surveyed, and ± 6.5 percentage points for respondents in each city.

The sample for this study was randomly drawn from Ipsos's online panel (see link below for more info on "Access Panels and Recruitment"), partner online panel sources, and "river" sampling (see link below for more info on the Ipsos "Ampario Overview" sample method) and does not rely on a population frame in the traditional sense. Ipsos uses fixed sample targets, unique to each study, in drawing sample. After a sample has been obtained from the Ipsos panel, Ipsos calibrates respondent characteristics to be representative of the U.S. Population using standard procedures such as raking-ratio adjustments. The source of these population targets is U.S. Census 2016 American Community Survey data. The sample drawn for this study reflects fixed sample targets on demographics. Post-hoc weights were made to the population characteristics on gender, age, region, race/ethnicity and income.

Statistical margins of error are not applicable to online nonprobability sampling polls. All sample surveys and polls may be subject to other sources of error, including, but not limited to coverage error and measurement error. Where figures do not sum to 100, this is due to the effects of rounding. Ipsos calculates a design effect (DEFF) for each study based on the variation of the weights, following the formula of Kish (1965). This study had a credibility interval adjusted for design effect of the following ($n=1,003$, $DEFF=1.5$, adjusted Confidence Interval=5.0 for all respondents surveyed and $n=300$, $DEFF=1.5$, adjusted Confidence Interval=8.0).

For more information about conducting research intended for public release or Ipsos' online polling methodology, please visit our [Public Opinion Polling and Communication](#) page where you can download our brochure, see our public release protocol, or contact us.

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