

--	--	--	--	--	--	--	--	--	--

Please answer the questions by putting a cross in the appropriate box (or boxes) using a black pen. If you make a mistake please completely fill the box to show the mistake and then cross the correct answer. Alternatively you can complete the questionnaire online as detailed in the cover letter.

What is your Personal Handset Letter? A B C D E F G H

YOUR HOLIDAYS AND TRAVEL

1 In the past year, how many holidays consisting of 2 or more nights away from home have you taken? (Please place one cross on each line across)

	None	1	2	3 or more
<u>Inside</u> the UK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Outside</u> the UK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 In the past year, what types of holiday have you taken, either inside or outside the UK? (Please cross all that apply)

Beach/coast	<input type="checkbox"/>	City	<input type="checkbox"/>	Country/rural	<input type="checkbox"/>
Backpacking/travelling	<input type="checkbox"/>	Skiing/Snowboarding	<input type="checkbox"/>	Camping/caravanning	<input type="checkbox"/>
Cruise	<input type="checkbox"/>	Visiting friends or family	<input type="checkbox"/>	Other	<input type="checkbox"/>

3 In the past year, if you have taken a holiday outside the UK, which destinations have you visited? (Please cross all that apply)

Europe	<input type="checkbox"/>	North America	<input type="checkbox"/>	South America	<input type="checkbox"/>
Middle East	<input type="checkbox"/>	Africa	<input type="checkbox"/>	Australia/New Zealand	<input type="checkbox"/>
Asia	<input type="checkbox"/>	Other	<input type="checkbox"/>		

4 In the past year, if you have taken a holiday outside the UK how did you book it/them? (Please cross all that apply)

Online In a travel agent or shop By phone Other

5 How many return trips have you made by air in the last year, both within the UK and abroad?

	None	1	2	3 or more
Personal/holiday trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR INTERESTS AND SPARE TIME ACTIVITIES

6 Which of the following subjects are you particularly interested in? (Please cross all that apply)

Watching sport	<input type="checkbox"/>	Foreign travel	<input type="checkbox"/>	Watching TV	<input type="checkbox"/>	Fitness and exercise	<input type="checkbox"/>
Playing sport	<input type="checkbox"/>	Politics	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Computing/ Computers	<input type="checkbox"/>
The Arts	<input type="checkbox"/>	Animals/Pets	<input type="checkbox"/>	DIY	<input type="checkbox"/>	Gaming	<input type="checkbox"/>
Property	<input type="checkbox"/>	Environment	<input type="checkbox"/>	Music	<input type="checkbox"/>	Going to live music events	<input type="checkbox"/>
Cars	<input type="checkbox"/>	Reading	<input type="checkbox"/>	Classical music	<input type="checkbox"/>	Going to museums/exhibitions	<input type="checkbox"/>
Personal Finance	<input type="checkbox"/>	Cinema/Films	<input type="checkbox"/>	Cooking/Food	<input type="checkbox"/>	Beauty/personal appearance	<input type="checkbox"/>
Business news	<input type="checkbox"/>	Fashion/Style	<input type="checkbox"/>	Healthy eating	<input type="checkbox"/>	New technology	<input type="checkbox"/>

7 How often do you do the following these days? (Please place one cross on each line across)

	3+ times a week	Once or twice a week	Once or twice a month	A few times a year	Not in past year
Go to a gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run or jog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to a live sports event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to a live music event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit art galleries or the theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Order takeaways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8 How much do you agree or disagree with each of the following statements?
(Please place one cross on each line across)**

	Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree strongly
Watching TV is my main leisure activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whilst watching TV, I search on the internet for products advertised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I watch programmes my friends or colleagues talk about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often talk about things I've seen on TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like social networking while watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always make sure I have the latest TV technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I structure my evening's activity around the TV schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy discussing my favourite programmes online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I love to try new products and brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to buy products from companies that give something back to society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am prepared to pay extra for a better quality of brand or service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I check the nutritional content of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I look for the lowest possible prices when I go shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to keep up with developments in technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm always looking for new ideas to improve my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often buy things on impulse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to be surrounded by different people, cultures, ideas and lifestyles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot about money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9 How much have you personally spent in the past year on each of the following?
(Please place one cross on each line across)**

	Nothing	Up to £50	£50 to £149	£150 to £499	£500 or over
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beauty or grooming products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-I-Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buying or renting movies (DVDs/Blu-Ray/downloads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buying music of any type (CDs, downloads, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Games for PCs or games consoles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apps or games for mobiles/tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lottery tickets or scratch cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 How often do you do the following these days? (Please place one cross on each line across)

	3 or more times a week	Once or twice a week	Once or twice a month	A few times a year	Not in past year / Never
Drink soft fizzy drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink bottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink lager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink cider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink other beer (bitter, stout etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink spirits /liqueurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink pre-mixed alcoholic drinks (e.g. Smirnoff Ice, WKD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit pubs, wine bars or licensed clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink alcohol at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place a bet (in a betting shop, online or through an app)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR CARS

11 How many cars are there in your household (including company cars)?

None 1 2 3 or more

12 Are you the main driver of a car?

Yes ...go to **13a** No ...go to **14**

If you are the main driver of more than 1 car then please answer questions **13a** to **13g** for the car you drive most often.

- +
- 13a** Was this car bought new or used/second-hand? New Used
- 13b** Did you have a major say in choosing the car's make and model? Yes No
- 13c** Is it hybrid or electric powered? Yes No
- 13d** Is it leased/provided by your company or employer? Yes No
- 13e** What type of car is it?
- Small City car (e.g. Aygo, Ka, Smart) Small family car (e.g. Focus, Astra, Golf) Luxury car (e.g. BMW 5 series, Audi A6)
- Mini/super mini (e.g. Corsa, Fiesta) Large family car (e.g. Mondeo, Passat) 4x4/off road (e.g. Land Rover, Range Rover)
- Sports car (e.g. Audi TT, BMW Z4) MPV/people carrier (e.g. Zafira, Galaxy) Other type of car

- 13f** How often do you expect to change your car?
- Each year About every 2-3 years About every 4-5 years Less often
- 13g** Do you belong to a breakdown service? Yes No

SHOPPING AND YOUR HOME

- 14** Which of the following pets do you or your family have at home? (Please cross all that apply).
- Dog Cat Any other pet No pets
- 15** How much of your household's supermarket and grocery shopping do you do? (Please cross one only)
- All or almost all Half or more Less than half Little or none
- 16** Which of the following supermarkets/food shops do you use to do your grocery shopping? (Please cross one only for 'Most Often' and please cross all that apply for 'Other'. For all shops used, please indicate whether you shop in store or online by placing a cross in either or both of these boxes.)
- | | Most Often
(One only) | Other
(All that apply) | In Store | Online |
|------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| Aldi | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asda | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Co-operative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Iceland | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lidl | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marks and Spencer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Morrisons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sainsburys | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tesco | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Waitrose | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ocado | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Local independent shop | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Farmers shop/market | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

WORK

- 17** Which of the following best describes your current working status? (Please cross one only)
- Working as an employee Running your own, or a family, business Self-employed or freelance
- Studying/in full-time education Not currently working Permanently retired
- 18** In the past year, how much have you spent, or authorised to be spent, on behalf of your business or the organisation that employs you? (Please cross one only)
- Nil Up to £20,000 More than £20,000

YOUR NEWSPAPER AND MAGAZINE READING

- 19** Which of these daily newspapers or newspaper websites did you read or look at yesterday? Include print, online and app versions. (If you are answering on a Monday, please reply for Saturday) (Please cross all that apply)
- The Sun Daily Express Financial Times Daily Record
- Daily Mirror The Independent Daily Mail Local paid for paper
- Daily Star The Times Metro Local free paper
- i The Daily Telegraph The Guardian Any other daily paper
- Any evening paper

20 Which of these Sunday newspapers or newspaper websites have you read or looked at in the past seven days? Include print, online and app versions. (Please cross all that apply)

The Sun on Sunday	<input type="checkbox"/>	Sunday Express	<input type="checkbox"/>	The Observer	<input type="checkbox"/>	Independent on Sunday	<input type="checkbox"/>
Sunday Mirror	<input type="checkbox"/>	The People	<input type="checkbox"/>	Sunday Times	<input type="checkbox"/>	Local Sunday paper	<input type="checkbox"/>
Daily Star Sunday	<input type="checkbox"/>	Mail on Sunday	<input type="checkbox"/>	Sunday Telegraph	<input type="checkbox"/>	Any other Sunday paper	<input type="checkbox"/>

21 Which of these weekly publications have you read or looked at in the past seven days? Include print, online and app versions. (Please cross all that apply)

What's on TV	<input type="checkbox"/>	Radio Times	<input type="checkbox"/>	TV Choice	<input type="checkbox"/>	TV & Satellite Week	<input type="checkbox"/>
TV Times	<input type="checkbox"/>	Total TV Guide	<input type="checkbox"/>				

22 In which ways do you read newspapers and magazines? (Please cross all that apply)

A printed copy On the website Via a tablet or phone app

YOUR RADIO LISTENING

23 In the last seven days, have you listened to any of the following? (Please cross all that apply)

BBC Radio 1	<input type="checkbox"/>	BBC Radio 1Xtra	<input type="checkbox"/>	Absolute Radio	<input type="checkbox"/>	Kiss	<input type="checkbox"/>
BBC Radio 2	<input type="checkbox"/>	BBC Asian Network	<input type="checkbox"/>	Capital	<input type="checkbox"/>	LBC	<input type="checkbox"/>
BBC Radio 3	<input type="checkbox"/>	BBC World Service	<input type="checkbox"/>	Classic FM	<input type="checkbox"/>	Magic	<input type="checkbox"/>
BBC Radio 4	<input type="checkbox"/>	BBC Radio Scotland	<input type="checkbox"/>	Gold	<input type="checkbox"/>	Smooth	<input type="checkbox"/>
BBC Radio 5 Live	<input type="checkbox"/>	BBC Radio Ulster	<input type="checkbox"/>	Heart	<input type="checkbox"/>	talkSPORT	<input type="checkbox"/>
BBC Radio 5 Live Sports Extra	<input type="checkbox"/>	BBC Radio Wales	<input type="checkbox"/>	Kerrang	<input type="checkbox"/>	XFM	<input type="checkbox"/>
BBC Radio 6 Music	<input type="checkbox"/>	BBC Radio Cymru	<input type="checkbox"/>				
BBC Radio 4 Extra	<input type="checkbox"/>	Any other BBC local or regional radio station	<input type="checkbox"/>			Any local commercial radio station	<input type="checkbox"/>

YOUR COMPUTERS, COMMUNICATIONS AND TV

24 How do you find out about what is on TV? (Please cross all that apply)

EPG/TV set guide	<input type="checkbox"/>	Newspaper listings or TV supplement	<input type="checkbox"/>	TV listings magazine	<input type="checkbox"/>	Online	<input type="checkbox"/>
From friends	<input type="checkbox"/>	Social networking	<input type="checkbox"/>	Trailers (on TV)	<input type="checkbox"/>	Advertising (not on TV)	<input type="checkbox"/>

25 How often do you use the internet? Please include at home, at work or elsewhere. (Please place one cross on each line across)

	Several times a day	Daily	At least once a week	Less than once a week	Not in past year
At home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26 How often do you do the following? (Please place one cross on each line across)

	Daily	Weekly	Monthly	Rarely	Not in past year
Use broadcaster TV catch-up services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use paid-for video services such as Netflix, Amazon Prime, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read or browse social networks such as Facebook, Twitter, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post comments on social networks such as Facebook, Twitter, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27 How often do you use the following? (Please place one cross on each line across)

	Daily	Weekly	Monthly	Rarely	Not in past year
Computer or laptop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone (e.g. iPhone, Samsung Galaxy, HTC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet (e.g. iPad, Samsung Galaxy Tab, Kindle Fire, Nexus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eReader (e.g. Kindle, Kobo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MP3/MP4 player (e.g. iPod)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Games Console (e.g. PS4, Xbox, Wii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handheld games console (e.g. Nintendo DS, PSP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU!