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Please answer the questions by putting a cross **X** in the appropriate 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
Inside the UK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside the UK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Beach/coast         | <input type="checkbox"/> City                       | <input type="checkbox"/> Country/rural          | <input type="checkbox"/> Cruise               |
| <input type="checkbox"/> Camping/caravanning | <input type="checkbox"/> Holiday park               | <input type="checkbox"/> Backpacking/travelling | <input type="checkbox"/> Off the beaten track |
| <input type="checkbox"/> Skiing/snow         | <input type="checkbox"/> Visiting friends or family | <input type="checkbox"/> Other                  |   |

**4** How many return trips have you made by air in the last year? (Please place one cross on each line across)

	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

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

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Sport         | <input type="checkbox"/> Politics/current affairs | <input type="checkbox"/> Gardening                  | <input type="checkbox"/> DIY                |
| <input type="checkbox"/> Music         | <input type="checkbox"/> Culture/the arts         | <input type="checkbox"/> The environment            | <input type="checkbox"/> Animals or pets    |
| <input type="checkbox"/> Property      | <input type="checkbox"/> Cars                     | <input type="checkbox"/> Reading                    | <input type="checkbox"/> Savings/investment |
| <input type="checkbox"/> Cinema/films  | <input type="checkbox"/> Cooking/food             | <input type="checkbox"/> Healthy eating             | <input type="checkbox"/> New technology     |
| <input type="checkbox"/> Fashion/style | <input type="checkbox"/> Travel/holidays          | <input type="checkbox"/> Personal appearance/beauty |   |

**6** When did you last do the following activities...? (Please place one cross on each line across)

	Today or yesterday	In the past week	In the past month	In the past year	Not in the past year
Go to a gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play sport or go swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go running or jogging	<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"/>
Attend a live sports event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend 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 a museum or art gallery	<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 a takeaway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to a café or coffee shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to a pub, bar or club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place a bet (online or in a betting shop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7** How much do you agree with the following statements...? (Please place one cross on each line across)

	Agree strongly	Agree slightly	Neutral	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"/>
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 make sure I have the latest TV technology	<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 am prepared to pay extra for better quality	<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 like to be surrounded by different people, cultures and lifestyles	<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"/>

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

	Nothing	Up to £50	£50 - £149	£150 - £500	Over £500
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"/>
DIY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Games for games consoles or PCs	<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"/>

### CARS

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

None                       1                       2                       3 or more

**10** Are you the main driver of a car?                       Yes (go to **11**)                       No (go to **12**)

**11** *If you are the main driver of more than one car then please answer questions 11a to 11e for the car you drive most often.*

**11a** Was this car bought new or used?                       New                       Used

**11b** Is it a hybrid or plug-in electric car?                       Yes                       No

**11c** What type of car is it?

<input type="checkbox"/> Small city car, e.g. Aygo, i10, VW Up	<input type="checkbox"/> Supermini, e.g. Fiesta, Ibiza, C3	<input type="checkbox"/> Small Family car, e.g. Astra, Focus, Golf	<input type="checkbox"/> Large family car, e.g. Mondeo, Passat, Insignia
<input type="checkbox"/> Small SUV, e.g. Qashqai, Tiguan, X1	<input type="checkbox"/> Large SUV, e.g. Audi Q7, Peugeot 5008	<input type="checkbox"/> MPV/People carrier, e.g. C4, S-Max, Scenic	<input type="checkbox"/> Luxury car, e.g. A8, S Class, 7 series
<input type="checkbox"/> Sports car, e.g. Audi TT, Mazda MX5	<input type="checkbox"/> Other type of car		

**11d** When do you next expect to change your car? (Please cross one only)

In the next 12 months                       In 1-3 years                       In more than 3 years                       Don't know

**11e** Do you belong to a breakdown service?                       Yes                       No

### WORK

**12** Which of the following best describes your current working status? (Please cross one only)

<input type="checkbox"/> Working as an employee	<input type="checkbox"/> Running your own or a family business	<input type="checkbox"/> Not currently working
<input type="checkbox"/> Self-employed or freelance	<input type="checkbox"/> Studying/in full time education	<input type="checkbox"/> Permanently retired

**13** What is the main way you travel to your workplace? (Please cross one only)

By car                       Bus or coach                       Tube, metro, tram                       Train                       Walking or cycling

**14** 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 £30,000                       More than £30,000

**FOOD, DRINK AND SHOPPING**

**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 do you use to do your food and grocery shopping? (Please cross **one** only for 'Most Often', and **all** that apply for 'Others', and for each shop used indicate whether you shop in store, or online, or both).

	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-op	<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"/>
Ocado	<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"/>
Local independent shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Market or farm shop	<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"/>

**17** When did you last have one of the following drinks? (Please place one cross on each line across)

	Today or yesterday	In the past week	In the past month	In the past year	Not in the past year
Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A soft fizzy drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit juice or smoothie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ale/bitter/stout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirits or liqueurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18** Which of the following pets do you or your family have at home? (Please cross all that apply)

- Dog     
  Cat     
  Any other pet     
  No pet

**YOUR NEWSPAPERS AND MAGAZINES**

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

- A printed copy     
  On the website     
  Via a tablet/mobile app

**20** 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).

- Radio Times     
  Total TV Guide     
  TV Choice     
  TV & Satellite Week  
 TV Times     
  What's on TV

**21** Which of these daily newspapers, websites or apps did you read or look at yesterday? (Please cross all that apply).

- Daily Express     
  Daily Mail     
  Daily Mirror     
  Daily Record  
 Daily Star     
  Daily Telegraph     
  Evening Standard     
  Financial Times  
 The Guardian     
  i     
  Metro     
  The Sun  
 The Times     
  Local free paper     
  Local paid for paper     
  Any other daily paper or news app

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

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

### YOUR RADIO and ONLINE LISTENING

**23** In the last seven days, which of the following have you listened to? Include all listening whether via radio, TV or online. (Please cross all that apply)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Absolute Radio | <input type="checkbox"/> Capital            | <input type="checkbox"/> Classic FM  | <input type="checkbox"/> Gold                    |
| <input type="checkbox"/> Heart          | <input type="checkbox"/> Hits               | <input type="checkbox"/> Kiss  | <input type="checkbox"/> LBC                     |
| <input type="checkbox"/> Magic          | <input type="checkbox"/> Planet Rock        | <input type="checkbox"/> Radio X   | <input type="checkbox"/> Smooth                  |
| <input type="checkbox"/> talkSPORT      | <input type="checkbox"/> Virgin Radio       | <input type="checkbox"/> Any local commercial radio station                            |  |
| <input type="checkbox"/> BBC Radio 1    | <input type="checkbox"/> 1Xtra from the BBC | <input type="checkbox"/> BBC Radio 2   | <input type="checkbox"/> BBC Radio 3             |
| <input type="checkbox"/> BBC Radio 4    | <input type="checkbox"/> BBC Radio 4 Extra  | <input type="checkbox"/> BBC Radio 5 live  | <input type="checkbox"/> BBC 5 live sports extra |
| <input type="checkbox"/> BBC 6 Music    | <input type="checkbox"/> BBC Asian Network  | <input type="checkbox"/> Any BBC local or regional radio station                       |  |
| <input type="checkbox"/> A podcast      | <input type="checkbox"/> An audio book      | <input type="checkbox"/> An online music streaming service (e.g. Spotify, Prime Music) |  |

### TV, ONLINE and COMMUNICATIONS

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

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> 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 media                        | <input type="checkbox"/> Trailers (on TV)     | <input type="checkbox"/> Advertising (not on TV) |

**25** Which of the following devices do you have? (Please cross all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Computer or laptop                                     | <input type="checkbox"/> Tablet (e.g. iPad, Samsung Galaxy Tab, Amazon Fire)                   |
| <input type="checkbox"/> Smartphone (e.g. iPhone, Samsung Galaxy, Google Pixel) | <input type="checkbox"/> Smart speaker (e.g. Amazon Echo, Google Home Speaker)                 |
| <input type="checkbox"/> Games console (e.g. PS4, Xbox One, Nintendo Switch)    | <input type="checkbox"/> Smart watch, fitness tracker (e.g. Apple Watch, Samsung Gear, Fitbit) |

**26** When did you last use the following services...? (Please place an X on each line across)

	Today or yesterday	In the past week	In the past month	In the past year	Not in past year/ never
Broadcaster TV on-demand service (e.g. iPlayer, ITV Hub, All4, Sky Go)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon Prime Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Netflix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Now TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youtube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snapchat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online shopping - for groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online shopping - for clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online shopping - for anything else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A voice-controlled virtual assistant (e.g. Alexa, voice search on remote) - to find programmes on your TV set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A voice-controlled virtual assistant (e.g. Alexa, Cortana, Google Assistant, Siri) - for anything else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU!