

Household Number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Please answer the following questions by putting a cross  in the appropriate box (or boxes) provided or alternatively you can complete it online

What is your Personal Handset Letter?

A  B  C  D  E  F  G  H

## YOUR 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 4                   | 5 or more                |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Inside the UK  | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |

**2a** In the past year, if you have taken a holiday outside the UK, where did you go and how many have you taken?  
(Please place one cross on each line across)

|   | None                     | 1                        | 2                        | 3 or 4                   | 5 or more                |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| In Europe travelling by air                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In Europe travelling by ship/ferry          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In Europe travelling by rail/Channel tunnel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outside of Europe                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**2b** In the past year, what types of holiday have you taken?  
(Please place one cross on each line across)

|                       | None                     | 1                        | 2                        | 3 or 4                   | 5 or more                |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A cruise holiday      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skiing                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| City Break            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Beach/Coastal         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other type of holiday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**2c** In the past year, if you have taken a holiday outside the UK how did you book it/them?  
(Please cross all that apply)

|                  |                          |
|------------------|--------------------------|
| In a shop        | <input type="checkbox"/> |
| On the phone     | <input type="checkbox"/> |
| Via the internet | <input type="checkbox"/> |
| In another way   | <input type="checkbox"/> |

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

|                        | None                     | 1                        | 2                        | 3 or 4                   | 5 or more                |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Personal/holiday trips | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |

## YOUR HOBBIES AND SPARE TIME ACTIVITIES

**4** 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 £99               | £100 to £249             | £250 or over             |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Gardening   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) D-I-Y   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Buying CDs  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Buying DVDs/Blu-Ray   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Downloading music from the internet                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Downloading films from the internet                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Games for PCs   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Games for game consoles                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) National Lottery tickets or scratchcards <u>from a shop</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) National Lottery tickets or scratchcards <u>online</u>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Photography/Cameras   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Clothing  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m) Beauty or grooming products                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n) Healthcare or pharmaceutical products                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**5** And 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     | Less than once a week    | Less than once a month   | 2-3 times a year         | Not in past year         |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Go to the cinema  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Rent DVDs/Blu-Rays                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Stream or view pay per view movies via TV or internet   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Attend the gym  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Go swimming   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Run or jog  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Play sports   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Go cycling  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Go to a live sports event                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Go to a live music event                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Visit pubs, wine bars or licensed clubs (over 18s only) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please only answer question **6** if you are aged 18 or over – if you are under 18, please go to question **7**.

**6** 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     | Less than once a week    | Less than once a month   | 2-3 times a year         | Not in past year         |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Drink soft fizzy drinks              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Drink lager                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Drink cider                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Drink other beer (bitter, stout etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Drink wine                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Drink spirits /liqueurs              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- g) Drink 'pre-mixed' alcoholic drinks (e.g. Smirnoff Ice, WKD, Bacardi Breezer)
- h) Place a bet in a betting shop or by phone
- i) Place a bet online or via an app
- j) Play bingo in a bingo hall or online

**7 Which of the following types of restaurant have you used in the past month, for either 'Eat In' or 'Takeaway/Home Delivery'? (Please cross all that apply)**

|                          | Eat In                   | Takeaway / Home Delivery |
|--------------------------|--------------------------|--------------------------|
| Pizza/pasta restaurant   | <input type="checkbox"/> | <input type="checkbox"/> |
| Hamburger restaurant     | <input type="checkbox"/> | <input type="checkbox"/> |
| Fried chicken restaurant | <input type="checkbox"/> | <input type="checkbox"/> |
| Other type of restaurant | <input type="checkbox"/> | <input type="checkbox"/> |
| Sandwich/snack shop      | <input type="checkbox"/> | <input type="checkbox"/> |
| None                     | <input type="checkbox"/> | <input type="checkbox"/> |

**YOUR CARS**

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

- None  1  2  3 or more

**9 Are you the main driver of a car?**

- Yes  ...go to **10a** No  ...go to **11a**

If you are the main driver of more than 1 car then please answer questions **10a** to **10g** for the car you drive most often.

**10a Did you have a major say in choosing the car's make and model?**

- Yes  No

**10b Was this car bought new or used/second-hand?**

- New  Used/second-hand

**10c What type of car is it?**

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Small city car (e.g. Ka, C1 or Smart car)            | <input type="checkbox"/> | MPV (Multi-purpose vehicle)/<br>People Carrier (e.g. Zafira/Picasso) | <input type="checkbox"/> |
| Mini/super mini (e.g. Fiesta/Micra/Mini)             | <input type="checkbox"/> | Sports car (e.g. Mazda MX-5/BMW Z4)                                  | <input type="checkbox"/> |
| Small family car (e.g. Focus/Astra)                  | <input type="checkbox"/> | 4x4/Off-Road (e.g. Land Rover Discovery)                             | <input type="checkbox"/> |
| Large family car (e.g. Mondeo/Passat)                | <input type="checkbox"/> | Other type of car  | <input type="checkbox"/> |
| Executive & Luxury car (e.g. BMW 5 series/Jaguar XJ) | <input type="checkbox"/> |  |                          |

**10d Is your car a Hybrid or electric powered?**

- Yes  No

**10e Is it a car leased/provided to you by your company or employer?**

- Yes  No

**10f How often do you expect to change your car?**

- Each year  About every 2-3 years  About every 4-5 years  Less often

**10g Do you belong to a breakdown service?**

- Yes  No

## SHOPPING AND YOUR HOME

**11a** 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

**11b** Which is your main day for grocery shopping?  
(Please cross one only)

Monday       Wednesday       Friday       Sunday   
Tuesday       Thursday       Saturday       No fixed day

**11c** 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 visited, please indicate in the adjacent columns whether you purchase goods in store or online by placing a cross in either or both of these boxes.

|                         | Most Often<br>(one only) | Other<br>(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/Somerfield | <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"/> |
| Somerfield              | <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"/> |

**12a** Which of the following do you or your family have at home?  
(Please cross all that apply)

| <u>Pets</u>                             | <u>Household goods</u>                                  |  |
|---|---|--|
| Any dogs <input type="checkbox"/>       | A washing machine <input type="checkbox"/>              |  |
| Any cats <input type="checkbox"/>       | A tumble drier or washer drier <input type="checkbox"/> |  |
| Any other pets <input type="checkbox"/> | A dishwasher <input type="checkbox"/>                   |  |

**12b** Which of the following food do you enjoy or like preparing and eating at home?

|                                  |                                  |  |
|----------------------------------|----------------------------------|--|
| Indian <input type="checkbox"/>  | French <input type="checkbox"/>  |  |
| Chinese <input type="checkbox"/> | Thai <input type="checkbox"/>    |  |
| Italian <input type="checkbox"/> | British <input type="checkbox"/> |  |
| Mexican <input type="checkbox"/> | Other <input type="checkbox"/>   |  |

## YOUR NEWSPAPER AND MAGAZINE READING

**13a** Which of these daily newspapers did you read or look at yesterday? Include both print and online versions.  
(If you are answering on a Monday, please reply for Saturday)  
(Please cross all that apply)

|                                       |  |  |   |
|---------------------------------------|--|--|---|
| The Sun <input type="checkbox"/>      | Daily Express <input type="checkbox"/>       | Financial Times <input type="checkbox"/> | Any evening paper <input type="checkbox"/>    |
| Daily Mirror <input type="checkbox"/> | The Independent <input type="checkbox"/>     | Daily Record <input type="checkbox"/>    | Local paid for paper <input type="checkbox"/> |
| Daily Star <input type="checkbox"/>   | The Times <input type="checkbox"/>           | Metro <input type="checkbox"/>           | Local free paper <input type="checkbox"/>     |
| i <input type="checkbox"/>            | The Daily Telegraph <input type="checkbox"/> |  | None of these <input type="checkbox"/>        |
| Daily Mail <input type="checkbox"/>   | The Guardian <input type="checkbox"/>        |  |   |

**13b Which of these Sunday newspapers have you read or looked at in the past seven days?  
(Please cross all that apply)**

- |                    |                          |                           |                          |                        |                          |
|--------------------|--------------------------|---------------------------|--------------------------|------------------------|--------------------------|
| The Mail on Sunday | <input type="checkbox"/> | The Sunday Times          | <input type="checkbox"/> | The Sunday Post        | <input type="checkbox"/> |
| Sunday Mirror      | <input type="checkbox"/> | Sunday Telegraph          | <input type="checkbox"/> | Local Sunday newspaper | <input type="checkbox"/> |
| The People         | <input type="checkbox"/> | The Observer              | <input type="checkbox"/> | None of these          | <input type="checkbox"/> |
| Daily Star Sunday  | <input type="checkbox"/> | The Independent on Sunday | <input type="checkbox"/> |                        |                          |
| Sunday Express     | <input type="checkbox"/> | Sunday Mail (Scotland)    | <input type="checkbox"/> |                        |                          |

**13c Which of these weekly publications have you read or looked at in the past seven days? Include both print and online versions.  
(Please cross all that apply)**

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

**YOUR RADIO LISTENING**

**14 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 Asian Network      | <input type="checkbox"/> | Any Magic                               | <input type="checkbox"/> |
| BBC Radio 2         | <input type="checkbox"/> | Five Live Sports Extra | <input type="checkbox"/> | Any Real                                | <input type="checkbox"/> |
| BBC Radio 3         | <input type="checkbox"/> | BBC World Service      | <input type="checkbox"/> | Any Smooth                              | <input type="checkbox"/> |
| BBC Radio 4         | <input type="checkbox"/> | Classic FM             | <input type="checkbox"/> | Any XFM                                 | <input type="checkbox"/> |
| BBC Radio Five Live | <input type="checkbox"/> | talkSPORT              | <input type="checkbox"/> | Any Choice                              | <input type="checkbox"/> |
| BBC 6 Music         | <input type="checkbox"/> | Any Absolute Radio     | <input type="checkbox"/> | Any BBC local or regional radio station | <input type="checkbox"/> |
| BBC 4 Extra         | <input type="checkbox"/> | Any Kiss               | <input type="checkbox"/> | Any local commercial radio station      | <input type="checkbox"/> |
| 1Xtra from BBC      | <input type="checkbox"/> | Any Kerrang Radio      | <input type="checkbox"/> | Any other station                       | <input type="checkbox"/> |

**15 Do you ever listen to radio stations...  
(Please cross all that apply)**

- |                     |                          |                            |                          |
|---------------------|--------------------------|----------------------------|--------------------------|
| ...via your TV set  | <input type="checkbox"/> | ...via a DAB digital radio | <input type="checkbox"/> |
| ...via the internet | <input type="checkbox"/> | ...via your mobile phone   | <input type="checkbox"/> |

**YOUR HOME AND MONEY**

**16 Is your home...  
(Please cross one only)**

- |                            |                          |        |                          |
|----------------------------|--------------------------|--------|--------------------------|
| Being bought on a mortgage | <input type="checkbox"/> | Rented | <input type="checkbox"/> |
| Owned outright             | <input type="checkbox"/> | Other  | <input type="checkbox"/> |

**17 How long have you lived in your current home?  
(Please cross one only)**

- Under 1 year     1-4 years     5-9 years     10-19 years     20 years or more

**18 Which of the following cards or methods of payment do you use regularly?  
(Please cross all that apply)**

- |                       |                          |  |                          |        |                          |
|-----------------------|--------------------------|--|--------------------------|--------|--------------------------|
| Debit card            | <input type="checkbox"/> | Store or retailer account card             | <input type="checkbox"/> | Paypal | <input type="checkbox"/> |
| Credit or charge card | <input type="checkbox"/> | Store loyalty card (e.g. Nectar, Clubcard) | <input type="checkbox"/> | Other  | <input type="checkbox"/> |

**19 Which of the following do you have, either personally or jointly?  
(Please cross all that apply)**

- |                           |                          |                      |                          |                    |                          |
|---------------------------|--------------------------|----------------------|--------------------------|--------------------|--------------------------|
| Current account           | <input type="checkbox"/> | Personal loan        | <input type="checkbox"/> | Home Insurance     | <input type="checkbox"/> |
| Savings/ISa               | <input type="checkbox"/> | Private pension plan | <input type="checkbox"/> | Contents Insurance | <input type="checkbox"/> |
| Stocks/shares/unit trusts | <input type="checkbox"/> | None of these        | <input type="checkbox"/> |                    |                          |

If you work full time (30+ hours per week), please answer question **20**, otherwise please go to question **21**.

**20** In the average year, how much do you spend, or authorise to be spent, on behalf of your business/the organisation that employs you?

Nil  £5,000 - £20,000  Over £50,000   
 Less than £5,000  £20,000 - £50,000

### YOUR COMPUTERS AND COMMUNICATIONS

**21** How often do you use the internet? Please include at home, at work or elsewhere.  
 (Please cross one only)

|                        | At home                  | At work                  | Elsewhere                |
|------------------------|--------------------------|--------------------------|--------------------------|
| Several times a day    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Daily                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At least once a week   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At least once a month  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Less than once a month | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**22** How often do you use the internet for each of the following? Please include at homes, at work or elsewhere.  
 (Please place one cross on each line across)

|   | Several times a day      | Daily                    | At least once a week     | At least once a month    | Less than once a month   | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Sending or receiving e-mails               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Instant messaging                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Looking for information/browsing           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Social networking (e.g. Facebook, Twitter) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Playing games                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Downloading music or podcasts              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Watching television programmes             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Watching short video clips                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Watching full length movies                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Upload content for sharing (e.g. photos)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Listening to radio                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Visiting news websites                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m) Buying goods or services online            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n) Online banking                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o) Internet voice calls (VOIP e.g. Skype)     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p) Visiting online comparison sites           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q) Research family links                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r) Online dating                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**23** Which of the following do you have, and if so, how often do you use them?

|                                      | Do not own               | Used Daily               | Used weekly              | Used monthly             | Rarely used              |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| MP3 Player (e.g. iPod)               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Digital Camera                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Games Console (e.g. PS3, xBox 360)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Handheld console (e.g. Nintendo DS)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A Tablet (e.g. iPad, Samsung Galaxy) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Blu-Ray Player                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sat Nav                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Home Cinema                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| eReader (e.g. Kindle)                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## YOUR MOBILE PHONE

**24** How many mobile phones do you personally have?  
(Please exclude mobile phones used for work purposes)

- None  ...go to **27**  
 One  ...go to **25**  
 Two or more  ...go to **25**

If you own two or more mobile phones then please answer questions **25** and **26** for the mobile phone you use most often.

**25** Which of the following best describes how the phone bill is paid?  
(Please cross one only)

- Personal Contract/Pay Monthly  Other   
 Company Contract  Don't know   
 Pay As You Go

**26** How often do you use your mobile phone for each of the following?  
(Please place one cross on each line across)

|  | Several<br>times a<br>day | Daily                    | At least<br>once a<br>week | At least<br>once a<br>month | Less than<br>once a<br>month | Never                    |
|--|---------------------------|--------------------------|----------------------------|-----------------------------|------------------------------|--------------------------|
| a) Phone calls                           | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/> |
| b) Text messaging                        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/> |
| c) Video calls/messaging                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/> |
| e) Taking pictures/video with the camera | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/> |
| f) Picture messaging                     | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/> |
| g) Listening to the radio                | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/> |
| h) Listening to music                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/> |
| i) Accessing the internet                | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/> |
| j) Watching television                   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/> |
| k) Playing games                         | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/> |
| l) Sending and receiving emails          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/> |
| m) Social Networking                     | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/> |
| n) Using apps                            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/> |
| o) Watching short video clips            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/> |

## YOUR GENERAL INTERESTS

**27** 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"/>             | Beauty/personal appearance <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 theatre/<br>museums/exhibitions <input type="checkbox"/> |
| Personal Finance <input type="checkbox"/> | Cinema/Films <input type="checkbox"/>   | Cooking/Food <input type="checkbox"/>    | New technology <input type="checkbox"/>                           |
| Business news <input type="checkbox"/>    | Fashion/Style <input type="checkbox"/>  | Healthy eating <input type="checkbox"/>  |   |

## ABOUT YOU

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

|   | I agree<br>strongly      | I agree<br>slightly      | I neither<br>agree nor<br>disagree | I disagree<br>slightly   | I disagree<br>strongly   |
|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| a) Watching TV is my main leisure activity                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I can usually find something to watch on TV              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| c) 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"/> |
| d) 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"/> |
| e) I watch programmes my friends or colleagues talk about   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| f) The TV schedules are filled with 'mindless' programmes   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| g) I often buy things on impulse                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| h) I like other people to approve of the things I buy       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| i) I know the latest trends before most of my friends       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| j) I love to buy new gadgets and appliances                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| k) I worry a lot about money                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| l) I enjoy the process of researching and choosing things   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| m) I prefer holidays off the beaten track                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| n) I do everything I can to protect the environment         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| o) I try to eat healthier foods these days                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| p) Sport is very important to me                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| q) It's worth paying extra for quality goods                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| r) 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"/> |
| s) I love to try new products and brands                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| t) Prices are the most important feature of a brand         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| u) I enjoy advertising that requires me to interact with it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| v) 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"/> |

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

|                                |                          |                 |                          |                                  |                          |
|--------------------------------|--------------------------|-----------------|--------------------------|----------------------------------|--------------------------|
| TV Listings magazine           | <input type="checkbox"/> | Daily Newspaper | <input type="checkbox"/> | Electronic Programme Guide (EPG) | <input type="checkbox"/> |
| Newspaper weekly TV supplement | <input type="checkbox"/> | Online          | <input type="checkbox"/> | Other                            | <input type="checkbox"/> |

**30** Thinking about all types of advertising – on television, in newspapers and magazines, on-line, on posters, on the radio etc. Which of the following statements best describes how you feel about advertising in general?  
(Please cross one only)

|                                     |                          |                     |                          |
|-------------------------------------|--------------------------|---------------------|--------------------------|
| Very favourable                     | <input type="checkbox"/> | Fairly unfavourable | <input type="checkbox"/> |
| Fairly favourable                   | <input type="checkbox"/> | Very unfavourable   | <input type="checkbox"/> |
| Neither favourable nor unfavourable | <input type="checkbox"/> | Don't know          | <input type="checkbox"/> |

**THANK YOU FOR YOUR CO-OPERATION**

**PLEASE RETURN THIS QUESTIONNAIRE IN THE REPLY PAID ENVELOPE PROVIDED**