

# PAMCo: National Readership Survey

Serial ID:

<<xxxxx>>

<<x>>

**Thank you for taking part!** Any queries? Please call our free helpline using the details on the letter or email us at [PAMCohelp@ipsos-mori.com](mailto:PAMCohelp@ipsos-mori.com)

## BEFORE YOU START - CONSENT

### EVERYONE:

**WE NEED CONSENT TO USE YOUR DATA  
PLEASE TICK THE BOX BELOW**

I confirm that I am aged 15 or over.  
I understand participation in this survey is voluntary.

*Please see the invite letter for more information and for details on obtaining a copy of the privacy notice which explains your rights to access data, withdraw consent and object to processing of your personal data.*

**Surveys returned without consent are NOT valid.**

### IF YOU ARE AGED 15:

**WE ALSO NEED PERMISSION FROM YOUR  
PARENT /GUARDIAN**

I confirm that the person completing this questionnaire is aged 15, that I am their parent or guardian and I give my permission for them to take part in the survey.

Parent/guardian signature \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

**Surveys returned without permission are NOT valid.**

## HOW TO COMPLETE THIS SURVEY

Please complete the questionnaire in full and answer the questions by putting an "X" in the appropriate box . If you make a mistake, just blank out the mistake like this  and carry on.

Please complete in black or blue ink only.

## ABOUT TOPICS OF INTEREST

**QA** Which of these topics do you read or look at in a newspaper or magazine whether in print, on a computer, on a tablet or on a mobile phone? Please cross (x) all that apply.

- |                                                   |                                                              |                                                    |
|---------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> National news            | <input type="checkbox"/> Travel/Holidays                     | <input type="checkbox"/> Golf                      |
| <input type="checkbox"/> International news       | <input type="checkbox"/> Phones/Tablets/Computers/Technology | <input type="checkbox"/> Horse racing              |
| <input type="checkbox"/> Local/Regional news      | <input type="checkbox"/> Gaming                              | <input type="checkbox"/> Horse riding              |
| <input type="checkbox"/> Politics                 | <input type="checkbox"/> Science                             | <input type="checkbox"/> Boxing                    |
| <input type="checkbox"/> Cars/Motoring            | <input type="checkbox"/> Natural world/Geography/Countryside | <input type="checkbox"/> Motor sports              |
| <input type="checkbox"/> Food/Drink               | <input type="checkbox"/> Environment                         | <input type="checkbox"/> Cycling/Mountain biking   |
| <input type="checkbox"/> Home ideas/DIY           | <input type="checkbox"/> Angling                             | <input type="checkbox"/> Rugby League              |
| <input type="checkbox"/> Fashion/Clothes          | <input type="checkbox"/> Craft                               | <input type="checkbox"/> Rugby Union               |
| <input type="checkbox"/> Beauty/Personal grooming | <input type="checkbox"/> Gardening                           | <input type="checkbox"/> Athletics/Running/Jogging |
| <input type="checkbox"/> Film/Video               | <input type="checkbox"/> Health/Fitness                      | <input type="checkbox"/> Swimming                  |
| <input type="checkbox"/> Photography              | <input type="checkbox"/> Baby/Childcare/Parenting            | <input type="checkbox"/> Tennis                    |
| <input type="checkbox"/> Music                    | <input type="checkbox"/> Women's lifestyle                   | <input type="checkbox"/> Yachting/Sailing          |
| <input type="checkbox"/> Arts/Books/Theatre       | <input type="checkbox"/> Celebrity news/Gossip               | <input type="checkbox"/> Hunting/Shooting          |
| <input type="checkbox"/> Personal Finance         | <input type="checkbox"/> TV                                  | <input type="checkbox"/> Other Sports              |
| <input type="checkbox"/> Business/Finance         | <input type="checkbox"/> Football                            |                                                    |
| <input type="checkbox"/> Careers/Jobs             | <input type="checkbox"/> Cricket                             | <input type="checkbox"/> None of these             |



















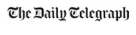







# ABOUT READING OF NEWSPAPERS AND MAGAZINES

Please tell us about the newspapers and magazines you have read or looked at, however briefly, in the past 12 months, **IN PRINT** or **ON SCREEN**. Any reading counts e.g. the separate parts and supplements of printed copies, reading on websites, apps and social media.

Please answer the questions by crossing (x) the appropriate boxes in the grid below.

If you haven't read any on a page in the past 12 months, please cross (x) the box at the bottom right of the page.

## First thinking about DAILY NEWSPAPERS, including both WEEKDAY and SATURDAY issues.

PLEASE INDICATE FROM THE LIST BELOW...		IF 'YES IN PRINT' ANSWER Q2 AND Q3 FOR BOTH WEEKDAY AND SATURDAY EDITIONS...						IF 'YES ON SCREEN' ANSWER Q4...										
Q1		Q2		Q3		Q4												
Which of these have you read or looked at in the past 12 months? CROSS (X) YES 'IN PRINT' AND/OR YES 'ON SCREEN'		Yes, IN PRINT	Yes, ON SCREEN	When did you last read it IN PRINT?	Yesterday	Past 7 days	Past 4 weeks	Past 3 months	Past 4-12 months	Longer ago/Never	How often do you read it IN PRINT?	All or most issues	Quite often (2 out of 4 issues)	Occasionally (1 out of 4 issues)	Less / Never	How often do you look at it ON SCREEN?	At least monthly	Less often
The Sun 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
The Guardian 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
The Scotsman 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
i 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
The Times 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Daily Star 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
The Herald (Scotland) 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Financial Times 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Daily Mail 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
The Daily Telegraph 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Daily Express 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Daily Record 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Daily Mirror 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
















I have **NOT** read any newspapers on this page, in print or on screen, in past 12 months

PLEASE INDICATE FROM THE LIST BELOW...

IF 'YES **IN PRINT**' ANSWER Q2 AND Q3 FOR BOTH WEEKDAY AND SATURDAY EDITIONS...

IF 'YES **ON SCREEN**' ANSWER Q4...

Q1	Yes, <b>IN PRINT</b>	Yes, <b>ON SCREEN</b>	Q2	Q3	Q4
Which of these have you read or looked at in the past 12 months? CROSS (X) YES 'IN PRINT' AND/OR YES 'ON SCREEN'			When did you last read it <b>IN PRINT</b> ?	How often do you read it <b>IN PRINT</b> ?	How often do you look at it <b>ON SCREEN</b> ?
			Yesterday Past 7 days Past 4 weeks Past 3 months Past 4-12 months Longer ago/Never	All or most issues Quite often (2 out of 4 issues) Occasionally (1 out of 4 issues) Less / Never	At least monthly Less often

Evening Standard 	<input type="checkbox"/>	<input type="checkbox"/>	Weekday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	EveningStandard. <input type="checkbox"/> <input type="checkbox"/>
Metro 	<input type="checkbox"/>	<input type="checkbox"/>	Weekday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	 <input type="checkbox"/> <input type="checkbox"/>
Regional 1 	<input type="checkbox"/>	<input type="checkbox"/>	Weekday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Digital Image <input type="checkbox"/> <input type="checkbox"/>
			Saturday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Regional 2 	<input type="checkbox"/>	<input type="checkbox"/>	Weekday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Digital Image <input type="checkbox"/> <input type="checkbox"/>
			Saturday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Regional 3 	<input type="checkbox"/>	<input type="checkbox"/>	Weekday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Digital Image <input type="checkbox"/> <input type="checkbox"/>
			Saturday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Regional 4 	<input type="checkbox"/>	<input type="checkbox"/>	Weekday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Digital Image <input type="checkbox"/> <input type="checkbox"/>
			Saturday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Regional 5 	<input type="checkbox"/>	<input type="checkbox"/>	Weekday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Digital Image <input type="checkbox"/> <input type="checkbox"/>
			Saturday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Regional 6 	<input type="checkbox"/>	<input type="checkbox"/>	Weekday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Digital Image <input type="checkbox"/> <input type="checkbox"/>
			Saturday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Regional 7 	<input type="checkbox"/>	<input type="checkbox"/>	Weekday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Digital Image <input type="checkbox"/> <input type="checkbox"/>
			Saturday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Regional 8 	<input type="checkbox"/>	<input type="checkbox"/>	Weekday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Digital Image <input type="checkbox"/> <input type="checkbox"/>
			Saturday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Regional 9 	<input type="checkbox"/>	<input type="checkbox"/>	Weekday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Digital Image <input type="checkbox"/> <input type="checkbox"/>
			Saturday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Regional 10 	<input type="checkbox"/>	<input type="checkbox"/>	Weekday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Digital Image <input type="checkbox"/> <input type="checkbox"/>
			Saturday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Regional 11 	<input type="checkbox"/>	<input type="checkbox"/>	Weekday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Digital Image <input type="checkbox"/> <input type="checkbox"/>
			Saturday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Regional 12 	<input type="checkbox"/>	<input type="checkbox"/>	Weekday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Digital Image <input type="checkbox"/> <input type="checkbox"/>
			Saturday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

I have **NOT** read any newspapers on this page, in print or on screen, in past 12 months

Now thinking about the **MAGAZINES** you have read or looked at, however briefly, in the past 12 months, **IN PRINT** or **ON SCREEN**.

PLEASE INDICATE FROM THE LIST BELOW...

IF 'YES **IN PRINT**' ANSWER Q2 AND Q3...

IF 'YES **ON SCREEN**' ANSWER Q4...

Q1		IF 'YES <b>IN PRINT</b> ' ANSWER Q2 AND Q3...		IF 'YES <b>ON SCREEN</b> ' ANSWER Q4...	
Which of these have you read or looked at in the past 12 months? CROSS (X) YES ' <b>IN PRINT</b> ' AND/OR YES ' <b>ON SCREEN</b> '		Yes, <b>IN PRINT</b> Yes, <b>ON SCREEN</b>	Q2 When did you last read it <b>IN PRINT</b> ?	Q3 How often do you read it <b>IN PRINT</b> ?	Q4 How often do you look at it <b>ON SCREEN</b> ?
			Past 7 days Past 4 weeks Past 3 months Past 4-12 months	All or most issues Quite often (2 out of 4 issues) Occasionally (1 out of 4 issues) Less often	At least monthly Less often
Tesco (Magazine) (Monthly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Waitrose & Partners Food (Monthly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Sainsbury's Magazine (Monthly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Asda Magazine (Monthly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Delicious (Monthly)	delicious.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	delicious. <input type="checkbox"/> <input type="checkbox"/>
BBC Good Food (Monthly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Olive (Monthly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
The Big Issue (Weekly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Time Out (Weekly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
The Economist (Weekly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
The Week (Weekly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Guardian Weekly Magazine (Weekly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
English Heritage Members' Magazine (Quarterly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
National Trust Magazine (Quarterly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
BBC History Magazine (Monthly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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PLEASE INDICATE FROM THE LIST BELOW...

IF 'YES IN PRINT' ANSWER Q2 AND Q3...

IF 'YES ON SCREEN' ANSWER Q4...

Q1 Which of these have you read or looked at in the past 12 months? CROSS (X) YES 'IN PRINT' AND/OR YES 'ON SCREEN'	IF 'YES IN PRINT' ANSWER Q2 AND Q3...		IF 'YES ON SCREEN' ANSWER Q4...			
	Yes, IN PRINT Yes, ON SCREEN	Q2 When did you last read it IN PRINT? Past 7 days Past 4 weeks Past 3 months Past 4-12 months	Q3 How often do you read it IN PRINT? All or most issues Quite often (2 out of 4 issues) Occasionally (1 out of 4 issues) Less often	Q4 How often do you look at it ON SCREEN? At least monthly Less often		
Bella (Weekly) <b>Bella</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bella <input type="checkbox"/> <input type="checkbox"/>	
My Weekly (Weekly) <b>My Weekly</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	My Weekly <input type="checkbox"/> <input type="checkbox"/>	
Best (Weekly) <b>best</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	best <input type="checkbox"/> <input type="checkbox"/>	
Woman (Weekly) <b>woman</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	woman <input type="checkbox"/> <input type="checkbox"/>	
Woman's Own (Weekly) <b>Woman's Own</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Woman's Own <input type="checkbox"/> <input type="checkbox"/>	
Woman's Weekly (Weekly) <b>Woman's Weekly</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Woman's Weekly <input type="checkbox"/> <input type="checkbox"/>	
Take a Break (Weekly) <b>Take a Break</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Take a Break <input type="checkbox"/> <input type="checkbox"/>	
That's Life! (Weekly) <b>that's life!</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	that's life! <input type="checkbox"/> <input type="checkbox"/>	
OK! (Weekly) <b>OK!</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	OK! <input type="checkbox"/> <input type="checkbox"/>	
Real People (Weekly) <b>Real people</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Real people <input type="checkbox"/> <input type="checkbox"/>	
Chat (Weekly) <b>chat</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	chat <input type="checkbox"/> <input type="checkbox"/>	
Pick Me Up! (Weekly) <b>Pick Me Up!</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pick Me Up! <input type="checkbox"/> <input type="checkbox"/>	
The People's Friend (Weekly) <b>The People's Friend</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	The People's Friend <input type="checkbox"/> <input type="checkbox"/>	
Yours (Fortnightly) <b>Yours</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yours <input type="checkbox"/> <input type="checkbox"/>	
Love It! (Weekly) <b>love it!</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Love it! <input type="checkbox"/> <input type="checkbox"/>	

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PLEASE INDICATE FROM THE LIST BELOW...

IF 'YES IN PRINT' ANSWER Q2 AND Q3...

IF 'YES ON SCREEN' ANSWER Q4...

Q1 Which of these have you read or looked at in the past 12 months? CROSS (X) YES 'IN PRINT' AND/OR YES 'ON SCREEN'	Q2 When did you last read it IN PRINT?		Q3 How often do you read it IN PRINT?				Q4 How often do you look at it ON SCREEN?					
	Yes, IN PRINT	Yes, ON SCREEN	Past 7 days	Past 4 weeks	Past 3 months	Past 4-12 months	All or most issues	Quite often (2 out of 4 issues)	Occasionally (1 out of 4 issues)	Less often	At least monthly	Less often
Auto Express (Weekly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evo (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BBC Top Gear (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MCN - Motor Cycle News (Weekly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bike (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's Fitness (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's Health (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runner's World (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Today's Golfer (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf Monthly (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GQ (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wired (Bi-Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empire (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Esquire (Bi-Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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IF 'YES *IN PRINT*' ANSWER Q2 AND Q3...

IF 'YES *ON SCREEN*' ANSWER Q4...































Q1 Which of these have you read or looked at in the past 12 months? CROSS (X) YES ' <i>IN PRINT</i> ' AND/OR YES ' <i>ON SCREEN</i> '	Yes, <i>IN PRINT</i> Yes, <i>ON SCREEN</i>		Q2 When did you last read it <i>IN PRINT</i> ? Past 7 days Past 4 weeks Past 3 months Past 4-12 months	Q3 How often do you read it <i>IN PRINT</i> ? All or most issues Quite often (2 out of 4 issues) Occasionally (1 out of 4 issues) Less often	Q4 How often do you look at it <i>ON SCREEN</i> ? At least monthly Less often	
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Prima (Monthly) <b>prima</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>prima</b> <input type="checkbox"/> <input type="checkbox"/>
Woman & Home (Monthly) <b>woman&amp;home</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	woman&home <input type="checkbox"/> <input type="checkbox"/>
Platinum (Monthly) <b>platinum</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>platinum</b> <input type="checkbox"/> <input type="checkbox"/>
Good Housekeeping (Monthly) <b>Good Housekeeping</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Good Housekeeping</b> <input type="checkbox"/> <input type="checkbox"/>
Cosmopolitan (Monthly) <b>COSMOPOLITAN</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>COSMOPOLITAN</b> <input type="checkbox"/> <input type="checkbox"/>
Grazia (Fortnightly) <b>GRAZIA</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>GRAZIA</b> <input type="checkbox"/> <input type="checkbox"/>
Red (Monthly) <b>Red</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Red</b> <input type="checkbox"/> <input type="checkbox"/>
Hello! Fashion (Monthly) <b>!fashion</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>!fashion</b> <input type="checkbox"/> <input type="checkbox"/>
Vogue (Monthly) <b>VOGUE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>VOGUE</b> <input type="checkbox"/> <input type="checkbox"/>
Elle (Monthly) <b>ELLE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>ELLE</b> <input type="checkbox"/> <input type="checkbox"/>
Slimming World Magazine (Bi-Monthly) <b>SlimmingWorld</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>SlimmingWorld</b> <input type="checkbox"/> <input type="checkbox"/>
Women's Health (Monthly) <b>WomensHealth</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>WomensHealth</b> <input type="checkbox"/> <input type="checkbox"/>
Tatler (Monthly) <b>TATLER</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>TATLER</b> <input type="checkbox"/> <input type="checkbox"/>
Vanity Fair (Monthly) <b>VANITY FAIR.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>VANITY FAIR.</b> <input type="checkbox"/> <input type="checkbox"/>
Harper's Bazaar (Monthly) <b>BAZAAR</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>BAZAAR</b> <input type="checkbox"/> <input type="checkbox"/>

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IF 'YES IN PRINT' ANSWER Q2 AND Q3...

IF 'YES ON SCREEN' ANSWER Q4...

Q1 Which of these have you read or looked at in the past 12 months? CROSS (X) YES 'IN PRINT' AND/OR YES 'ON SCREEN'	IN PRINT / ON SCREEN		Q2 When did you last read it IN PRINT?				Q3 How often do you read it IN PRINT?	Q4 How often do you look at it ON SCREEN?						
	Yes, IN PRINT	Yes, ON SCREEN	Past 7 days	Past 4 weeks	Past 3 months	Past 4-12 months	All or most issues	Quite often (2 out of 4 issues)	Occasionally (1 out of 4 issues)	Less often	At least monthly	Less often		
The World of Interiors (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Elle Decoration (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
House Beautiful (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
25 Beautiful Homes (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Living etc (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Style at Home (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
House & Garden (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Homes & Gardens (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Country Homes & Interiors (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Ideal Home (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Country Living (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
BBC Gardeners' World Magazine (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Garden News (Weekly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Garden Answers (Monthly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Amateur Gardening (Weekly) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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IF 'YES ON SCREEN' ANSWER Q4...

Q1 Which of these have you read or looked at in the past 12 months? CROSS (X) YES 'IN PRINT' AND/OR YES 'ON SCREEN'	IN PRINT / ON SCREEN		Q2 When did you last read it IN PRINT?				Q3 How often do you read it IN PRINT?	Q4 How often do you look at it ON SCREEN?					
	Yes, IN PRINT	Yes, ON SCREEN	Past 7 days	Past 4 weeks	Past 3 months	Past 4-12 months	All or most issues	Quite often (2 out of 4 issues)	Occasionally (1 out of 4 issues)	Less often	At least monthly	Less often	
BBC Countryfile Magazine (Monthly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Conde Nast Traveller (Monthly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Country Life (Weekly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
BBC Science Focus (Monthly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Heat (Weekly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Inside Soap (Weekly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Hello! (Weekly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
New (Weekly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Closer (Weekly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Total TV Guide (Weekly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
TV Choice (Weekly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Radio Times (Weekly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
TV & Satellite Week (Weekly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
TV Times (Weekly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
What's on TV (Weekly)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>











I have **NOT** read any magazines on this page, in print or on screen, in past 12 months

Now thinking about the **SUNDAY NEWSPAPERS** you have read or looked at, however briefly, in the past 12 months, **IN PRINT** or **ON SCREEN**.

PLEASE INDICATE FROM THE LIST BELOW...

IF 'YES **IN PRINT**' ANSWER Q2 AND Q3...

IF 'YES **ON SCREEN**' ANSWER Q4...

Q1		IF 'YES <b>IN PRINT</b> ' ANSWER Q2 AND Q3...		IF 'YES <b>ON SCREEN</b> ' ANSWER Q4...	
Which of these have you read or looked at in the past 12 months? CROSS (X) YES ' <b>IN PRINT</b> ' AND/OR YES ' <b>ON SCREEN</b> '		Yes, <b>IN PRINT</b> Yes, <b>ON SCREEN</b>	Q2 When did you last read it <b>IN PRINT</b> ?	Q3 How often do you read it <b>IN PRINT</b> ?	Q4 How often do you look at it <b>ON SCREEN</b> ?
			Past 7 days Past 4 weeks Past 3 months Past 4-12 months	All or most issues Quite often (2 out of 4 issues) Occasionally (1 out of 4 issues) Less often	At least monthly Less often
The Mail on Sunday		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Mail</b> Online <input type="checkbox"/> <input type="checkbox"/>
The Sunday Times		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>THE SUNDAY TIMES</b> <input type="checkbox"/> <input type="checkbox"/>
Sunday People		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Mirror</b> <input type="checkbox"/> <input type="checkbox"/>
Sunday Mirror		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Mirror</b> <input type="checkbox"/> <input type="checkbox"/>
Sunday Mail (Scotland)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Sunday Mail</b> <input type="checkbox"/> <input type="checkbox"/>
Scotland on Sunday		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Scotland on Sunday <input type="checkbox"/> <input type="checkbox"/>
Daily Star Sunday		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>STAR</b> <input type="checkbox"/> <input type="checkbox"/>
The Sunday Telegraph		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>The Telegraph</b> <input type="checkbox"/> <input type="checkbox"/>
Sunday Post (Scotland)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>SUNDAY POST</b> <input type="checkbox"/> <input type="checkbox"/>
The Herald on Sunday (Scotland)		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>The Herald</b> <input type="checkbox"/> <input type="checkbox"/>
Sunday Express		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>EXPRESS</b> <input type="checkbox"/> <input type="checkbox"/>
The Observer		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>The Guardian</b> <input type="checkbox"/> <input type="checkbox"/>
The Sun on Sunday		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Sun</b> <input type="checkbox"/> <input type="checkbox"/>

I have **NOT** read any newspapers on this page, in print or on screen, in past 12 months

Now thinking about the **LOCAL WEEKLY NEWSPAPERS** you have read or looked at, however briefly, in the past 12 months, whether **IN PRINT** or **ON SCREEN**.

PLEASE INDICATE FROM THE LIST BELOW... IF 'YES **IN PRINT**' ANSWER Q6 AND Q7...

Q5		Q6		Q7	
Which of these have you read or looked at in the past 12 months? CROSS (X) YES 'IN PRINT' AND/OR YES 'ON SCREEN'		Yes, IN PRINT Yes, ON SCREEN	When did you last read it IN PRINT?	How often do you read it IN PRINT?	
			Past 7 days Past 4 weeks Past 3 months Past 4-12 months	All or most issues Quite often (2 out of 4 issues) Occasionally (1 out of 4 issues) Less often	
<<Weekly local 1>>	Image	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<<Weekly local 2>>	Image	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<<Weekly local 3>>	Image	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Q8** Which of these websites or apps do you read or look at at least once a month on screen on any device? Please cross (x) all that apply.

Net Doctor		<input type="checkbox"/>	Mother & Baby		<input type="checkbox"/>
Independent		<input type="checkbox"/>	Digital Spy		<input type="checkbox"/>
Cycling Weekly		<input type="checkbox"/>	Trusted Reviews		<input type="checkbox"/>
Delish		<input type="checkbox"/>	Good To Know		<input type="checkbox"/>
Made for Mums		<input type="checkbox"/>	None of these		<input type="checkbox"/>

## MORE ABOUT YOUR READING OF NEWSPAPERS AND MAGAZINES

**Q9** Now thinking about the different types of newspapers and magazines you read – if you read several, please think about the last one that you read IN PRINT in each case.

Please indicate whose copy it was that you read or looked at.

Please cross (x) one box only in each line. If you don't read any of that type, please cross 'I don't read'.

Whose copy was it?	My copy	Someone else in my household's copy	Someone outside my household's copy	Work or office copy	Copy seen elsewhere	I don't read this type of publication
WEEKDAY newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SATURDAY newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUNDAY newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEKLY magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MONTHLY magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q10**

**For the same newspapers and magazines, please indicate how the last copy you read was obtained.**  
Please cross (x) one box only in each line. If you don't read any of that type, please cross 'I don't read'.

How was it obtained?	Bought or picked up at newsagent/shop	Delivered by newsagent	Delivered with online shopping	Subscription delivered to home	Picked up on train/bus/tube	Other	I don't read
WEEKDAY newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SATURDAY newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUNDAY newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEKLY magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MONTHLY magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q11**

**Still thinking about these same newspapers and magazines, was the last copy paid for or free?**  
Please cross (x) one box only in each line. If you don't read any of that type, please cross 'I don't read'.

Was it paid for or free?	Paid for	Free	Don't know	I don't read
WEEKDAY newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SATURDAY newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUNDAY newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEKLY magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MONTHLY magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q12**

**Thinking about these same newspapers and magazines, please indicate how long, in total, you usually spend reading it, including all the times you look at it and all the parts and supplements.**

Please cross (x) one box only in each line. If you don't read any of that type, please cross 'I don't read'.

How long?	Less than 5 mins	About 5 mins	About 10 mins	About 20 mins	About 30 mins	About 45 mins	About 1 hour	About 2 hours	About 3 hours or more	I don't read
WEEKDAY newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SATURDAY newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUNDAY newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEKLY magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MONTHLY magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q13**

**How much do you agree or disagree with the following statements about the newspaper brands you read regularly? If you read newspaper brands in print and on screen please consider both of these when giving your response.**

For each statement, please cross (x) one box only.

	Agree strongly	Agree a little	Neither agree nor disagree	Disagree a little	Disagree strongly
I trust what I see in my preferred newspaper brand(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising in my preferred newspaper brand(s) is relevant to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading or looking at my preferred newspaper brand(s) is time well spent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My preferred newspaper brand(s) gives me something I can't get elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q14** How much do you agree or disagree with the following statements about the magazines that you read regularly? If you read magazines in print and on screen please consider both of these when giving your response.

*For each statement, please cross (x) one box only.*

	Agree strongly	Agree a little	Neither agree nor disagree	Disagree a little	Disagree strongly
I trust what I see in my preferred magazine(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising in my preferred magazine(s) is relevant to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading or looking at my preferred magazine(s) is time well spent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My preferred magazine(s) gives me something I can't get elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The rest of this survey is about you and your household, technology, shopping and lifestyle. Your answers will help the publishers of newspapers and magazines to better understand both their readers and non-readers.

## ABOUT YOU AND YOUR HOUSEHOLD

**Q15** Which of the following describes how you think of yourself?

*Please cross (x) one box only.*

- Male       Female       In another way       Prefer not to say

**Q16** How old are you...?

*Please cross (x) one box only.*

- 15-17       25-34       45-54       65-74  
 18-24       35-44       55-64       75+

**Q17** Are you...?

*Please cross (x) one box only.*

- Single       Married/Living with partner/  
Civil partnership       Divorced       Widowed

**Q18** When did you finish your full-time education?

*Please cross (x) one box only.*

- Still studying       Age 17       Age 19       Age 21 or over  
 16 or under       Age 18       Age 20       Don't know

**Q19** Which, if any, is the highest educational or professional qualification you have obtained up to now?

*Please cross (x) one box only.*

- GCSEs/O levels / CSEs or equivalent       Masters/PhD or equivalent  
 Vocational qualification, including NVQ levels 1 and 2       Other professional qualification  
 A levels or equivalent, including NVQ level 3       No formal qualifications  
 Degree or equivalent, including NVQ level 4 and 5

**Q20** Which of these best describes your house or flat?

*Please cross (x) one box only.*

- Owned outright       Rented from council       Rent free  
 Owned with mortgage       Rented from someone else       Don't know

**Q21 How many people live in your household, including yourself?**

Please cross (x) one box only.

A 'household' is one person or a group of people who live together, share a living space and cater together. Please include yourself, other adults and any children.

- 1    2    3    4    5    6    7    8    9    10+

**Q22 How many people, including yourself, live in your household in each of the following age bands?**

Please cross (x) one box only for each age band.

	1	2	3	4	5	6+	None
18 years or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-17 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-14 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 years or under	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q23 In Great Britain, a standard way of classifying households is according to the working status of the person in a household who has the largest income. Who in your household would you say is the MAIN INCOME EARNER, that is the person with the largest income whether from employment, pensions, state benefits, investments or other sources?**

Please cross (x) one box only.

If there are 2 or more people in your household with equal income, please classify the oldest person as the Main Income Earner.

- I am the main income earner    My spouse or partner is the main income earner    Someone else in my household is the main income earner

**Q24 Which of these best describes the current working status of the main income earner?**

Please cross (x) one box only.

- Full time paid work (30+ hours per week) – including furlough    Unemployed (seeking work)    Not in paid employment (and not seeking work)
- Part time paid work (8-29 hours per week) – including furlough    Retired    Full time education
- Part time paid work (under 8 hours per week) – including furlough

**IF THE MAIN INCOME EARNER IS UNEMPLOYED OR RETIRED PLEASE ANSWER Q25-27 OTHERWISE SKIP TO Q28A**

**Q25 When was the main income earner last in full time employment?**

Please cross (x) one box only.

- Within the past 3 months    3-6 months ago    Within the past 6-12 months    Longer ago

**Q26 Do they have a private pension or a pension from any previous place of work?**

Please cross (x) one box only.

- Yes    No

**Q27 Do they have state benefits and/or other form of private income (such as pension from a deceased spouse, savings or investments)?**

Please cross (x) one box only.

- State benefits only    State benefits and some other form of income    No state benefits but has some other form of income    No income

ALL - IF THE MAIN INCOME EARNER...

... IS CURRENTLY WORKING – PLEASE ANSWER Q28A-H ABOUT THEIR CURRENT JOB

... IS UNEMPLOYED OR RETIRED – PLEASE ANSWER Q28A-H ABOUT THEIR PREVIOUS JOB

... IS STUDYING FULL TIME – PLEASE SKIP TO Q29

In the questions below please provide as much detail as possible. The information that you share will be anonymised and only used to group you with other similar households.

**Q28A** Is/Was the main income earner self-employed?

Please cross (x) one box only.

- Yes – self-employed/freelance  Yes – self-employed with employees  No   
 without employees

**Q28B** What type of organisation does/did the main income earner in your household work for?

Please give as much detail as possible.

**Q28C** What is/was the main income earner’s job title?

Please give as much detail as possible. Please include rank/grade if appropriate.

**Q28D** Describe the job that the main income earner in your household actually does/did?

Please give as much detail as possible.

**Q28E** How many people are/were employed at the location where the main income earner works/worked?

Please cross (x) one box only.

- 1-24  25-199  200+  Don't know

**Q28F** How many employees is/was the main income earner in your household personally responsible for?

Please cross (x) one box only.

- None  1  2-4  5-9  10-24  25 or more  Don't know

**Q28G** Does the main income earner have any qualifications that are/were relevant to the job?

Please cross (x) one box only.

- Yes  No  Don't know

**Q28H** If 'Yes', please write in qualification details below.

ALL - PLEASE NOW ANSWER THE FOLLOWING QUESTIONS

Q29

Which of the following best describes the main income earner's main/most recent job?

Please cross (x) one box only.

- Unskilled or semi-skilled manual worker** (no responsibility for other employees)  
*e.g.: farm worker, cleaner, postal worker, van driver, care worker, waiter, taxi driver, shop assistant, apprentice/trainee in skilled trade*
- Skilled manual worker** (no responsibility for other employees)  
*e.g.: HGV driver, train/bus/ambulance driver, chef, hairdresser, mechanic, plumber, bricklayer, carpenter, painter, electrician, caterer, specialised machinery operator, fire-fighter, pub/bar worker*
- Manual worker - Manager** - Responsible for 1-24 employees
- Manual worker - Manager** - Responsible for 25+ employees
- Non-management office role; Middle manager in small organisation; Qualified nurse; Performing artist**  
*e.g.: secretary, personal assistant, clerical worker, office worker, call centre agent, salesperson, nurse or nursery nurse, police constable/sergeant, actor, musician, sportsperson*
- Middle manager or executive in large organisation; Senior manager of small organisation; Qualified professional** (no senior management responsibility)  
*e.g.: department manager, teacher, engineer, accountant, doctor, manager of small building firm*
- Top/Senior manager in large organisation ; Qualified senior professional**  
*e.g.: main board director, senior civil servant, headteacher, partner in professional practice, surgeon*
- Business Owner** - Responsible for 1-4 employees
- Business Owner** - Responsible for 5-24 employees
- Business Owner** - Responsible for 25+ employees
- Casual worker or no regular income**
- Full time student**

Q30

Which of these comes closest to the net annual income (after deducting tax, national insurance and pension contributions) of the main income earner?

Please cross (x) one box only.

**£ per year (after deductions)**

- Up to £3,499 per year (= up to £299 per month)
- £3,500 - £4,999 per year (= £300 - £399 per month)
- £5,000 - £11,999 per year (= £400 - £999 per month)
- £12,000 - £19,999 per year (= £1,000 - £1,699 per month)
- £20,000 - £29,999 per year (= £1,700 - £2,499 per month)
- £30,000 - £49,999 per year (= £2,500 - £4,199 per month)
- £50,000 - £69,999 per year (= £4,200 - £5,799 per month)
- £70,000+ per year (= £5,800+ per month)
- Don't know

Q31

At what age did the main income earner finish their full-time education?

Please cross (x) one box only.

- |                                         |                                 |                                 |                                         |
|-----------------------------------------|---------------------------------|---------------------------------|-----------------------------------------|
| <input type="checkbox"/> Still studying | <input type="checkbox"/> Age 17 | <input type="checkbox"/> Age 19 | <input type="checkbox"/> Age 21 or over |
| <input type="checkbox"/> 16 or under    | <input type="checkbox"/> Age 18 | <input type="checkbox"/> Age 20 | <input type="checkbox"/> Don't know     |



IF YOU ARE **NOT** THE MAIN INCOME EARNER PLEASE ANSWER Q32-33, OTHERWISE SKIP TO Q34

**Q32** Which of these best describes **your** current working status...?

Please cross (x) one box only.

- |                                                                                            |                                                    |                                                                        |
|--------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Full time paid work (30+ hours per week) – including furlough     | <input type="checkbox"/> Unemployed (seeking work) | <input type="checkbox"/> Not in paid employment (and not seeking work) |
| <input type="checkbox"/> Part time paid work (8-29 hours per week) – including furlough    | <input type="checkbox"/> Retired                   | <input type="checkbox"/> Full time education                           |
| <input type="checkbox"/> Part time paid work (under 8 hours per week) – including furlough |                                                    |                                                                        |

**Q33** Which of these comes closest to **your** net annual income (after deducting tax, national insurance and pension contributions)?

Please cross (x) one box only.

**£ per year (after deductions)**

- Up to £3,499 per year (= up to £299 per month)
- £3,500 - £4,999 per year (= £300 - £399 per month)
- £5,000 - £11,999 per year (= £400 - £999 per month)
- £12,000 - £19,999 per year (= £1,000 - £1,699 per month)
- £20,000 - £29,999 per year (= £1,700 - £2,499 per month)
- £30,000 - £49,999 per year (= £2,500 - £4,199 per month)
- £50,000 - £69,999 per year (= £4,200 - £5,799 per month)
- £70,000+ per year (= £5,800+ per month)
- No Income
- Don't know

IF YOU WORK FULL TIME OR PART TIME PLEASE ANSWER Q34, OTHERWISE SKIP TO Q35

**Q34** Does your role involve purchase and/or leasing decisions?

Please cross (x) one box only.

- Yes       No       Don't know

ALL – PLEASE NOW ANSWER THE FOLLOWING QUESTIONS

**Q35** Which of these ethnic backgrounds do you consider yourself to belong to?

Please cross (x) one box only.

- | White                                                                          | Mixed / multiple ethnic groups                                        | Asian/ Asian British                                | Black / African / Caribbean / Black British                       |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British | <input type="checkbox"/> White and Black Caribbean                    | <input type="checkbox"/> Indian                     | <input type="checkbox"/> African                                  |
| <input type="checkbox"/> Irish                                                 | <input type="checkbox"/> White and Black African                      | <input type="checkbox"/> Pakistani                  | <input type="checkbox"/> Caribbean                                |
| <input type="checkbox"/> Gypsy or Irish Traveller                              | <input type="checkbox"/> White and Asian                              | <input type="checkbox"/> Bangladeshi                | <input type="checkbox"/> Any other African / Caribbean background |
| <input type="checkbox"/> Roma                                                  | <input type="checkbox"/> Any other mixed / multiple ethnic background | <input type="checkbox"/> Chinese                    | <b>Any other ethnic background</b>                                |
| <input type="checkbox"/> Any other white background                            |                                                                       | <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> Arab                                     |
|                                                                                |                                                                       |                                                     | <input type="checkbox"/> Any other ethnic group                   |
| <input type="checkbox"/> Prefer not to say                                     |                                                                       |                                                     |                                                                   |

**Q36**

**Which of the following best describes your sexual orientation?**

*Please cross (x) one box only.*

- Heterosexual/Straight     Gay/Lesbian     Bisexual     Other     Prefer not to say

**Q37**

**Do you have any long-term disability, health problem or illness that limits your daily activities?**

*Please cross (x) one box only.*

- Yes     No     Prefer not to say

## ABOUT TECHNOLOGY

**Q38**

**How often do you use the internet, from any device?**

*Please cross (x) one box only.*

- More than once or twice a day     About 2 or 3 times a week     Less often  
 About once or twice a day     About once a week     Never  
 About 4 or 5 times a week     About once a month

**Q39**

**Apart from today, when did you last use the internet at home, at work or anywhere else, from any device?**

*Please cross (x) one box only.*

- Yesterday     Within the past 3 months     Longer than 12 months ago  
 Within the past 7 days     Within the past 12 months     Have never used the internet  
 Within the past 30 days

**ANSWER Q40-Q45 IF YOU HAVE USED THE INTERNET AT ALL IN THE PAST 30 DAYS, OTHERWISE SKIP TO Q46**

**Q40**

**Apart from today, when did you last access the internet with each of the following?**

*Please cross (x) one box only for each device.*

	Yesterday	Past 7 Days	Past 30 days	Longer ago	Never
<b>Owned by you/your household:</b>					
Windows laptop/computer (e.g. Dell, HP, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apple / MacOS / OSX laptop/computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other laptop/computer (e.g. Chromebook, UNIX/LINUX OS etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone – Apple iPhone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone – Android phone (e.g. Samsung, Huawei etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone – Other/type not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet – Apple iPad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet – Android tablet (e.g. Samsung, Asus, Lenovo etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet – Other (e.g. Kindle Fire etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Owned by your employer/someone outside your household</b>					
Windows laptop/computer (e.g. Dell, HP, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apple / MacOS / OSX laptop/computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other laptop/computer (e.g. Chromebook, UNIX/LINUX OS etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone (any type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q41**

**How often you do you look at NEWSPAPER content on each of the following devices?**

*For each device, please cross (x) one box only.*

	Several times a day	About once a day	A few times a week	About once a week	A few times a month	About once a month	Less often	Never
Laptop or computer (household-owned)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laptop or computer (employer-owned)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone (personally owned)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone (employer-owned)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q42**

**How often you do you look at MAGAZINE content on each of the following devices?**

*For each device, please cross (x) one box only.*

	Several times a day	About once a day	A few times a week	About once a week	A few times a month	About once a month	Less often	Never
Laptop or computer (household-owned)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laptop or computer (employer-owned)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone (personally owned)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone (employer-owned)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now please think about newspaper and magazine content that you can LISTEN TO in audio format. This could be podcasts, audio newsfeeds or any other audio content provided by a newspaper/magazine brand.

Please don't include radio listening.

**Q43**

**Have you listened to any newspaper content in audio format in the past 30 days?**

*Please cross (x) one box only*

Yes  No

**Q44**

**Have you listened to any magazine content in audio format in the past 30 days?**

*Please cross (x) one box only*

Yes  No

**ANSWER Q45 IF YOU HAVE LISTENED TO NEWSPAPER OR MAGAZINE CONTENT IN AUDIO FORMAT IN THE PAST 30 DAYS, OTHERWISE SKIP TO Q46**

**Q45**

**Which of the following types of content provided by newspaper or magazine brands have you listened to in audio format in the past 30 days? Please don't include radio listening.**

*Please cross (x) all that apply.*

- |                                                   |                                             |                                                    |
|---------------------------------------------------|---------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> News                     | <input type="checkbox"/> Business/Finance   | <input type="checkbox"/> Motoring                  |
| <input type="checkbox"/> Politics                 | <input type="checkbox"/> Science/Technology | <input type="checkbox"/> Fashion/Beauty            |
| <input type="checkbox"/> Football                 | <input type="checkbox"/> Celebrity News     | <input type="checkbox"/> Natural World/Environment |
| <input type="checkbox"/> Other Sport              | <input type="checkbox"/> Home/Garden/DIY    | <input type="checkbox"/> Health/Fitness            |
| <input type="checkbox"/> Arts/Entertainment/Music | <input type="checkbox"/> Travel             | <input type="checkbox"/> Lifestyle/Hobbies         |
| <input type="checkbox"/> Food/Drink               | <input type="checkbox"/> Careers/Jobs       | <input type="checkbox"/> Other                     |

## ABOUT SHOPPING

ALL - PLEASE NOW ANSWER THE FOLLOWING QUESTIONS

**Q46** Thinking about all of the items purchased for your household from supermarkets and food shops, approximately how much do you personally select?

Please cross (x) one box only.

- All or most items     About half     Less than half     None or almost none

**Q47** How much do you personally spend in an average week on food and household items?

Please cross (x) one box only.

- About £20 or less     About £50     About £125  
 About £30     About £75     About £150 or more  
 About £40     About £100     Don't know

**Q48** In which of the following supermarkets and shops have you personally done your household grocery shopping in the past 3 months, excluding online shopping?

Please cross (x) all that apply.

- Aldi     Costcutter     Morrisons     Tesco  
 Asda     Farmfoods     Nisa     Waitrose  
 Budgens     Iceland     Poundland/Pound shops     Wilko  
 The Co-operative Food     Lidl     Sainsbury's     Other supermarket/food shop  
 Costco     Marks & Spencer     Spar     None of these

**Q49** How much of your grocery shopping do you buy online?

Please cross (x) one box only.

- All or most items     About half     Less than half     None or almost none

**Q50** Which of the following online sites and delivery services have you used for your household grocery shopping in the past 3 months?

Please cross (x) all that apply.

- Aldi     Iceland     Sainsbury's     Other online site / delivery service  
 Asda     Morrisons     Tesco  
 Amazon Fresh     Ocado     Waitrose     None of these

**Q51** Which products or services have you researched or browsed ONLINE in the past 3 months?

Please cross (x) all that apply.

**Q52** And which have you purchased ONLINE in the past 3 months?

Please cross (x) all that apply.

	Researched or browsed ONLINE	Purchased ONLINE		Researched or browsed ONLINE	Purchased ONLINE
Food/Drink	<input type="checkbox"/>	<input type="checkbox"/>	Arts/Books/Music	<input type="checkbox"/>	<input type="checkbox"/>
Health/Wellbeing/ Sport/Fitness	<input type="checkbox"/>	<input type="checkbox"/>	Household electrical items	<input type="checkbox"/>	<input type="checkbox"/>
Gardening/Home furnishings/DIY	<input type="checkbox"/>	<input type="checkbox"/>	Technology/Entertainment /Electronics	<input type="checkbox"/>	<input type="checkbox"/>
Beauty/Cosmetics	<input type="checkbox"/>	<input type="checkbox"/>	Property	<input type="checkbox"/>	<input type="checkbox"/>
Travel/Holidays	<input type="checkbox"/>	<input type="checkbox"/>	Personal finance	<input type="checkbox"/>	<input type="checkbox"/>
Cars/Motoring	<input type="checkbox"/>	<input type="checkbox"/>	Luxury goods	<input type="checkbox"/>	<input type="checkbox"/>
Fashion/Clothes	<input type="checkbox"/>	<input type="checkbox"/>	None of these	<input type="checkbox"/>	<input type="checkbox"/>

## ABOUT LIFESTYLE

**Q53** Which of these do you expect to do over the next 6 months?

Please cross (x) all that apply.

- |                                                                                           |                                                                 |                                                                                   |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Change mobile phone provider                                     | <input type="checkbox"/> Change gas or electricity provider     | <input type="checkbox"/> Get married                                              |
| <input type="checkbox"/> Change internet service provider                                 | <input type="checkbox"/> Change job                             | <input type="checkbox"/> Have a baby/another baby (you or your partner)           |
| <input type="checkbox"/> Change bank                                                      | <input type="checkbox"/> Obtain a new car                       | <input type="checkbox"/> Move home                                                |
| <input type="checkbox"/> Change other financial services provider e.g. insurance, pension | <input type="checkbox"/> Retire permanently from full time work | <input type="checkbox"/> Spend £1,000 or more on home improvements or furnishings |
|                                                                                           |                                                                 | <input type="checkbox"/> None of these                                            |

Thinking about motoring...

**Q54** How many cars are there in your household?

Please cross (x) one box only.

- 1       2       3 or more       None

**ONLY ANSWER Q55 IF THERE ARE ONE OR MORE CARS IN YOUR HOUSEHOLD, OTHERWISE SKIP TO Q57**

**Q55** Are you personally a main driver of any car in your household?

Please cross (x) one box only.

- Yes       No

**ONLY ANSWER Q56 IF YOU ARE A MAIN DRIVER, OTHERWISE SKIP TO Q57**

**Q56** Thinking of the car you drive most often, was it...?

Please cross (x) one box only.

- Obtained new     Obtained second hand     Provided by a company/employer     Don't know

ALL - PLEASE NOW ANSWER THE FOLLOWING QUESTIONS

**Q57** Do you personally own any of the following?

Please cross (x) one box only.

- Motorcycle       Moped/scooter       None of these

IF YOU ARE WORKING/STUDYING - PLEASE ANSWER Q58-60, OTHERWISE SKIP TO Q61

Thinking about commuting ...

**Q58** At the current time, how many days a week on average do you leave your home to travel to your place of work/education?

Please cross (x) one box only.

- 1       2       3       4       5       6       7       None

**Q59** How do you currently travel to your place of work/education?

Please cross (x) all that apply.

- |                                                                                        |                                                                                                                                                           |                                                              |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> London Underground / Docklands Light Rail / London Overground | <input type="checkbox"/> Metro, light rail, tram (excluding London Underground/DLR) – e.g. Glasgow Subway, Tyne and Wear Metro, Manchester Metrolink etc. | <input type="checkbox"/> Train (excluding London Overground) |
| <input type="checkbox"/> Bus, minibus or coach                                         | <input type="checkbox"/> Motorcycle, scooter or moped                                                                                                     | <input type="checkbox"/> Bicycle                             |
| <input type="checkbox"/> Taxi/minicab                                                  | <input type="checkbox"/> Car or van                                                                                                                       | <input type="checkbox"/> On foot                             |
|                                                                                        |                                                                                                                                                           | <input type="checkbox"/> Other                               |

**Q60** Where is your place of work/education based?

Please cross (x) all that apply.

- |                                          |                                             |                                             |                                                     |
|------------------------------------------|---------------------------------------------|---------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Central London  | <input type="checkbox"/> Central Birmingham | <input type="checkbox"/> Central Manchester | <input type="checkbox"/> Other city centre location |
| <input type="checkbox"/> Central Glasgow | <input type="checkbox"/> Central Edinburgh  | <input type="checkbox"/> Central Cardiff    | <input type="checkbox"/> None of these              |

ALL – PLEASE NOW ANSWER THE FOLLOWING QUESTIONS

Thinking about travel...

**Q61** How many holidays of two or more nights in paid accommodation have you taken...?

Please cross (x) one box in each row.

	1	2	3+	None
...In England, Scotland or Wales in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Outside of England, Scotland or Wales in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q62** Which of these types of holidays have you taken outside of England, Scotland and Wales in the past 2 years?

Please cross (x) all that apply.

- |                                                                                   |                                                                   |                                               |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Any package holiday                                      | <input type="checkbox"/> Any visit mainly to friends or relatives | <input type="checkbox"/> None in last 2 years |
| <input type="checkbox"/> Any city break                                           | <input type="checkbox"/> Any winter sports holiday                |                                               |
| <input type="checkbox"/> Any holiday that was not a package holiday or city break | <input type="checkbox"/> Any cruise                               |                                               |

Q63

How have you travelled outside of England, Scotland and Wales on holiday in the **past 2 years**?

Please cross (x) all that apply.

- By air
- Channel tunnel, with a car (Eurotunnel le shuttle)
- Other
- By ferry with a car
- Channel tunnel, passenger only (Eurostar)
- None in last 2 years
- By ferry passenger only
- Other rail

Q64

How many round trips by air have you made for **business** in the **past 12 months**?

Please cross (x) one box only.

- 1
- 2
- 3 or more
- None

### Thinking about media and entertainment...

Q65

How often, if at all, do you go to the cinema?

Please cross (x) one box only.

- Once a week or more often
- Once every 2 to 3 months
- Less often
- 2 or 3 times a month
- 2 to 3 times a year
- Never
- Once a month
- Once a year
- Don't know

Q66

How many days a week do you...?

Please cross (x) one box only in each column.

	Listen to Radio	Watch TV
--	-----------------	----------

- |                      |                          |                          |
|----------------------|--------------------------|--------------------------|
| 7 days a week        | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 days a week        | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 days a week        | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 days a week        | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 days a week        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 days a week        | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 day a week or less | <input type="checkbox"/> | <input type="checkbox"/> |
| Never                | <input type="checkbox"/> | <input type="checkbox"/> |
| Don't know           | <input type="checkbox"/> | <input type="checkbox"/> |

Q67

How long do you spend, on an average day...?

Please cross (x) one box only in each column.

	Listening to Radio	Watching TV
--	--------------------	-------------

- |                       |                          |                          |
|-----------------------|--------------------------|--------------------------|
| 10 minutes or less    | <input type="checkbox"/> | <input type="checkbox"/> |
| About 30 minutes      | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 hour (less than 2)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 hours (less than 3) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 hours (less than 4) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 hours (less than 5) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 hours (less than 6) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 or more hours       | <input type="checkbox"/> | <input type="checkbox"/> |
| Don't know            | <input type="checkbox"/> | <input type="checkbox"/> |

## ABOUT THE FUTURE

Q68

Imagine that Government restrictions are lifted and people are able to meet inside the home. If an interviewer called at your home to invite you to take part in this survey, which of the following best describes how likely you would be to invite them into your home so that they could ask you the questions in person. The interview would take about 25 minutes, with a thankyou gift of the same value as for this survey.

Please cross (x) one box only.

- Very likely
- Fairly likely
- Not very likely
- Very unlikely
- Not sure

## THANK YOU FOR YOUR TIME IN COMPLETING THIS SURVEY

**END 1** Please tell us how you would like to receive your £20 reward, or indicate if you would prefer us to make a charity donation of the same value on your behalf to one of the three charities shown below.

Please cross (x) one box only

- |                                                            |                                                                     |
|------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Love2Shop e-voucher by email      | <input type="checkbox"/> Charity donation to NHS charities together |
| <input type="checkbox"/> Amazon e-voucher by email         | <input type="checkbox"/> Charity donation to British Red Cross      |
| <input type="checkbox"/> Love2Shop paper voucher/gift card | <input type="checkbox"/> Charity donation to Age UK                 |

If you have selected an e-voucher don't forget to write your email address in the box below

**END 2** Please indicate on which day of the week you completed this questionnaire.

If you completed it over more than one day, please indicate the day you started it.

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**END 3** This PAMCo National Readership Survey was conducted by Ipsos MORI to understand your readership of newspapers and magazines.

We contact a small percentage of participants for quality control purposes. To enable us to do so, please write in your name, telephone number and email in the spaces below.

NAME

TELEPHONE NUMBER

EMAIL

**END 4** Would you be willing to be re-contacted by Ipsos MORI for the purpose of further research on the same subject during the next two years. In all cases you can decide whether to participate or not. This re-contact could be by post, phone or email. Yes  No

**END 5** Before returning this questionnaire, and to make sure we can authorise your incentive, please check that you have...

- Provided consent on the front page (including parental consent if you are aged 15)
- Confirmed your choice of incentive, and provided email details if necessary

Thank you for providing your age range and the occupation details of the main income earner. It really helps ensure that we represent the whole of the UK. The information that you share will be anonymised and used to group you with similar households. With this in mind, if you are able and haven't already, please can you complete:#

- Q16 - age range
- Q23-29 - occupational details for the main income earner

PLEASE KEEP OUR CONTACT DETAILS IN CASE YOU WANT TO GET IN TOUCH WITH US  
IF YOU HAVE DECIDED NOT TO TAKE PART PLEASE DO NOT RETURN THE QUESTIONNAIRE

OFFICE USE  1  2  3  4  5  6

OFFICE USE