

PAMCo: National Readership Survey

Serial ID:

Thank you for taking part! Any queries? Please call our free helpline using the details on the letter or email us at pamcohelp@ipsos.com

BEFORE YOU START - CONSENT

<p style="text-align: center;"><u>EVERYONE:</u></p> <p style="text-align: center;">WE NEED CONSENT TO USE YOUR DATA PLEASE TICK THE BOX BELOW</p> <p><input type="checkbox"/> I confirm that I am aged 15 or over. I understand participation in this survey is voluntary.</p> <p><i>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.</i></p> <p>Surveys returned without consent are NOT valid.</p>	<p style="text-align: center;"><u>IF YOU ARE AGED 15:</u></p> <p style="text-align: center;">WE ALSO NEED PERMISSION FROM YOUR PARENT /GUARDIAN</p> <p><input type="checkbox"/> 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.</p> <p>Parent/guardian signature _____</p> <p>Name of parent/guardian _____</p> <p>Surveys returned without permission are NOT valid.</p>
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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
















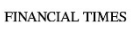


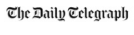







ABOUT READING OF NEWSPAPERS AND MAGAZINES

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"/>
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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"/>
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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"/>
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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"/>
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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"/>
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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"/>
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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"/>
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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"/>
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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"/>
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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"/>
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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		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, <i>IN PRINT</i>	Yes, <i>ON SCREEN</i>	When did you last read it <i>IN PRINT</i> ?	Yesterday	Past 7 days	Past 4 weeks	Past 3 months	Past 4-12 months	Longer ago/Never	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 / Never	How often do you look at it <i>ON SCREEN</i> ?	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"/>	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"/>	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"/>	<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"/>
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				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"/>
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				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"/>
		<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"/>	<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"/>	<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"/>	<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"/>	<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 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	
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"/>
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"/>
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"/>
Delicious (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"/>
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"/>
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"/>
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"/>
Private Eye (Fortnightly)	<input type="checkbox"/>	<input type="checkbox"/>	<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 Red Bulletin (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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
Attitude (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"/>

I have **NOT** read any magazines 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...

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) Bella	<input type="checkbox"/> <input type="checkbox"/>	<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) My 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"/> My Weekly <input type="checkbox"/> <input type="checkbox"/>
Best (Weekly) best	<input type="checkbox"/> <input type="checkbox"/>	<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) woman	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GoodtoKnow <input type="checkbox"/> <input type="checkbox"/>
Woman's Own (Weekly) Woman's Own	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GoodtoKnow <input type="checkbox"/> <input type="checkbox"/>
Woman's Weekly (Weekly) Woman's 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"/> Woman's Weekly <input type="checkbox"/> <input type="checkbox"/>
Take a Break (Weekly) Take a Break	<input type="checkbox"/> <input type="checkbox"/>	<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) that's life!	<input type="checkbox"/> <input type="checkbox"/>	<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"/>
Love It! (Weekly) love it!	<input type="checkbox"/> <input type="checkbox"/>	<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"/>
Chat (Weekly) chat	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GoodtoKnow <input type="checkbox"/> <input type="checkbox"/>
Pick Me Up! (Weekly) Pick Me Up!	<input type="checkbox"/> <input type="checkbox"/>	<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) The People's Friend	<input type="checkbox"/> <input type="checkbox"/>	<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) Yours	<input type="checkbox"/> <input type="checkbox"/>	<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"/>
Women's Fitness (Monthly) women's fitness	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> women's fitness <input type="checkbox"/> <input type="checkbox"/>
Slimming World Magazine (Bi-Monthly) Slimming World 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"/> Slimming World Magazine <input type="checkbox"/> <input type="checkbox"/>
Women's Health (Monthly) Women's Health	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Women's Health <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'	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 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"/>
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"/>
What 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"/>
Autocar (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"/>
Classic & Sports 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"/>
Practical Sportsbikes (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"/>
Ride (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"/>
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"/>
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"/>

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

IF 'YES ON SCREEN' ANSWER Q4...

Q1		Yes, IN PRINT Yes, ON SCREEN		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 IN PRINT?	Past 7 days	Past 4 weeks	Past 3 months	Past 4-12 months	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	How often do you look at it ON SCREEN?	At least monthly	Less often
Prima (Monthly)	prima	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	prima	<input type="checkbox"/>	<input type="checkbox"/>
Woman & Home (Monthly)	woman&home	<input type="checkbox"/>	<input type="checkbox"/>		<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)	platinum	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	platinum	<input type="checkbox"/>	<input type="checkbox"/>
Good Housekeeping (Monthly)	Good Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>
Cosmopolitan (Monthly)	COSMOPOLITAN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COSMOPOLITAN	<input type="checkbox"/>	<input type="checkbox"/>
Grazia (Fortnightly)	GRAZIA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GRAZIA	<input type="checkbox"/>	<input type="checkbox"/>
Red (Monthly)	Red	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Red	<input type="checkbox"/>	<input type="checkbox"/>
Vogue (Monthly)	VOGUE	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VOGUE	<input type="checkbox"/>	<input type="checkbox"/>
Elle (Monthly)	ELLE	<input type="checkbox"/>	<input type="checkbox"/>		<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	<input type="checkbox"/>	<input type="checkbox"/>
Hello! Fashion (Monthly)	HELLO! fashion	<input type="checkbox"/>	<input type="checkbox"/>		<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! fashion	<input type="checkbox"/>	<input type="checkbox"/>
Hello! (Weekly)	HELLO!	<input type="checkbox"/>	<input type="checkbox"/>		<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!	<input type="checkbox"/>	<input type="checkbox"/>
OK! (Weekly)	OK!	<input type="checkbox"/>	<input type="checkbox"/>		<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"/>
Heat (Weekly)	heat	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	heatworld	<input type="checkbox"/>	<input type="checkbox"/>
Inside Soap (Weekly)	InsideSoap	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	InsideSoap	<input type="checkbox"/>	<input type="checkbox"/>
New (Weekly)	new	<input type="checkbox"/>	<input type="checkbox"/>		<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	<input type="checkbox"/>	<input type="checkbox"/>
Closer (Weekly)	Closer	<input type="checkbox"/>	<input type="checkbox"/>		<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	<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'	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
Tatler (Monthly) TATLER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vanity Fair (Monthly) VANITY FAIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harper's Bazaar (Monthly) BAZAAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 World of Interiors (Monthly) THE WORLD OF INTERIORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) ELLE DECORATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) HouseBeautiful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) 25 BEAUTIFUL HOMES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) Livingetc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) Style at Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) HOUSE & GARDEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) HOMES & GARDENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) COUNTRY HOMES & INTERIORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) IdealHome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) COUNTRY LIVING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) Gardeners' World 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
RHS – The Garden (Monthly) The Garden <small>RHS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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...

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	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
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"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Saga 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"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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 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"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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 Scientist (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"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/> <input type="checkbox"/> <input type="checkbox"/>	→	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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 IN PRINT ' ANSWER Q2 AND Q3...		IF 'YES ON SCREEN ' ANSWER 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	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 ?
			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"/> Mail 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"/> THE SUNDAY TIMES <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"/> Mirror <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"/> Mirror <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"/> Daily Record <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"/> STAR <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"/> The Telegraph <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"/> SUNDAY POST <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"/> The Herald <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"/> EXPRESS <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"/> The Guardian <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"/> Sun <input type="checkbox"/> <input type="checkbox"/>
Wales 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"/> Wales on Sunday <input type="checkbox"/> <input type="checkbox"/>
Sunday Sun (Newcastle)		<input type="checkbox"/> <input type="checkbox"/>	<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 Sun <input type="checkbox"/> <input type="checkbox"/>
Liverpool Echo (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"/> ECHO <input type="checkbox"/> <input type="checkbox"/>
Sunday Mercury (Birmingham)		<input type="checkbox"/> <input type="checkbox"/>	<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 Mercury <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	Yes, IN PRINT Yes, ON SCREEN	Q6	Q7
Which of these have you read or looked at in the past 12 months? <i>CROSS (X) YES 'IN PRINT' AND/OR YES 'ON SCREEN'</i>		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
	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →
	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <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"/>	Huffington Post		<input type="checkbox"/>
Made for Mums		<input type="checkbox"/>	Time Out		<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 best describes your gender?

Please cross (x) one box only.

- Man Woman Non-binary My gender is not listed Prefer not to say

Q16 How old are you...?

Please cross (x) one box only.

- 15-17 25-29 35-39 45-49 55-59 65-69 75+
 18-24 30-34 40-44 50-54 60-64 70-74

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 best describes the highest qualification you have obtained up to now?

Please cross (x) one box only.

- GCSEs /O levels / CSEs or equivalent Apprenticeship
 Vocational qualification, including NVQ levels 1 and 2 Any other qualification
(equivalent unknown)
 A levels, T levels or equivalent, including NVQ level 3 No qualifications
 Degree level or above, including HND, HNC,
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 in total are there 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 of these are in each of the following age bands? Please don't forget to include yourself!

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"/>
4-5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 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) Unemployed (seeking work) Not in paid employment (and not seeking work)
 Part time paid work (8-29 hours per week) Retired Full time education
 Part time paid work (under 8 hours per week)

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 or business owner without employees

Yes – self-employed/freelance or business owner with employees

No

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

25-99

100-199

200-249

250+

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 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

Q30

At what age did the main income earner finish their 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

IF YOU ARE NOT THE MAIN INCOME EARNER PLEASE ANSWER Q31-34, OTHERWISE SKIP TO Q35

Q31

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

Please cross (x) one box only.

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

Q32

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

Q33 Which of these best describes your employment...?

Please cross (x) one box only.

- An employee of a company / business Self-employed or freelance or business owner with employees
- Self-employed or freelance or business owner without employees No paid work

Q34 Approximately how many people work for the company / business in total, including yourself ?

Please cross (x) one box only.

- 1-24 25-99 100-199 200-249 250+ Don't know

IF YOU WORK FULL TIME OR PART TIME PLEASE ANSWER Q35-36 OTHERWISE SKIP TO Q37

Q35 Does your role involve purchase and/or leasing decisions?

Please cross (x) one box only.

- Yes No Don't know

Q36 Which of these best describes the main activity of the company or organisation in which you work?

Please cross (x) one box only.

- | | | |
|---|---|---|
| <input type="checkbox"/> Manufacturing / Utilities | <input type="checkbox"/> Retail / Wholesale | <input type="checkbox"/> Hospitality / Food Services |
| <input type="checkbox"/> Construction / Engineering / Transport | <input type="checkbox"/> Finance / Insurance / Real estate | <input type="checkbox"/> Other services, incl. arts & entertainment, personal |
| <input type="checkbox"/> Agriculture / Forestry / Mining | <input type="checkbox"/> IT / Communications | <input type="checkbox"/> Other |
| <input type="checkbox"/> Education | <input type="checkbox"/> Professional / Scientific / Technical services | |
| <input type="checkbox"/> Health / Social Care | <input type="checkbox"/> Other business services incl. admin & support services | |

ALL – PLEASE NOW ANSWER THE FOLLOWING QUESTIONS

You are free to select 'prefer not to say' to answer Q37 to Q39. These questions are only used to check how well our research represents people from different types of backgrounds.

Q37 Which of the following best describes your ethnic group or background?

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 East Asian | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Any other black background |
| <input type="checkbox"/> Roma | <input type="checkbox"/> White and South Asian | <input type="checkbox"/> Chinese | Any other ethnic background |
| <input type="checkbox"/> Any other white background | <input type="checkbox"/> Any other mixed / multiple ethnic 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 | | |

Q38

Which of the following best describes your sexual orientation?

Please cross (x) one box only.

- Heterosexual/Straight
 Gay/Lesbian
 Bisexual
 Prefer to self-describe
 Prefer not to say

Q39

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

Q40

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

Q41

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 Q42-Q53 IF YOU HAVE USED THE INTERNET IN THE PAST 30 DAYS, OTHERWISE SKIP TO Q54

Q42

Thinking about your own smartphones or those owned by your place of work/education...

In the past 30 days, how many of each of these have you used to access the internet?

Please cross (x) one box only for each type of smartphone

	1	2	3+	None
Apple iPhone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Android phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other smartphone / Type not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q43

Which type do you use most often?

Please cross (x) one box only

	Use most often
Apple iPhone	<input type="checkbox"/>
Android phone	<input type="checkbox"/>
Other smartphone / Type not known	<input type="checkbox"/>

Q44

Thinking about the tablets that are owned by you/anyone in your household or by your place of work/education...

In the past 30 days, how many of each of these have you used to access the internet?

Please cross (x) one box only for each type of tablet

	1	2	3+	None
Apple iPad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Android tablet (not including Amazon Fire)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other tablet / Type not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q45

How many of these tablets are used only or mainly by you?

Please cross (x) one box only for each type of tablet

	1	2	3+	None
Apple iPad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Android tablet (not including Amazon Fire)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other tablet / Type not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q46

Thinking about the PC/laptops that are owned by you/anyone in your household or by your place of work/education...

In the past 30 days, how many of each of these have you used to access the internet?

Please cross (x) one box only for each type of PC/laptop

	1	2	3+	None
Windows PC/Laptop (e.g. Dell/HP/Samsung)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apple Mac / Macbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chromebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PC/Laptop / Type not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q47

How many of these PCs/laptops are used only or mainly by you?

Please cross (x) one box only for each type of PC/laptop

	1	2	3+	None
Windows PC/Laptop (e.g. Dell/HP/Samsung)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apple Mac / Macbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chromebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PC/Laptop / Type not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q48

Which of the following do you use the most?

Please cross (x) one box only.

- Apple iPad
- Android tablet (not including Amazon Fire)
- Windows PC/Laptop
- Apple Mac / Macbook
- Don't know
- None of these

Q49

How often 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"/>

Q50

How often 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.

Q51	Have you listened to any newspaper content in audio format in the past 30 days? <i>Please cross (x) one box only</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q52	Have you listened to any magazine content in audio format in the past 30 days? <i>Please cross (x) one box only</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ANSWER Q53 IF YOU HAVE LISTENED TO NEWSPAPER OR MAGAZINE CONTENT IN AUDIO FORMAT IN THE PAST 30 DAYS, OTHERWISE SKIP TO Q54

Q53

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

Q54

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

Q55

How much do you personally spend in an average week on food and household items?
Please cross (x) one box only.

<input type="checkbox"/> About £20 or less	<input type="checkbox"/> About £50	<input type="checkbox"/> About £125
<input type="checkbox"/> About £30	<input type="checkbox"/> About £75	<input type="checkbox"/> About £150 or more
<input type="checkbox"/> About £40	<input type="checkbox"/> About £100	<input type="checkbox"/> Don't know

Q56

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.

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

Q57

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

Q58

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

Please cross (x) all that apply.

Q59

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

Q60

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

Please cross (x) all that apply.

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

Thinking about motoring...

Q61

How many cars are there in your household?

Please cross (x) one box only.

- 1 2 3 or more None

ONLY ANSWER Q62 IF THERE IS 1+ CAR IN YOUR HOUSEHOLD, OTHERWISE SKIP TO Q63

Q62

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

Please cross (x) one box only.

- Yes No

ONLY ANSWER Q63 IF YOU ARE A MAIN DRIVER, OTHERWISE SKIP TO Q64

Q63

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

IF YOU ARE WORKING/STUDYING - PLEASE ANSWER Q64-66, OTHERWISE SKIP TO Q67

Thinking about commuting ...

Q64 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

Q65 How do you currently travel to your place of work/education?

Please cross (x) all that apply.

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

Q66 Where is your place of work/education based?

Please cross (x) all that apply.

- Central London Central Birmingham Central Manchester Other city centre location
- Central Glasgow Central Edinburgh Central Cardiff None of these

ALL – PLEASE NOW ANSWER THE FOLLOWING QUESTIONS

Thinking about travel...

Q67 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"/> |

Q68 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.

- Any package holiday Any visit mainly to friends or relatives None in last 2 years
- Any city break Any winter sports holiday
- Any holiday that was not a package holiday or city break Any cruise

Q69 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

Thinking about media and entertainment...

Q70 How often, if at all, do you go to the cinema?

Please cross (x) one box only.

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Once a week or more often | <input type="checkbox"/> Once every 2 to 3 months | <input type="checkbox"/> Less often |
| <input type="checkbox"/> 2 or 3 times a month | <input type="checkbox"/> 2 to 3 times a year | <input type="checkbox"/> Never |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> Once a year | <input type="checkbox"/> Don't know |

Q71 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"/>

Q72 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"/>

The next question is to help us better understand the types of people who complete this survey.

Q73 How much do you agree or disagree with each of the following statements?

Please indicate your response using the 7 point scale below.

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

	Agree strongly			Neither agree nor disagree			Disagree strongly
	7	6	5	4	3	2	1
My life feels too busy at the moment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wouldn't want to be without the newspapers that I read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't usually take part in surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to support charities or community groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wouldn't want to be without the magazines that I read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am very careful when dealing with people or organisations I don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to do everything online if I can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's important to keep learning new things throughout your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I love to read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR YOUR TIME IN COMPLETING THIS SURVEY

END 1 Please tell us how you would like to receive your 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 | <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 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 for the purpose of further research on the same subject during the next 12 months. 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 reward, please check that you have...

- Provided consent on the front page (including parental consent if you are aged 15)
- Confirmed your choice of reward, 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-Q28 - 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

	1	2	3	4	5	6				
OFFICE USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OFFICE USE	<input type="text"/>	<input type="text"/>	<input type="text"/>