



InSites Consulting



ACTIVITY GUIDE

**PUBLISER RESEARCH COUNCIL
MINDSET BATTERY OF STATEMENTS (P026639)**

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1 Timing

Research phase	Dates	Responsible
Draft questionnaire	Week 1	InSites Consulting
Questionnaire review	Week 2	Client & InSites Consulting
Final questionnaire	End of week 2	InSites Consulting
Implementation & translations	Week 3 - 4	InSites Consulting
Recruitment	Week 5	InSites Consulting
Analysis & reporting	Week 6 - 7	InSites Consulting
Presentation	TBD	Client & InSites Consulting

2 Project details

Complete the following project details. Delete irrelevant instructions.

Method

- > Data collection source(s): Own panels (Future Talkers, Isatso, ...)
- > Questionnaire length: More than 20 minutes
- > Project type: Customer development strategy
- > Questionnaire design: Cross sectional design

Sample & Quotas

- > n = 1 000

	Feasible Proposed	
Area type	Metro	650
	Urban	300
	Rural	50
Province	Gauteng	311
	KwaZulu-Natal	184
	Western Cape	143
	Other	362
Age	16 - 24	230
	25 - 34	270
	35 - 49	290
	50+	210
Gender	Male	500
	Female	500
Race	Black	600
	Coloured	130
	Indian	70
	White	200
Income	R1 - R9 999 - HH Income - grouped	404
	R10 000 - R19 999 - HH Income - grouped	243
	R20 000 - R39 999 - HH Income - grouped	214
	R40 000 - R59 999 - HH Income - grouped	95
	R60 000 - +	44
	Total	1000

Sample screening (estimated incidence rate ...%)

- > Visual / auditory limitation allowed Yes

Mobile

- > The survey is drafted to be Mobile optimized



3 Questionnaire

PART 0: DEMOGRAPHICS & SCREENERS

Survey Start

Page break: Yes

Title: Info

Question type: Info

Question Text:

Thank you for taking the time to complete this survey. It will take 20 minutes to complete.

We guarantee anonymity of all responses. Results will be treated as confidential and will be used for research and analysis purposes only. Your answers to this survey will be pooled together with others and reported on an overall level, so you can be completely honest.

We look forward to your feedback!

If you are completing this survey on your cell phone, please ensure that you turn on your screen rotation setting. That will enable you to flip the phone whenever a question doesn't fit on your screen.

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: No

Page break: Yes

Title: 1

Question type: Number

Question text: **How old are you?**

Instruction text: Please enter numbers only and no text.

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: Screen out less than 16: Quota: 23% (16 – 24), 27% (25 – 34), 29% (35 – 49), 21% (50+)

Page break: No

Title: 2

Question type: Dropdown Menu

Question text: **Are you...?**

Randomisation: None

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: Quota: 50% (male) & 50% (female)

Answer options	Precodes	Fix	Open	Screen
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Male	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page break: No

Title: 3

Question type: Dropdown Menu

Question text: **Please indicate your race:**

Instruction text:

Randomisation: Randomised

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: Quotas: Black (60%), Coloured (13%), Indian / Asian (7%) & White (20%)

Answer options	Precodes	Fix	Open	Screen
Black	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coloured	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian / Asian	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page break: No

Title: 4

Question type: Number

Question text: **What is your total monthly household income before tax? By this we mean your household monthly salary before any deductions.**

Instruction text: Please enter numbers only and no text or symbols (e.g. 10000)

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: Screen out if 0 – Must earn an income, Quotas: R1 - R9 999 (40%), R10 000 – R19 999 (24%), R20 000 – R39 999 (21%), R40 000 – R59 999 (10%) & R60 000+ (44%)

Page break: No

Title: 5

Question type: Dropdown Menu

Question text: **Do you...?**

Instruction text:

Randomisation: Randomised

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: Quotas: Live in a city / Metro (65%), live near a city / urban (30%) & live far away from a city / rural (5%)

Answer options	Precodes	Fix	Open	Screen



Live in a city	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live near a city	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live far away from a city	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page break: No

Title: q6

Question type: Dropdown Menu

Question text: In which province do you reside?

Instruction text:

Randomisation: Randomised

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: Quotas: Gauteng (31%), KwaZulu-Natal (18%), Western Cape (14%) & all other (36%)

Answer options	Precodes	Fix	Open	Screen
Gauteng	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KwaZulu – Natal	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Western Cape	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eastern Cape	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Northern Cape	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North West	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free State	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limpopo	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mpumalanga	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page break: Yes

Title: q7

Question type: Single Select

Question text: Who is your main bank account with?

Instruction text: Select one

Randomisation: A-Z Sort

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: No

Answer options	Precodes	Fix	Open	Screen
Absa	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
African Bank	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Zero	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Bidvest Bank	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capitec Bank	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First National Bank (FNB)	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discovery Bank	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investec Bank	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nedbank	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postbank	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RMB Private Bank	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sasfin Bank	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Bank	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tyme Bank	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page break: Yes

Title: q8

Question type: Single Select

Question text: Who is your main telco service provider for your cellphone?

Instruction text: Select one

Randomisation: A-Z Sort

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: No

Answer options	Precodes	Fix	Open	Screen
Cell C	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MTN	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telkom	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vodacom	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page break: Yes

Title: Info

Question type: Info

Question Text: Please tell us which of the following you have?

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: Insert SEM Q43 | Record SEM, but do not display SEM to respondents

Page break: Yes

Title: Info

Question type: Info



Question Text: **Now please tell us what type of each of these items you have?**

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: Insert SEM Q44 | Record SEM, but do not display SEM to respondents

PART 1: BATTERY OF STATEMENTS: Rotate Q9 – Q17

Page break: Yes

Title: Info

Question type: Info

Question Text:

For the next section of questions, we will be asking you to look at various statements and answer your level of agreement for each statement, using the below scale:

Click or drag the slider to select your desired point on the scale. You can practice this below:

[Note to programmer: insert example picture of scale]

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: No

Page break: Yes

Title: q9

Question type: Slider Rating

Question text: **You see yourself as someone who:**

Instruction text:

Randomisation: Randomised Rows

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: Fit on one page AND colour code scale options (red to green) AND note to Analyst – category to be defined as ‘PERSONALITY’

Answer options	Precodes	Fix	Open
is reserved	1	<input type="checkbox"/>	<input type="checkbox"/>
is generally trusting	2	<input type="checkbox"/>	<input type="checkbox"/>
tends to be lazy	3	<input type="checkbox"/>	<input type="checkbox"/>
is relaxed, handles stress well	4	<input type="checkbox"/>	<input type="checkbox"/>
is outgoing, sociable	5	<input type="checkbox"/>	<input type="checkbox"/>
has few artistic interests	6	<input type="checkbox"/>	<input type="checkbox"/>
tends to find fault with others	7	<input type="checkbox"/>	<input type="checkbox"/>
does a thorough job	8	<input type="checkbox"/>	<input type="checkbox"/>
gets nervous easily	9	<input type="checkbox"/>	<input type="checkbox"/>



has an active imagination	10	<input type="checkbox"/>	<input type="checkbox"/>
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Scale options	Precodes	Fix
1 - Strongly disagree	1	<input type="checkbox"/>
2 - Disagree	2	<input type="checkbox"/>
3 - Neither disagree nor agree / Neutral	3	<input type="checkbox"/>
4 - Agree	4	<input type="checkbox"/>
5 - Strongly agree	5	<input type="checkbox"/>

Page break: Yes

Title: q10

Question type: Slider Rating

Question text: **Values / motivations / aspirations (family, personal, community)**

Instruction text:

Randomisation: Randomised Rows

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: Hide question wording (for analysis purposes only) AND colour code scale options (red to green) AND note to Analyst – category to be defined as ‘Values / motivations / aspirations (family, personal, community)’

Answer options	Precodes	Fix	Open
Family is important to me	1	<input type="checkbox"/>	<input type="checkbox"/>
I am not religious	2	<input type="checkbox"/>	<input type="checkbox"/>
I am proud of my cultural heritage	3	<input type="checkbox"/>	<input type="checkbox"/>
Leisure time is important to me	4	<input type="checkbox"/>	<input type="checkbox"/>
Politics is not important to me	5	<input type="checkbox"/>	<input type="checkbox"/>
Work is central to my life	6	<input type="checkbox"/>	<input type="checkbox"/>
Education isn't important to me	7	<input type="checkbox"/>	<input type="checkbox"/>
My language is important to me	8	<input type="checkbox"/>	<input type="checkbox"/>
I am confident that I will achieve my goals	9	<input type="checkbox"/>	<input type="checkbox"/>
I am happy with my life as it is	10	<input type="checkbox"/>	<input type="checkbox"/>
I am usually the first amongst my friends to know what's going on	11	<input type="checkbox"/>	<input type="checkbox"/>
I don't like taking risks	12	<input type="checkbox"/>	<input type="checkbox"/>
My friends are more important to me than my family	13	<input type="checkbox"/>	<input type="checkbox"/>
It's important that my family thinks I'm doing well	14	<input type="checkbox"/>	<input type="checkbox"/>
Gender based violence is not that bad in South Africa	15	<input type="checkbox"/>	<input type="checkbox"/>



Scale options	Precodes	Fix
1 - Strongly disagree	1	<input type="checkbox"/>
2 - Disagree	2	<input type="checkbox"/>
3 - Neither disagree nor agree / Neutral	3	<input type="checkbox"/>
4 - Agree	4	<input type="checkbox"/>
5 - Strongly agree	5	<input type="checkbox"/>

Page break: Yes

Title: q11

Question type: Slider Rating

Question text: **Lifestyle / Diet / Health / Exercise**

Instruction text:

Randomisation: Randomised Rows

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: Hide question wording (for analysis only) AND colour code scale options (red to green)

Answer options	Precodes	Fix	Open
I follow a specific diet	1	<input type="checkbox"/>	<input type="checkbox"/>
I track my food intake	2	<input type="checkbox"/>	<input type="checkbox"/>
I am not a smoker	3	<input type="checkbox"/>	<input type="checkbox"/>
I consume alcohol regularly	4	<input type="checkbox"/>	<input type="checkbox"/>
I do not exercise regularly	5	<input type="checkbox"/>	<input type="checkbox"/>
I order take out regularly (at least once a week)	6	<input type="checkbox"/>	<input type="checkbox"/>
I occasionally take recreational drugs	7	<input type="checkbox"/>	<input type="checkbox"/>
When I take medicine I prefer herbal /natural products	8	<input type="checkbox"/>	<input type="checkbox"/>
I have regular check-ups even if I'm not ill	9	<input type="checkbox"/>	<input type="checkbox"/>

Scale options	Precodes	Fix
1 - Strongly disagree	1	<input type="checkbox"/>
2 - Disagree	2	<input type="checkbox"/>
3 - Neither disagree nor agree / Neutral	3	<input type="checkbox"/>
4 - Agree	4	<input type="checkbox"/>
5 - Strongly agree	5	<input type="checkbox"/>

Page break: Yes



Title: q12

Question type: Slider Rating

Question text: **Finances**

Instruction text:

Randomisation: Randomised Rows

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: Hide question wording (for analysis only) AND colour code scale options (red to green)

Answer options	Precodes	Fix	Open
I spend money without thinking	1	<input type="checkbox"/>	<input type="checkbox"/>
I do not have a lot of trust in my bank	2	<input type="checkbox"/>	<input type="checkbox"/>
I don't believe in saving for retirement	3	<input type="checkbox"/>	<input type="checkbox"/>
I leave the financial arrangements in my home to someone else	4	<input type="checkbox"/>	<input type="checkbox"/>
Me and my family are worse off financially than a year ago	5	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about providing for my family in the current COVID situation	6	<input type="checkbox"/>	<input type="checkbox"/>
I am comfortable with my current financial situation	7	<input type="checkbox"/>	<input type="checkbox"/>
Insurance is not a necessity	8	<input type="checkbox"/>	<input type="checkbox"/>
Money is a key indicator of success	9	<input type="checkbox"/>	<input type="checkbox"/>
With credit I can buy the sort of things I couldn't normally afford	10	<input type="checkbox"/>	<input type="checkbox"/>
I have a lot of disposable income	11	<input type="checkbox"/>	<input type="checkbox"/>

Scale options	Precodes	Fix
1 - Strongly disagree	1	<input type="checkbox"/>
2 - Disagree	2	<input type="checkbox"/>
3 - Neither disagree nor agree / Neutral	3	<input type="checkbox"/>
4 - Agree	4	<input type="checkbox"/>
5 - Strongly agree	5	<input type="checkbox"/>

Page break: Yes

Title: q13

Question type: Slider Rating

Question text: **Media Trust & Usage**

Instruction text:

Randomisation: Randomised Rows

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: Hide question wording (for analysis only) AND colour code scale options (red to green)



Answer options	Precodes	Fix	Open
I am usually doing other things when I am listening to the radio	1	<input type="checkbox"/>	<input type="checkbox"/>
Reading Magazines is a good form of entertainment	2	<input type="checkbox"/>	<input type="checkbox"/>
If I want to learn and remember stuff, its best to read it	3	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers are the most reliable source of news and information	4	<input type="checkbox"/>	<input type="checkbox"/>
I never look at advertisements in newspapers and magazines	5	<input type="checkbox"/>	<input type="checkbox"/>
I get all the news and information I need from Television	6	<input type="checkbox"/>	<input type="checkbox"/>
I trust the content of newspapers and magazines more than any other medium	7	<input type="checkbox"/>	<input type="checkbox"/>
Facebook and social media have the most fake news	8	<input type="checkbox"/>	<input type="checkbox"/>

Scale options	Precodes	Fix
1 - Strongly disagree	1	<input type="checkbox"/>
2 - Disagree	2	<input type="checkbox"/>
3 - Neither disagree nor agree / Neutral	3	<input type="checkbox"/>
4 - Agree	4	<input type="checkbox"/>
5 - Strongly agree	5	<input type="checkbox"/>

Page break: Yes

Title: q14

Question type: Slider Rating

Question text: Digital Specific

Instruction text: Drag the slider to a point on the scale.

Randomisation: Randomised Rows

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: Hide question wording (for analysis only) AND colour code scale options (red to green)

Answer options	Precodes	Fix	Open
I enjoy researching topics of interest online	1	<input type="checkbox"/>	<input type="checkbox"/>
I would spend way more time online if data were not so expensive	2	<input type="checkbox"/>	<input type="checkbox"/>
I am doing a lot more things online since COVID-19	3	<input type="checkbox"/>	<input type="checkbox"/>
Posting on social networking sites is very important	4	<input type="checkbox"/>	<input type="checkbox"/>

Scale options	Precodes	Fix
1 - Strongly disagree	1	<input type="checkbox"/>
2 - Disagree	2	<input type="checkbox"/>



3 - Neither disagree nor agree / Neutral	3	<input type="checkbox"/>
4 - Agree	4	<input type="checkbox"/>
5 - Strongly agree	5	<input type="checkbox"/>

Page break: Yes

Title: q15

Question type: Slider Rating

Question text: **Shopping habits**

Instruction text:

Randomisation: Randomised Rows

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: Hide question wording (for analysis only) AND colour code scale options (red to green)

Answer options	Precodes	Fix	Open
I am always on the lookout for special / promotions	1	<input type="checkbox"/>	<input type="checkbox"/>
I am more likely to purchase an advertised brand	2	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 has forever changed the way I shop	3		
Brand names are better than house brands	4	<input type="checkbox"/>	<input type="checkbox"/>
The quality of South African goods is usually not good enough	5	<input type="checkbox"/>	<input type="checkbox"/>
It is safe and secure to make purchases online	6	<input type="checkbox"/>	<input type="checkbox"/>
I am buying more stuff online since COVID-19	7	<input type="checkbox"/>	<input type="checkbox"/>

Scale options	Precodes	Fix
1 - Strongly disagree	1	<input type="checkbox"/>
2 - Disagree	2	<input type="checkbox"/>
3 - Neither disagree nor agree / Neutral	3	<input type="checkbox"/>
4 - Agree	4	<input type="checkbox"/>
5 - Strongly agree	5	<input type="checkbox"/>

Page break: Yes

Title: q16

Question type: Slider Rating

Question text: **Local perceptions**

Instruction text: Drag the slider to a point on the scale.

Randomisation: Randomised Rows

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: Hide question wording (for analysis only) AND colour code scale options (red to green)



Answer options	Precodes	Fix	Open
The South African governments policy to eradicate POVERTY in South Africa has not been effective	1	<input type="checkbox"/>	<input type="checkbox"/>
The South African governments policy to deal with HIV/AIDS has been effective	2	<input type="checkbox"/>	<input type="checkbox"/>
The South African government controls what is broadcast on SABC TV and Radio	3	<input type="checkbox"/>	<input type="checkbox"/>
I would like to believe that I am better informed and up to date on what's going on in South Africa at the moment than the average person	4	<input type="checkbox"/>	<input type="checkbox"/>
The EFF are addressing issues that matter to me	5	<input type="checkbox"/>	<input type="checkbox"/>
Paying taxes is the right thing to do	6	<input type="checkbox"/>	<input type="checkbox"/>
People sometimes ask me for my opinion or advice	7	<input type="checkbox"/>	<input type="checkbox"/>
The president is not doing a good job	8	<input type="checkbox"/>	<input type="checkbox"/>
Loadshedding is necessary to keep electricity supply stable	9	<input type="checkbox"/>	<input type="checkbox"/>

Scale options	Precodes	Fix
1 - Strongly disagree	1	<input type="checkbox"/>
2 - Disagree	2	<input type="checkbox"/>
3 - Neither disagree nor agree / Neutral	3	<input type="checkbox"/>
4 - Agree	4	<input type="checkbox"/>
5 - Strongly agree	5	<input type="checkbox"/>

Page break: Yes

Title: q17

Question type: Slider Rating

Question text: COVID-19

Instruction text: Drag the slider to a point on the scale.

Randomisation: Randomised Rows

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: Hide question wording (for analysis only) AND colour code scale options (red to green)

Answer options	Precodes	Fix	Open
I am worried about getting COVID-19	1	<input type="checkbox"/>	<input type="checkbox"/>
I am confident that I will be able to get the treatment needed if I contracted COVID-19	2	<input type="checkbox"/>	<input type="checkbox"/>
I think the South African government over-reacted in their response to COVID-19	3	<input type="checkbox"/>	<input type="checkbox"/>
A vaccine will become available early next year	4	<input type="checkbox"/>	<input type="checkbox"/>
We all need to stand together to beat the virus	5	<input type="checkbox"/>	<input type="checkbox"/>

Scale options	Precodes	Fix
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1 - Strongly disagree	1	<input type="checkbox"/>
2 - Disagree	2	<input type="checkbox"/>
3 - Neither disagree nor agree / Neutral	3	<input type="checkbox"/>
4 - Agree	4	<input type="checkbox"/>
5 - Strongly agree	5	<input type="checkbox"/>

PART 3: FINAL QUESTIONS

Page break: Yes

Title: Info

Question type: Info

Question Text:

Thank you for your participation so far! We're almost done with the survey...only a few more questions to go!

The following questions are for statistical purposes only and will be kept strictly confidential...

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: No

Page break: Yes

Title: q18

Question type: Multi Select

Question text: We'd like to know what kind of hobbies you're interested in. Please select all options that apply:

Instruction text: Please select all that apply.

Randomisation: Randomised

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: No

Answer options	Precodes	Fix	Excl.	Open	Screen
Ball sports (cricket, rugby, basketball, baseball, softball, volleyball, soccer, tennis etc.)	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking / camping	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gym	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jogging / Running	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water sports (swimming, water polo, paddle boarding, scuba diving)	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching live sport	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being in nature	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gardening / DIY	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Astronomy	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socialising	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photography	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to pubs	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling / Betting	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer work	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga / pilates / dance / zumba	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martial arts / judo / juditsu	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to music	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking / baking	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts and Culture	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting / drawing	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coin / stamp collecting	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pottery	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board games (chess, monopoly etc.)	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaming	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to podcasts	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cigarettes	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Page break: Yes

Title: q19

Question type: Multi Select

Question text: Thinking about advertising pamphlets, leaflets or inserts such as these, do you...?

Instruction text: Please select all that apply.

Randomisation: Randomised

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: No



Answer options	Precodes	Fix	Excl.	Open	Screen
Use them to compare prices	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use them to plan your shopping	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy products as a result of seeing them	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glance or page through to see if anything interests you	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't look at them	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page break: Yes

Title: q20

Question type: Multi Select

Question text: What devices do you make use of / have access to?

Instruction text: Please select all that apply

Randomisation: Randomised

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: No

Answer options	Precodes	Fix	Excl.	Open	Screen
Cell phone (with smartphone capabilities)	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell phone (without smartphone capabilities)	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car radio	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable radio	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television (all TV's excluding smart TV's)	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smart TV	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laptop	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ipod	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ipad / Tablet	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindle	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page break: Yes

Title: q21

Question type: Number

Question text: How many cell phones are there in your household?

Instruction text: Please enter a number here.

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: No

Answer options	Precodes	Fix	Screen
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None	1	Fix	<input type="checkbox"/>
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Page break: Yes

Title: q22

Question type: Dropdown Menu

Question text: **During an average week, on how many days you listen to the Radio?**

Instruction text:

Randomisation: None

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: No

Answer options	Precodes	Fix	Open	Screen
7 days (every day)	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 days	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 days	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 days	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 days	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 days	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 day	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't listen to radio in an average week	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page break: No

Title: q23

Question type: Dropdown Menu

Question text: **During an average week, on how many days you watch TV?**

Instruction text:

Randomisation: None

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: No

Answer options	Precodes	Fix	Open	Screen
7 days (every day)	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 days	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 days	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 days	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 days	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 days	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 day	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Don't watch TV in an average week	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I only watch live TV – I never watch catch up or streamed content	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page break: No

Title: q24

Question type: Dropdown Menu

Question text: Excluding today, when last did you read a paper or a copy of a newspaper?

Instruction text:

Randomisation: None

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: No

Answer options	Precodes	Fix	Open	Screen
Yesterday	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 days ago	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 days ago	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 days ago	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 days ago	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 days ago	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 days ago	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 days to 2 weeks ago	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 – 4 weeks ago	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past 12 months	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page break: No

Title: q25

Question type: Dropdown Menu

Question text: Excluding today, when last did you read a magazine?

Instruction text:

Randomisation: None

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: No

Answer options	Precodes	Fix	Open	Screen
Yesterday	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 days ago	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 days ago	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



4 days ago	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 days ago	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 days ago	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 days ago	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 days to 2 weeks ago	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 – 4 weeks ago	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past 12 months	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page break: No

Title: q26

Question type: Dropdown Menu

Question text: **How often do you access the internet?**

Instruction text:

Randomisation: None

Implementation QID: ID here

Filter / routing information: No

Other potential instructions: No

Answer options	Precodes	Fix	Open	Screen
Several times a day	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a day	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 – 3 times a week	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Every day	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 – 3 times a month	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About once a month	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A few times a year	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Around once a year	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never accessed	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Survey End

