

Survey for

Write Station name here:





This survey is being conducted on behalf of the radio station shown on the front page of this questionnaire.

Your answers are combined with all the other survey results. Your data will be confidential and cannot be identified back to you. The responses that you give will be processed by an external research consultancy, McNair Ingenuity Research, in order to ensure your privacy. The radio station will only receive statistical results summarising the answers from all respondents.

If you have any question, please contact the radio station.

HOW TO COMPLETE THIS SURVEY:



To answer questions, just tick the box next to the answer you select.

Like this -

EXAMPLE Question	(Tick (✓) one box only)
Answer that you do agree with	<input checked="" type="checkbox"/> 1
Answer that you don't agree with	<input type="checkbox"/> 2

Sometimes a question might not be relevant to you. We then ask you to skip ahead to another question which is relevant.

Like this:

EXAMPLE Question	(Tick (✓) one box only)	
Answer that you do agree with	<input checked="" type="checkbox"/> 1	Go to <u>Question 2 on page 5</u> → Continue to next question
Answer that you don't agree with	<input type="checkbox"/> 2	

THE SURVEY:

Listening to this radio station.



1.0 Have you heard of this radio station?

Yes	<input type="checkbox"/> 1	→ Continue to next question
No	<input type="checkbox"/> 2	→ → → Go to <u>Question 3.2 on page 6</u> , (skip the questions in-between)

1.1 Have you ever listened to this radio station?

Yes	<input type="checkbox"/> 1	→ Continue to next question
No	<input type="checkbox"/> 2	→ → → Go to <u>Question 3.2 on page 6</u> , (skip the questions in-between)

1.2 Have you listened to this radio station in the last month?

Yes	<input type="checkbox"/> 1	→ Continue to next question
No	<input type="checkbox"/> 2	→ → → Go to <u>Question 3.2 on page 6</u> , (skip the questions in-between)

1.3 Have you listened to this radio station in the last week?

Yes	<input type="checkbox"/> 1	→ Continue to next question
No	<input type="checkbox"/> 2	→ → → Go to <u>Question 3.2 on page 6</u> , (skip the questions in-between)



If you have not listened to this station in the last week, please skip to Question 3.2 on page 6.

2.0 Thinking about this radio station, at what time and on which days in the last seven days, did you listen to this radio station?

This includes listening at home, work, in the car, or anywhere else. This could have been through a radio or through a computer or mobile device.

For this question, you will need to tick (✓) as many boxes for each day that applies to your listening habits.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	None of these
5:00 am - 9:00 am	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
9:00 am - 12:00 noon	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
12:00 noon - 3:00 pm	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
3:00 pm - 7:00 pm	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
7:00 pm - 12:00 Midnight	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
12:00 Midnight - 5:00 am	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6

2.1 For how many hours each day do you listen to this radio station?

For this question, you will need to tick only one answer (✓) for each day, ie Weekday, Saturday and Sunday.

	On an average Weekday (Mon – Fri)	On an average Saturday	On an average Sunday
1 – 60 Minutes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
1 – 2 Hours	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
2 – 3 Hours	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
3 – 4 Hours	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
4 – 5 Hours	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
5 – 10 Hours	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Over 10 Hours	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
None	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Don't know	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

2.6 Of the time you spend listening to this radio station, how much do you spend listening in the locations listed below in a typical week?

For this question, you will need to write your response as a percentage of time. At the end, adding up the scores in each location, you should get a result of 100%.

	% time spent listening
At home	_____ %
At work	_____ %
In a car	_____ %
On public transport	_____ %
Walking or exercising out of home	_____ %
Elsewhere	_____ %
Total	100 %

Devices you listen to the radio on.



2.7 How do you *mostly* listen to this radio station in the locations listed below?

For this question, you will need to tick (✓) as many boxes as apply to you for each location. **You need tick at least a box in each column.**

	At home	At work	In a car	On public transport	Walking or exercising out of home	Elsewhere
AM / FM Radio signal	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
A DAB+ Digital Radio signal	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Live Radio Streaming via a website or app such as Tune-in etc.	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
On demand streaming via a website or app such as Tune-in etc..	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Download Podcasts to listen to later	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Other (ie.TV signal, VAST Satellite service etc.)	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Don't listen to radio <i>there</i> / while doing <i>that</i>	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7



QUESTION 2.8 IS ONLY FOR PEOPLE WHO LISTEN TO THIS RADIO STATION THROUGH STREAMING ON THE INTERNET.

If you do not listen to the radio through internet/streaming, you do not need to answer the following question. You can skip ahead to Question 3.0 on page 6.

2.8 When you are listening to this radio station through internet streaming, what devices do you use to stream the radio?

For this question, you will need to tick (✓) as many of the boxes that match the devices you use to stream this radio station.

Desktop/Laptop Computer	<input type="checkbox"/> 1
Mobile phone, Tablet/iPad	<input type="checkbox"/> 2
Other Device (Smart TV, Home Audio Systems, Smart Speaker, Google Home, Amazon Alexa etc.)	<input type="checkbox"/> 3

What you like to listen to on this radio station.



If you have not listened to this radio station in the last week, then you can skip to Question 3.2

3.0 Thinking about the station shown on the front page, please list your favourite shows on this radio station.

For this question, you just need to write your answer in the box below.

3.1 And again, thinking about this radio station, can you please list your favourite presenters.

For this question, you just need to write your answer in the box below.

3.2 Looking at the list below, please select your favourite styles of music.

For this question, you will need to tick (✓) as many boxes that match your taste in music.

Country and western music	<input type="checkbox"/>	01
Gospel music	<input type="checkbox"/>	02
Indie	<input type="checkbox"/>	03
Metal	<input type="checkbox"/>	04
Electronic	<input type="checkbox"/>	05
World	<input type="checkbox"/>	06
Soul	<input type="checkbox"/>	07
Christian	<input type="checkbox"/>	08
Easy listening music	<input type="checkbox"/>	09
Pop	<input type="checkbox"/>	10
Classical music	<input type="checkbox"/>	11
Hip hop	<input type="checkbox"/>	12

Jazz / Blues	<input type="checkbox"/>	13
Reggae	<input type="checkbox"/>	14
Rock	<input type="checkbox"/>	15
Rap	<input type="checkbox"/>	16
30s, 40s & 50s music	<input type="checkbox"/>	17
60s & 70s music	<input type="checkbox"/>	18
80s & 90s music	<input type="checkbox"/>	19
Australian music	<input type="checkbox"/>	23
Contemporary Music	<input type="checkbox"/>	20
Indigenous Music	<input type="checkbox"/>	21
Other music (WRITE YOUR ANSWER BELOW)	<input type="checkbox"/>	22
Do not have a favourite	<input type="checkbox"/>	23

What you would like to hear on this radio station.



Below are some suggestions for programming, if you have listened to the station on the front cover in the last week, answer about that station.

If you don't listen to the station on the front cover, answer about any typical local station.

4.0 **Which of the following do you feel *this radio station* should provide? / Which of the following would you be interested in from *a local radio station*?**

For this question, you will need to tick (✓) as many of the boxes that interest you.

Information about the local area or local issues	<input type="checkbox"/> 01
Information about my own community or interest group	<input type="checkbox"/> 02
Australian news and information	<input type="checkbox"/> 03
Documentaries about interesting issues	<input type="checkbox"/> 04
Ethical or religious guidance	<input type="checkbox"/> 05
Guidance and discussion of health topics	<input type="checkbox"/> 06
Guidance and discussion of social issues such as domestic violence and suicide	<input type="checkbox"/> 07
Information about government services	<input type="checkbox"/> 08
Overseas news and information	<input type="checkbox"/> 09
Sport programming	<input type="checkbox"/> 10
Cultural programming	<input type="checkbox"/> 11
Indigenous content	<input type="checkbox"/> 12
Youth content	<input type="checkbox"/> 13
LGBTI content	<input type="checkbox"/> 14
Special interest music	<input type="checkbox"/> 15
Programs in my language (other than English)	<input type="checkbox"/> 16
Interviews with experts on a topic	<input type="checkbox"/> 17
Information / documentaries about specific social issues	<input type="checkbox"/> 18
Emergency Broadcast	<input type="checkbox"/> 19
Reading services for the print handicapped	<input type="checkbox"/> 20
Other suggestions (WRITE YOUR ANSWER BELOW)	
_____	<input type="checkbox"/> 21
Don't know	<input type="checkbox"/> 22



If you have not listened to this radio station in the last month, skip to Question 7.1 on page 12.

4.1 Thinking about *this radio station's* programming, how well do you feel *this radio station* meets your needs with regards to listening to....

For this question, you will need to tick (✓) only one box on each line, according to how you feel this radio station meets your needs.

	Very Well	Quite Well	Not Very Well	Don't Know / Not applicable
Information about the local area or local issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Information about my own community or interest group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Australian news and information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Documentaries about interesting issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Ethical or religious guidance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Guidance and discussion of health topics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Guidance and discussion of social issues such as domestic violence and suicide	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Information about government services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Overseas news and information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Sport programming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Cultural programming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Indigenous content	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Youth content	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
LGBTI content	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Special interest music	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Programs in my language (other than English)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Interviews with experts on a topic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Information / documentaries about specific social issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Emergency Broadcast	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Reading services for the print handicapped	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

4.1b Do you have any other suggestions as to how this radio station could meet your needs?

4.2 **And which of these is a specific reason that you listen to this radio station?**

For this question, you need to tick (✓) as many boxes that match your reasons for listening to this radio station.

Information about the local area or local issues	<input type="checkbox"/> 01
Information about my own community or interest group	<input type="checkbox"/> 02
Australian news and information	<input type="checkbox"/> 03
Documentaries about interesting issues	<input type="checkbox"/> 04
Ethical or religious guidance	<input type="checkbox"/> 05
Guidance and discussion of health topics	<input type="checkbox"/> 06
Guidance and discussion of social issues such as domestic violence and suicide	<input type="checkbox"/> 07
Information about government services	<input type="checkbox"/> 08
Overseas news and information	<input type="checkbox"/> 09
Sport programming	<input type="checkbox"/> 10
Cultural programming	<input type="checkbox"/> 11
Indigenous content	<input type="checkbox"/> 12
Youth content	<input type="checkbox"/> 13
LGBTI content	<input type="checkbox"/> 14
Special interest music	<input type="checkbox"/> 15
Programs in my language (other than English)	<input type="checkbox"/> 16
Interviews with experts on a topic	<input type="checkbox"/> 17
Information / documentaries about specific social issues	<input type="checkbox"/> 18
Emergency Broadcast	<input type="checkbox"/> 19
Reading services for the print handicapped	<input type="checkbox"/> 20
Other suggestions (WRITE YOUR ANSWER BELOW)	<input type="checkbox"/> 21

Don't know	<input type="checkbox"/> 22

5.1 Please rate each of the phrases according to how applicable it is to ***this radio station***?




For this question, you will need to tick (✓) only one box on each line, according to how each phrase makes you feel.

	Agree strongly	Somewhat agree	Somewhat disagree	Strongly disagree	Neither agree nor disagree / Not applicable
Understands its listeners	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Is a station I trust	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Is a station I relate to	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Is a station 'for me'	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Broadcasts valuable and relevant content	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Has good presenters	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Plays good music	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Is part of my life	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

If you have not listened to this radio station in the last week, skip to Question 7.1 on page 12.

5.3 How likely would you be to recommend ***this radio station*** to friends or family, on a scale of 1 to 10, where 10 is the highest recommendation and 1 you wouldn't recommend?

For this question, you will need to tick (✓) only one box, according to how likely you would be to recommend.

									
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10

The following questions look at willingness to donate, subscribe and/or become a member of ***this radio station***, as well as the demographic profile of its listeners.

6.0 Do you, or are you currently...

For this question, you need to tick (✓) as many boxes as apply to you.

Volunteering at <i>this radio station</i>	<input type="checkbox"/> 1
An employee of <i>this radio station</i>	<input type="checkbox"/> 2
A shareholder of <i>this radio station</i> (ignore if not relevant for this station)	<input type="checkbox"/> 3
A member or subscriber of <i>this radio station</i> (ignore if not relevant for this station)	<input type="checkbox"/> 4
Making regular donations to <i>this radio station</i>	<input type="checkbox"/> 5
Making occasional donations to <i>this radio station</i>	<input type="checkbox"/> 6
Sponsoring <i>this radio station</i>	<input type="checkbox"/> 7
Leaving a bequest to <i>this radio station</i> in your will	<input type="checkbox"/> 8
None of these	<input type="checkbox"/> 9

6.1 Have you in the past...

For this question, you need to tick (✓) as many boxes as apply to you.

You don't need to include options that you have already picked in 6.0

Volunteered at <u>this radio station</u>	<input type="checkbox"/> 1
Been an employee of <u>this radio station</u>	<input type="checkbox"/> 2
Been a shareholder of <u>this radio station</u> (ignore if not relevant for this station)	<input type="checkbox"/> 3
Been a member or subscriber of <u>this radio station</u> (ignore if not relevant for this station)	<input type="checkbox"/> 4
Made regular donations to <u>this radio station</u>	<input type="checkbox"/> 5
Made occasional donations to <u>this radio station</u>	<input type="checkbox"/> 6
Sponsored <u>this radio station</u>	<input type="checkbox"/> 7
Left a bequest to <u>this radio station</u> in your will	<input type="checkbox"/> 8
None of these	<input type="checkbox"/> 9

6.2 And would you consider...

For this question, you need to tick (✓) as many boxes as apply to you.

You don't need to include options that you have already picked in 6.0 and 6.1

Volunteering at <u>this radio station</u>	<input type="checkbox"/> 1
Being an employee of <u>this radio station</u>	<input type="checkbox"/> 2
Being a shareholder of <u>this radio station</u> (ignore if not relevant for this station)	<input type="checkbox"/> 3
Being a member or subscriber of <u>this radio station</u> (ignore if not relevant for this station)	<input type="checkbox"/> 4
Making regular donations to <u>this radio station</u>	<input type="checkbox"/> 5
Making occasional donations to <u>this radio station</u>	<input type="checkbox"/> 6
Sponsoring <u>this radio station</u>	<input type="checkbox"/> 7
Leaving a bequest to <u>this radio station</u> in your will	<input type="checkbox"/> 8
None of these	<input type="checkbox"/> 9

About you.



7.1 How old are you today?

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7.2 Are you...

Male	<input type="checkbox"/> 1
Female	<input type="checkbox"/> 2
Gender diverse	<input type="checkbox"/> 3
Transgender	<input type="checkbox"/> 4
Intersex	<input type="checkbox"/> 5

7.4 Are you of Aboriginal or Torres Strait Islander origin?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2

7.5 Is a language other than English regularly spoken in your household?

Yes (Please Specify _____)	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2

7.3 Can you please write the postcode for where you live?

(Please write in your residential postcode – no PO Box's)

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If you are not currently living in Australia, please write in the box below the country in which you are living

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COMMENTS AND SUGGESTIONS



- 8.0 Please add any further comments or suggestions for *this radio station* in the box below.
If you have not listened to *this radio station*, what could *this radio station* do to get you to listen?
For this question, you just need to write your answer in the box below.

Thank you for your time.

That is the end of the questionnaire.

If you have any queries about this survey, please contact this radio station.