

<b>PRE-QUESTIONNAIRE</b>
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Name: ..... Group: .....

**Before we start the focus group, please complete the following questionnaire. Should you have any questions, please ask the registration desk to help you.**

1. Are you.....?

1	Male	
2	Female	

2. Which age group are you in?

1	15 – 18 years	
2	18 – 24 years	
3	25 – 34 years	
4	35 – 44 years	
5	45 – 54 years	
6	55 years or more	

3. For statistical purposes, please indicate which ethnic group you belong to?

1	Black	
2	Coloured	
3	Indian or Asian	
4	White	

4. What language do you speak most often at home? Please select one only

1	English	
2	Afrikaans	
3	Zulu	
4	Xhosa	
5	Ndebele	
6	Swati	
7	Sesotho	
8	Sepedi	
9	Setswana	
10	Venda	
11	Tsonga	
12	Other: Please specify	.....

5. Which statement best describes your family status?

1	Single	
2	Co-habiting	
3	Married	
4	Divorced	
5	Widowed	

6. How many people live in your household? ..... Total number of people

7. How many of these are children up to the age of 18 years? .....Total children

8. What is your highest education level?

1	No formal schooling	
2	Primary school	
3	Some high school	
4	Matriculated	
5	Technical / vocational college	
6	University	
7	Post graduate	

9. Which of the following statements best describes your employment status?

1	Working full time (30 hours or more per week)	
2	Working part time (less than 30 hours per week)	
3	Housewife / house husband / home executive	
4	Student	
5	Retired	
6	Unemployed	

10. Would you describe your current position as....?

1	Top management / executive	
2	Senior management	
3	Middle management	
4	Junior management	
5	Worker	
6	Self employed	
7	Not applicable	

11. What is your occupation? .....

12. What is your monthly household income before tax?

1	Less than R5,000 per month	
2	R5,001 to R8,000	
3	R8,001 to R10,000	
4	R10,001 to R15,000	
5	R15,001 to R20,000	
6	R20,001 to R30,000	
7	R30,000 to R50,000	
8	R50,000 to R75,000	
9	R75,000 to R100,000	
10	More than R100,000 per month	

13. Which of the following best describes where you live?

1	Temporary structure / shack	
2	Single room in a larger dwelling or backyard	
3	A hostel	
4	Flat in an apartment building	
5	Townhouse / cluster	
6	Free standing house	
7	Other: Please specify	.....

14. Thinking of where you live, do you (or a member of your family).....?

1	Own it	
2	Rent it	

15. Is your home in a secure gated community?

1	Yes	
2	No	

16. How many bedrooms do you have in your home? ..... Number of bedrooms

17. What is the main source of power in your home?

1	Electricity via the mains	
2	Prepaid electricity meter	
3	Generator	
4	Solar	
5	Other: Please specify	.....

18. Which of the following do you have in your home? Please select all that apply.

1	Home security service	
2	Home theatre system	
3	Fridge or combined fridge/freezer	
4	Gas / electric stove	
5	Geyser	
6	Microwave oven	
7	Washing machine	
8	Fibre installed to your home	
9	ADSL line to your home	
10	None of the above	

19. How many cars are there in your household?

1	None	
2	One	
3	Two	
4	Three	
5	Four or more	

20. What is your most frequently used form of transport?

1	Walking	
2	Taxi	
3	Bus	
4	Train	
5	Motor vehicle	
6	Motor bike	
7	Bicycle	
8	Other: Please specify	.....

21. Which of the following financial products do you have? Select all that apply.

1	Credit card (s)	
2	Debit card (s)	
3	Home loan	

22. Which of the following insurances or investments do you have? Please select all that apply.

1	Funeral policy	
2	Life insurance policy	
3	Medical aid	
4	Children's education policy	
5	Investments (property, shares etc)	

23. Which of the following equipment do you personally use at home? Please select all that apply.

1	Ordinary cell phone (no internet capability)	
2	Feature phone that accesses the internet but has no touch screen	
3	Smartphone	
4	Desktop computer or laptop	
5	Tablet	
6	e-reader	
7	Games console	
8	Radio	
9	TV set	
10	Landline phone	

24. How many TV sets do you have in your home? ..... Number of TV sets

25. How many TV sets are flat screen? .....Number of flat screen TV sets

26. How many of the TV sets have internet access? ..... Number of smart TVs

27. Which of the following TV broadcast or OTT (over the top / via internet) services do you currently subscribe to at home? Select all that apply

1	DStv EasyView	
2	DStv Access	
3	DStv Family	
4	DStv Compact	
5	DStv Compact Plus	
6	DStv Premium	
7	StarSat	
8	OpenView HD	
9	Netflix	
10	Showmax	
11	black	
12	DEOD	
13	Amazon Prime Video	
14	None of these (SABC and eTV only)	
15	Other: Please specify	.....

28. If applicable, which of the following decoders do you have?

13	Standard decoder	
14	PVR decoder	
15	Other: Please specify	.....

29. If applicable, do you .....

1	Pay an ongoing monthly subscription	
2	Subscribe periodically for a month or two	

30. During a typical week, which of the following types of programmes do you watch?

1	Sport	
2	News	
3	Movies	
4	Reality shows	
5	Children's shows	
6	Lifestyle (food and home)	
7	Soaps or Telenovelas	
8	Series / drama	
9	Comedy / sitcoms	
10	Documentaries	
11	Wildlife	
12	Quiz programmes	
13	Other: Please specify below	

- i) .....
- ii) .....
- iii) .....
- iv) .....

31. Do you typically .....

1	Watch a TV programme at the time it is being broadcast	
2	Watch a TV programme that has been recorded for later viewing	
3	Watch a TV programme on Catch up	
4	Watch a TV programme online	

32. Which of the following devices do you use to watch these programmes? Select all that apply.

1	TV set	
2	Cellphone / smartphone	
3	Tablet or iPad	
4	Desktop or laptop	
5	Games console	
6	Other: Please specify	

.....

33. What are your top 3 favourite programmes you watch regularly?

- v) .....
- vi) .....
- vii) .....

34. If applicable, where do you watch TV content over a mobile device? Select all that apply.

1	At home on a fiber connection	
2	My own mobile data plan	
3	Office Wifi	
4	Free wifi at Coffee Shop / Church	
5	Other: Please specify	

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35. Where do you watch DStv or StarSat content? Select all that apply.

1	At home on our own subscription	
2	At a friend's home	
3	In a community hall / tavern	
4	At the office	
5	Other: Please specify	

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**Please return this questionnaire to the registration desk once you have completed it.**