

Your Radio Ratings Diary

You have been invited to take part in the Nielsen radio ratings. You may have received a letter and a brightly colored box from us. This is our way of letting you know that your household has been randomly selected to participate in the radio ratings. It will contain materials for you to let radio stations and other media outlets and businesses know what you listen to.

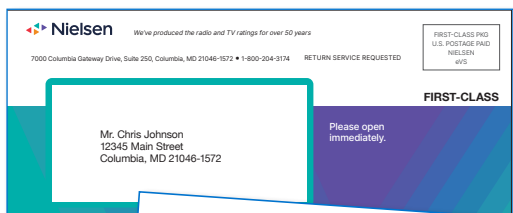
If your diary doesn't arrive in time for the Thursday start of the radio survey, you can make sure that your listening is included.

Fill out this radio ratings diary for seven consecutive days beginning on a Thursday and ending on the following Wednesday.

If you have any questions about instructions for completing a diary day page, please call us toll-free at 1-800-204-3174.

Your input and opinions really matter!

Questions? Call us toll-free at 1-800-204-3174
Visit our website: nielsenradiodiary.com



At the top of each page fill in:

- 1 Your phone number
- 2 Your household ID number (from the letter we sent you)
- 3 The date for each diary day page
- 4 **Start/Stop Times**
Write the time you start listening and the time you stop listening.
- 5 **Station**
Write the call letters, dial setting or station name. If you don't know, write the program name. If you listen over the Internet or to a satellite radio service, please include the station name or channel number.
- 6 **Mark AM or FM**
- 7 **Place**
Mark where you listen to radio.
- 8 **No listening?**
If you haven't heard a radio all day, mark (x) the box at the bottom of the page.

Instructions for Completing a Diary Day Page

1 Phone Number: (123) 555-7890 2 Household ID Number: 123456
FILL IN PHONE NUMBER FILL IN HOUSEHOLD ID

Day 1, Thursday: 9/15/22 3
FILL IN DATE

	START/STOP TIMES		STATION	Mark (x) one		Mark (x) one			
	Start 4	Stop		AM	FM	At Home	In a Car	At Work	Other Place
Early Morning (from 5AM)	5:45	7:15	KGTU		X	X			
	7:15	7:40	108.5 5		X		X		
	9:30	:	KEM	X				X	
Midday	:	:							
	:	:							
	:	2:00							
Late Afternoon	2:15	2:35	Alpha Satellite Radio - Ch 288					X	
	:	:							
	4:20	4:25	Internet - WGXP		X	X			
Night (to 5AM Friday)	:	:							
	7:05	9:50	Jo Cauvery Show	X					X
	11:30	12:15	Robin 87.5		X	X			

If you didn't hear a radio today, please mark (x) here: 8

Phone Number: _____
FILL IN PHONE NUMBER

Household ID Number: _____
FILL IN HOUSEHOLD ID NUMBER

Day 1, Thursday: _____
FILL IN DATE

	START/STOP TIMES		STATION				PLACE				
	Start	Stop	Call letters, dial setting or station name <small>Don't know? Use program name.</small>		Mark (x) one		Mark (x) one				
			AM	FM	At Home	In a Car	At Work	Other Place			
Early Morning <small>(from 5AM)</small>	:	:									
	:	:									
	:	:									
	:	:									
Midday	:	:									
	:	:									
	:	:									
	:	:									
Late Afternoon	:	:									
	:	:									
	:	:									
	:	:									
Night <small>(to 5AM Friday)</small>	:	:									
	:	:									
	:	:									
	:	:									

If you didn't hear a radio today, please mark (x) here:

Day 2, Friday: _____
FILL IN DATE

	START/STOP TIMES		STATION				PLACE				
	Start	Stop	Call letters, dial setting or station name <small>Don't know? Use program name.</small>		Mark (x) one		Mark (x) one				
			AM	FM	At Home	In a Car	At Work	Other Place			
Early Morning <small>(from 5AM)</small>	:	:									
	:	:									
	:	:									
	:	:									
Midday	:	:									
	:	:									
	:	:									
	:	:									
Late Afternoon	:	:									
	:	:									
	:	:									
	:	:									
Night <small>(to 5AM Saturday)</small>	:	:									
	:	:									
	:	:									
	:	:									

If you didn't hear a radio today, please mark (x) here:

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Phone Number: _____ Household ID Number: _____
FILL IN PHONE NUMBER FILL IN HOUSEHOLD ID NUMBER

Day 3, Saturday: _____
FILL IN DATE

	START/STOP TIMES		STATION				PLACE				
	Start	Stop	Call letters, dial setting or station name <small>Don't know? Use program name.</small>		Mark (x) one		Mark (x) one				
			AM	FM	At Home	In a Car	At Work	Other Place			
Early Morning <small>(from 5AM)</small>	:	:									
	:	:									
	:	:									
	:	:									
Midday	:	:									
	:	:									
	:	:									
	:	:									
Late Afternoon	:	:									
	:	:									
	:	:									
	:	:									
Night <small>(to 5AM Sunday)</small>	:	:									
	:	:									
	:	:									
	:	:									

If you didn't hear a radio today, please mark (x) here:

Day 4, Sunday: _____
FILL IN DATE

	START/STOP TIMES		STATION				PLACE				
	Start	Stop	Call letters, dial setting or station name <small>Don't know? Use program name.</small>		Mark (x) one		Mark (x) one				
			AM	FM	At Home	In a Car	At Work	Other Place			
Early Morning <small>(from 5AM)</small>	:	:									
	:	:									
	:	:									
	:	:									
Midday	:	:									
	:	:									
	:	:									
	:	:									
Late Afternoon	:	:									
	:	:									
	:	:									
	:	:									
Night <small>(to 5AM Monday)</small>	:	:									
	:	:									
	:	:									
	:	:									

If you didn't hear a radio today, please mark (x) here:

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Phone Number: _____
FILL IN PHONE NUMBER

Household ID Number: _____
FILL IN HOUSEHOLD ID NUMBER

Day 5, Monday: _____
FILL IN DATE

	START/STOP TIMES		STATION				PLACE				
	Start	Stop	Call letters, dial setting or station name <small>Don't know? Use program name.</small>		Mark (x) one		Mark (x) one				
			AM	FM	At Home	In a Car	At Work	Other Place			
Early Morning <small>(from 5AM)</small>	:	:									
	:	:									
	:	:									
	:	:									
Midday	:	:									
	:	:									
	:	:									
	:	:									
Late Afternoon	:	:									
	:	:									
	:	:									
	:	:									
Night <small>(to 5AM Tuesday)</small>	:	:									
	:	:									
	:	:									
	:	:									

If you didn't hear a radio today, please mark (x) here:

Day 6, Tuesday: _____
FILL IN DATE

	START/STOP TIMES		STATION				PLACE				
	Start	Stop	Call letters, dial setting or station name <small>Don't know? Use program name.</small>		Mark (x) one		Mark (x) one				
			AM	FM	At Home	In a Car	At Work	Other Place			
Early Morning <small>(from 5AM)</small>	:	:									
	:	:									
	:	:									
	:	:									
Midday	:	:									
	:	:									
	:	:									
	:	:									
Late Afternoon	:	:									
	:	:									
	:	:									
	:	:									
Night <small>(to 5AM Wednesday)</small>	:	:									
	:	:									
	:	:									
	:	:									

If you didn't hear a radio today, please mark (x) here:

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Phone Number: _____
FILL IN PHONE NUMBER

Household ID Number: _____
FILL IN HOUSEHOLD ID NUMBER

Day 7, Wednesday: _____ <small>FILL IN DATE</small>									
	START/STOP TIMES		STATION <small>Call letters, dial setting or station name Don't know? Use program name.</small>	Mark (x) one		Mark (x) one			
	Start	Stop		AM	FM	At Home	In a Car	At Work	Other Place
Early Morning <small>(from 5AM)</small>	:	:							
	:	:							
	:	:							
	:	:							
Midday	:	:							
	:	:							
	:	:							
	:	:							
Late Afternoon	:	:							
	:	:							
	:	:							
	:	:							
Night <small>(to 5AM Thursday)</small>	:	:							
	:	:							
	:	:							
	:	:							

If you didn't hear a radio today, please mark (x) here:

Quick Questions

The following questions apply to **you yourself**. Your responses will be combined with the responses of others to better understand the radio and media marketplace.

Published research reports do not contain personally identifiable information.

- What is your age? years
- Are you male or female? *Mark (x) one.*
 Male Female
- What was the last grade of school you completed? *Mark (x) one.*
 Less than 12th grade
 High school graduate or GED
 More than 12th grade (some college)
 Bachelor's degree or higher

Please answer BOTH Questions 4 and 5.

- Are you of Hispanic, Latino, or Spanish origin? *Mark (x) "Yes" or "No."*
 Yes No
- Are you...? *Mark (x) all that apply.*
 White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or other Pacific Islander
 Some other race

- Are you employed either full time or part time? *Mark (x) "Yes" or "No."*
 Yes No

If yes: How many hours per week are you usually employed? *Mark (x) one.*

- Less than 35 35 or more

What is the ZIP code at your usual place of work?

For one person in your household

Please choose **only one** person age 18 or older in your household to answer these household questions.

- How many children under age 12 live in this household?

Enter number None of children

- Which of the following categories best describes your total household income from all sources (before taxes) for the past year? *Mark (x) one.*

- Less than \$25,000
 \$25,000-\$49,999
 \$50,000-\$74,999
 \$75,000 or more

Your Opinion Counts

Use this space to make any comments you like about specific stations, announcers or programs. To protect your privacy, please do not write your phone number, last name, or other personal information in the diary.

We sometimes recontact people for special studies. Returning this diary does not commit you to participate in these studies.

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Checklist

Please review your diary. Did you:

- Write down all the times you heard a radio this week?

- Write the call letters, dial setting or station name for each station you heard?

- Include AM, FM, Internet or satellite for each entry?

- Mark whether you listened at home, in a car, at work or some other place?

- Mark the box at the bottom of the page for each day you didn't hear a radio?

- Write your phone number on each page?

- Write your household ID number on each page?

- Fill in the date for each diary day page?

- Answer the Quick Questions on page 5?

Mailing Instructions

Mail the diary pages back to Nielsen.

Nielsen
Attention: Diary Processing
7000 Columbia Gateway Drive, Suite 250
Columbia, MD 21046-1572

Thanks for your help!