

# START HERE

## INSTRUCTIONS:

Dear Fellow Shopper:

This quick survey is easy and will only take a few minutes. Here's all you have to do:

- 1) Let me know the products that you or other people living in your home may have used by marking a dark "X" in the appropriate boxes.
- 2) Please take into account products used by you and all other people living in your home.
- 3) If you get to a category that is not used in your home, just "X" the "DO NOT USE" box and skip it.
- 4) For each category, "X" as many boxes as apply.

**EXAMPLE:** In my family, we usually drink Diet Coke or Diet Pepsi, but we also tried Diet Sprite in the past 12 months. I would "X" boxes as follows:

### DIET SODA

WE DO NOT USE (Skip to next category)	Used Most Often	Tried in Past 12 Months
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diet Coke.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diet Pepsi.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diet Sprite.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other diet sodas.....	<input type="checkbox"/>	<input type="checkbox"/>

**URGENT:** Please take a few moments right now to complete this survey. It's important. I appreciate your help.

Sincerely,

*Laura*

Laura David

P.S. Please note: It is extremely important that the information you provide be accurate.

### DIET SODA

WE DO NOT USE (Skip to next category)	Used Most Often	Tried in Past 12 Months
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diet Coke.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diet Pepsi.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diet Sprite.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other diet sodas.....	<input type="checkbox"/>	<input type="checkbox"/>

S-U20-1

This is a voluntary national survey sponsored by Shopper's Voice. Shopper's Voice is a leading provider of consumer marketing information. The information you provide in this survey will be shared with third parties only for marketing use. One type of marketing use is to provide promotional offers. You may or may not be selected to receive these offers by Shopper's Voice customers. If you choose to participate, you must be 18 years or older. Questions? Write to: Shopper's Voice, 1200 William Street, Box 1382, Buffalo, New York 14240-1382.

## COFFEE & COFFEE CREAMERS

1) What type of coffee do members of your household drink?

Brewed coffee.....	<input checked="" type="checkbox"/>
Gourmet coffee (e.g. Starbucks).....	<input checked="" type="checkbox"/>
Instant coffee.....	<input checked="" type="checkbox"/>
Specialty coffee (e.g. Latte, Mocha).....	<input checked="" type="checkbox"/>

2) What do members of your household use to whiten coffee?

Milk or other dairy.....	<input checked="" type="checkbox"/>
Non dairy creamer (e.g. Coffee-mate).....	<input checked="" type="checkbox"/>
Soy milk or soy creamer.....	<input checked="" type="checkbox"/>
Do not whiten coffee.....	<input checked="" type="checkbox"/>

## FOOD PRODUCTS

How many times per month does your household serve the following?

	3 or More Times Per Month	1 or 2 Times Per Month
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### BEVERAGES

Black or green tea.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Coffee-mate.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Taster's Choice.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### FOODS

Frozen fish (breaded, grilled).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hellmann's mayonnaise.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Knorr products.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Slim*Fast.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### LOW CARBOHYDRATE FOODS

Beverages.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Meal replacement bars.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Snacks.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

In the past year, how many times has your household bought Toll House Morsels?

3 or more.....	<input checked="" type="checkbox"/>	1 or 2.....	<input checked="" type="checkbox"/>
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## BAR SOAPS

WE DO NOT USE (Skip to next category)	Used Most Often	Tried in Past 12 Months
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### SKIN CARE BAR SOAPS

Dove.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Olay.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### DEODORANT BAR SOAPS

Dial.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Irish Spring.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Zest.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other deodorant bars.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## DRUG STORE SHOPPING

WE DO NOT SHOP IN DRUG STORES  
(Skip to next category)

Which drug store(s) do household members shop at?

	Usual Store	Occasional Store
CVS.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Walgreens.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Eckerd's.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rite Aid.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## COUPON USE

1) How often does your household use "cents off" store coupons?

More than once per week.....	<input checked="" type="checkbox"/>
Once per week.....	<input checked="" type="checkbox"/>
Less than once per week.....	<input checked="" type="checkbox"/>

2) In the past 4 weeks, how many store coupons have been redeemed?

More than 20.....	<input checked="" type="checkbox"/>
10 to 20.....	<input checked="" type="checkbox"/>
Less than 10.....	<input checked="" type="checkbox"/>

## PLASTIC FOOD WRAP

WE DO NOT USE  
(Skip to next category)

	Used Most Often	Tried in Past 12 Months
Glad Cling Wrap.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Glad Press 'n Seal.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Reynolds Plastic Wrap.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Saran Original/Premium.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Saran Cling Plus.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## HEARING AID BATTERIES

WE DO NOT USE  
(Skip to next category)

	Used Most Often	Tried in Past 12 Months
Duracell - for hearing aids.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Energyzer - for hearing aids.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rayovac - for hearing aids.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Store brand or other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

What size hearing aid battery do members of your household usually purchase?

Size 10 (yellow).....	<input checked="" type="checkbox"/>
Size 13 (orange).....	<input checked="" type="checkbox"/>
Size 312 (brown).....	<input checked="" type="checkbox"/>
Size 675 (blue).....	<input checked="" type="checkbox"/>

## SHOPPING

1) Do household members shop at any of the following stores?

BJ's.....	<input checked="" type="checkbox"/>	K Mart.....	<input checked="" type="checkbox"/>
Costco.....	<input checked="" type="checkbox"/>	Sam's.....	<input checked="" type="checkbox"/>
Dollar General.....	<input checked="" type="checkbox"/>	Target.....	<input checked="" type="checkbox"/>
Family Dollar.....	<input checked="" type="checkbox"/>	Wal-Mart.....	<input checked="" type="checkbox"/>

2) If your household shops at Wal-Mart, dollar stores or drug stores, which types of products do they usually buy?

	Wal-Mart	Dollar Stores	Drug Stores
Beauty products.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleaning products.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Food products.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal care (soap, toothpaste, etc.).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## PETS

WE DO NOT HAVE (Skip to next category)

If your household has a dog or cat, what are their ages?

	Dog	Cat
Under 1 year.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 to 7 years.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Over 7 years.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## PET FOOD

WE DO NOT USE  
(Skip to next category)

If your household has a dog or cat, what are their ages?

	Used Most Often	Tried in Past 12 Months
Alpo.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Eukanuba.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hill's Science Diet.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Iams.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pedigree.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Purina.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### CAT FOOD

Fancy Feast.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Friskies.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Iams.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Whiskas.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If your household has a cat, are three or more flavors, brands or types of cat food bought?

Yes.....	<input checked="" type="checkbox"/>	No.....	<input checked="" type="checkbox"/>
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Please turn to the next page →



## FACIAL CLEANSERS & MOISTURIZERS

WE DO NOT USE (Skip to next category)      Used Most Often      Tried in Past 12 Months

### FACIAL CLEANSERS

Dove .....  .....   
 Olay .....  .....   
 Other cleansers .....  .....

### FACIAL CLEANSER TYPES

Facial cleansing cloth .....  .....   
 Liquid facial cleanser .....  .....

### FACIAL MOISTURIZERS

Dove .....  .....   
 L'Oréal .....  .....   
 Neutrogena .....  .....   
 Olay .....  .....   
 Direct (e.g. Avon, Mary Kay) .....  .....   
 Other facial moisturizers .....  .....   
 Department store brands (e.g. Estée Lauder) .....  .....

### FACIAL MOISTURIZER TYPES

Anti-age facial moisturizer .....  .....   
 Facial moisturizer with SPF .....  .....   
 Night cream .....  .....

1) Which features do household members look for in a facial moisturizer?

	Yes	No
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Makes skin glow with radiance .....  .....

Keeps skin healthy .....  .....

2) Is anyone in your household concerned about the signs of aging around the eyes?

Yes .....  No .....

## HAIR CARE PRODUCTS

WE DO NOT USE (Skip to next category)      Used Most Often      Tried in Past 12 Months

### SHAMPOO OR CONDITIONER

Dove .....  .....   
 Fructis .....  .....   
 Herbal Essences .....  .....   
 L'Oréal Vive .....  .....   
 Neutrogena .....  .....

Pantene .....  .....

Salon Selectives .....  .....

ThermaSilk .....  .....

Other .....  .....

### HOME HAIR COLORING

Excellence or Preference .....  .....

Féria .....  .....

Herbal Essences Color .....  .....

Hydrience .....  .....

Natural Instincts .....  .....

Nice 'n Easy .....  .....

Nutrisse .....  .....

Other home hair coloring .....  .....

### STYLING AIDS

How many times per week do household members use styling aids (e.g. mousse, gel, hair spray)?

5 or more times per week .....

2 to 4 times .....

Once or less per week .....

## HOME CARE

Used Most Often      Tried in Past 12 Months

### AIR FRESHENERS

Airwick .....  .....

Glade .....  .....

Other air freshener .....  .....

### CLEANING CLOTHS AND WIPES

Pledge Grab-It .....  .....

Swiffer .....  .....

Other cleaning wipes .....  .....

### LAUNDRY PRODUCTS

"all" laundry detergent .....  .....

Snuggle fabric softener .....  .....

Other laundry products .....  .....

## NUTRITION & DIET

Do any household members plan their diet for any of the following reasons?

To lose weight .....

To include vitamin supplements .....

To eat organic foods .....

To use herbal remedies .....

To reduce cholesterol .....

To reduce fat .....

To reduce sugar .....

To include calcium .....

## ASTHMA REMEDIES

WE DO NOT USE (Skip to next category)

1) Do any members of your household have asthma? If so, who?

Self .....

Another adult .....

Child - age 12-17 .....

- age 4-11 .....

2) What products are used in your household to treat asthma? Please "X" all that apply.

Others in Household

Advair .....

Albuterol (e.g. Alupent, Proventil, Ventolin) .....

Azmacort .....

Flovent .....

Pulmicort .....

Serevent .....

Singular .....

Other prescription medication .....

## VISION CORRECTION

Are any members of your household considering laser vision correction or LASIK?

Yes - within the next 6 months .....

- within 7 to 12 months .....

- more than 12 months .....

No .....

## ADULT COUGH & COLD REMEDIES

WE DO NOT USE (Skip to next category)

Do any adult members of your household use the following?

Cold tablets or capsules .....

Cold liquids .....

Nasal sprays .....

## ACID RELIEF

WE DO NOT USE (Skip to next category)      Used Most Often      Tried in Past 12 Months

Maalox or Mylanta .....  .....

Nexium .....  .....

Pepcid AC .....  .....

Pepcid Complete .....  .....

Prevacid .....  .....

Rolaids .....  .....

Tagamet .....  .....

Tums .....  .....

Zantac .....  .....

Other .....  .....

How often do household members use prescription or other acid relief products?

Prescription      Other

Daily .....  .....

Several times per week .....  .....

Only when symptoms occur .....  .....

## FEMININE HYGIENE

WE DO NOT USE (Skip to next category)      Used Most Often      Tried in Past 12 Months

Always .....  .....

Tampax - Original .....  .....

- Pearl .....  .....

Other pads or liners .....  .....

Other tampons .....  .....

## BLADDER LEAKAGE

Others in Household

Bladder leakage - light .....  .....

Bladder leakage - heavy .....  .....

Which of the following brands are used?

Used Most Often      Tried in Past 12 Months

Always .....  .....

Poise .....  .....

Serenity .....  .....

Other .....  .....

## HEALTH PLANS

Are you currently enrolled in any of the following health insurance plans?

Yes      No

Dental plan .....  .....

Health care plan .....  .....

Prescription plan .....  .....

Vision plan .....  .....

Medicare .....  .....

## HEALTH PRODUCTS

Does your household use the following?

You      Others in Household

Actonel .....  .....

Advil pain reliever .....  .....

Allegra .....  .....

Avandia .....  .....

Bextra .....  .....

Celebrex .....  .....

Cialis .....  .....

Clarinet .....  .....

Contact lenses .....  .....

Coumadin .....  .....

Flonase .....  .....

Fosamax .....  .....

Imitrex .....  .....

Lantus .....  .....

Levitra .....  .....

Nasonex .....  .....

Plavix .....  .....

Robitussin cough medicine .....  .....

Viagra .....  .....

Zyrtec .....  .....

## FAMILY HEALTH

1) Do any members of your household have the following?

You      Others in Household

ADD or ADHD .....  .....

Arthritis - Rheumatoid .....  .....

- Common (osteo) .....  .....

Chronic Bronchitis .....  .....

COPD .....  .....

Depression .....  .....

Diabetes

- treat with insulin .....  .....

- treat with oral medication .....  .....

- treat with diet or exercise .....  .....

Dry eyes .....  .....

Emphysema .....  .....

Food allergies .....  .....

Frequent nosebleeds .....  .....

High blood pressure .....  .....

High cholesterol .....  .....

IBS .....  .....

Insomnia .....  .....

Lactose intolerance .....  .....

Migraines .....  .....

Osteoporosis .....  .....

Psoriasis or eczema .....  .....

2) Do any members of your household use pain relievers to prevent heart attacks or strokes?

Yes .....  No .....



## EXPECTING A BABY

**NOT EXPECTING BABY** (Skip to next category)  
In which month is anyone in your household expecting a baby?

January  July   
February  August   
March  September   
April  October   
May  November   
June  December

## LEISURE ACTIVITIES

1) What activities are pursued by members of your household?

Baking   
Cooking - gourmet   
- homestyle   
- low fat   
Crafts   
Scrapbooking   
Knitting or needlework   
Quilting   
Gardening   
Organic gardening   
Home improvement or repair   
Woodworking

2) Does your household own any of the following?

Swimming pool   
Horse

## READING

What types of books or magazines do your household members read?

Best selling fiction   
Bible or devotional   
Cooking or culinary   
Country lifestyle   
Interior decorating   
Medical or health   
Natural health remedies   
People or entertainment   
Science or technology   
World news or politics   
Astrology  Military   
Children's  Mystery   
Computer  Romance   
Fashion  Science fiction   
History  Sports

## TRAVEL

What types of travel do your household members enjoy taking?

Casino gambling  US travel   
Cruise ship  Foreign travel   
Frequent flyer  Canada travel   
RV  Business travel   
Timeshare  Leisure travel

## SPORTS

1) What sports do your household members participate in?

Baseball  Running   
Basketball  Walking   
Football  Bicycling   
Hockey  Snow skiing   
Golf  Camping/hiking   
Fitness  Fishing   
Yoga or Pilates  Hunting

2) What sports do your household members watch?

Baseball  Golf   
Basketball  Hockey   
Football  NASCAR

## CHARITABLE CAUSES

What types of causes do members of your household support?

Animal welfare   
Environment or wildlife   
Political - conservative   
- liberal   
World relief   
Children's  Health   
Religious  Veteran's   
Donate to charitable causes

## HOME ELECTRONICS

What does your household own or plan to buy in the next 12 months?

	Currently Own	Plan to Buy
Home computer	<input type="checkbox"/>	<input type="checkbox"/>
CD-ROM	<input type="checkbox"/>	<input type="checkbox"/>
Internet service - any	<input type="checkbox"/>	<input type="checkbox"/>
- DSL or high speed	<input type="checkbox"/>	<input type="checkbox"/>
Compact disc player (CD)	<input type="checkbox"/>	<input type="checkbox"/>
DVD player	<input type="checkbox"/>	<input type="checkbox"/>
Cellular phone	<input type="checkbox"/>	<input type="checkbox"/>

## E-MAIL

You can receive valuable offers, coupons and research on-line by printing your email address below. We work with a selected number of trusted companies to find and send offers that are of interest to our panel members. If you change your mind about participating in these programs, you can cancel at any time — but I don't think you will want to.

Example: [marysmith@cyber.com](mailto:marysmith@cyber.com)

@

Yes, I would also like to be part of the ZoomPanel online research panel and express my opinion directly to top companies on new products and services.

## HOBBIES & INTERESTS

What activities are pursued by members of your household?

Bird watching   
Car repair   
Education courses - Home study   
- Career advancement   
Jigsaw puzzles   
Photography   
Self improvement   
Sweepstakes or lotteries   
Cigar smoking   
Theater or performing arts   
Wine appreciation

## MAIL ORDER OR CATALOGS

1) Has your household bought any of the following products by catalog or through the mail in the past 6 months?

	3 Times or More	1 or 2 Times
Apparel or clothing	<input type="checkbox"/>	<input type="checkbox"/>
Books	<input type="checkbox"/>	<input type="checkbox"/>
Children's products	<input type="checkbox"/>	<input type="checkbox"/>
Cosmetics	<input type="checkbox"/>	<input type="checkbox"/>
Food gifts or products	<input type="checkbox"/>	<input type="checkbox"/>
Garden seeds or bulbs	<input type="checkbox"/>	<input type="checkbox"/>
Gifts	<input type="checkbox"/>	<input type="checkbox"/>
Home furnishings	<input type="checkbox"/>	<input type="checkbox"/>
Magazines	<input type="checkbox"/>	<input type="checkbox"/>
Videos or DVDs	<input type="checkbox"/>	<input type="checkbox"/>
Any other products	<input type="checkbox"/>	<input type="checkbox"/>

2) Does your household shop online?  
Yes  No

## VEHICLE OWNERSHIP

**WE DO NOT HAVE** (Skip to next category)

1) Please tell us about the 2 newest vehicles in your household:

VEHICLE 1

Year: (e.g. 1995)

Make: (e.g. Ford, Honda, Volkswagen)

Model: (e.g. Focus, Civic, Jetta)

VEHICLE 2

Year: (e.g. 1995)

Make: (e.g. Ford, Honda, Volkswagen)

Model: (e.g. Focus, Civic, Jetta)

2) When do household members plan to buy or lease a vehicle?

0 to 6 months  7 to 12 months

## AUTOMOBILE INSURANCE

**WE DO NOT HAVE** (Skip to next category)

When do you renew your policy?

January  July   
February  August   
March  September   
April  October   
May  November   
June  December

## CREDIT CARDS

**WE DO NOT USE** (Skip to next category)

What credit card(s) does your household regularly use?

	Premium	Regular
American Express	<input type="checkbox"/>	<input type="checkbox"/>
Discover	<input type="checkbox"/>	<input type="checkbox"/>
VISA or Mastercard	<input type="checkbox"/>	<input type="checkbox"/>
Other credit card(s)	<input type="checkbox"/>	<input type="checkbox"/>

## LOANS

What does your household currently own or plan to buy in the next 12 months?

	Currently Own	Plan to Buy
First mortgage	<input type="checkbox"/>	<input type="checkbox"/>
Home equity loan	<input type="checkbox"/>	<input type="checkbox"/>
Personal loan	<input type="checkbox"/>	<input type="checkbox"/>
Other financial services	<input type="checkbox"/>	<input type="checkbox"/>

## INVESTMENTS

What investments does your household own or plan to buy in the next 12 months?

	Currently Own	Plan to Buy
Life insurance	<input type="checkbox"/>	<input type="checkbox"/>
Mutual funds	<input type="checkbox"/>	<input type="checkbox"/>
Stocks or bonds	<input type="checkbox"/>	<input type="checkbox"/>
401K plan	<input type="checkbox"/>	<input type="checkbox"/>
529 college savings plan	<input type="checkbox"/>	<input type="checkbox"/>
Other investments	<input type="checkbox"/>	<input type="checkbox"/>

## OCCUPATION

Which employment categories apply to the heads of your household?

	Male	Female
Full-time homemaker	<input type="checkbox"/>	<input type="checkbox"/>
Management	<input type="checkbox"/>	<input type="checkbox"/>
Professional or technical	<input type="checkbox"/>	<input type="checkbox"/>
Sales or marketing	<input type="checkbox"/>	<input type="checkbox"/>
Tradesman or laborer	<input type="checkbox"/>	<input type="checkbox"/>
Home business	<input type="checkbox"/>	<input type="checkbox"/>
Self employed	<input type="checkbox"/>	<input type="checkbox"/>
College student	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
Veteran	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Please turn to the next page →



## CIGARETTES (ADULTS ONLY - 21 OR OLDER)

NO ADULTS SMOKE CIGARETTES (Skip to next category)

### 1st Adult Smoker

Is your usual brand: (check one in each section)

Flavor: Non-Menthol  Menthol   
 Length: Regular  Long / 100s  Extra Long / 120s   
 Type: Full Flavor  Medium  Milds  Lights  Ultra Lights

How do you usually purchase cigarettes? (Check only one)

By the pack  By the carton

Name of your usual brand of cigarettes? \_\_\_\_\_

Out of your last 10 purchases, how many were for your usual brand?

Enter a number from 0 to 10 \_\_\_\_\_

Has this always been your usual brand?

Yes  No

(If no, what was your previous usual brand?) \_\_\_\_\_

What would you do if you went to the store and your usual brand was not available? (Check only one)

Go to another store to buy your usual brand

Buy another type or length of your usual brand

Wait until the store has your usual brand

Buy a different brand entirely

What is your 2nd choice brand (if any)?

(If no second choice brand, write "NONE" below) \_\_\_\_\_

### 2nd Adult Smoker

Is your usual brand: (check one in each section)

Flavor: Non-Menthol  Menthol   
 Length: Regular  Long / 100s  Extra Long / 120s   
 Type: Full Flavor  Medium  Milds  Lights  Ultra Lights

How do you usually purchase cigarettes? (Check only one)

By the pack  By the carton

Name of your usual brand of cigarettes? \_\_\_\_\_

Out of your last 10 purchases, how many were for your usual brand?

Enter a number from 0 to 10 \_\_\_\_\_

Has this always been your usual brand?

Yes  No

(If no, what was your previous usual brand?) \_\_\_\_\_

What would you do if you went to the store and your usual brand was not available? (Check only one)

Go to another store to buy your usual brand

Buy another type or length of your usual brand

Wait until the store has your usual brand

Buy a different brand entirely

What is your 2nd choice brand (if any)?

(If no second choice brand, write "NONE" below) \_\_\_\_\_

If you are 21 or older and would like to receive coupons, offers and premiums that may be sent in the mail, please complete all sections below.

PLEASE PRINT

First name \_\_\_\_\_

Last name \_\_\_\_\_

Gender Male  Female

Birth date required

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

I certify that I am a smoker; that I am 21 years of age or older; and that I would like to receive in the mail offers, premiums, and/or coupons, as well as cigarettes that I may purchase. I understand that giving false information in order to accept these offers may constitute a violation of law.

Signature - 1st Adult Smoker

X \_\_\_\_\_

(First and last name required)

PLEASE PRINT

First name \_\_\_\_\_

Last name \_\_\_\_\_

Gender Male  Female

Birth date required

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Signature - 2nd Adult Smoker

X \_\_\_\_\_

(First and last name required)

## COLLECTIBLES

What does your household collect?

Coins  Stamps   
 Dolls  Plates   
 Figurines  Christmas items   
 Sports items  Other

## MUSIC PREFERENCES

What types of music do members of your household enjoy?

R&B  Jazz   
 Classical  Rock 'n' roll   
 Country  Other   
 Christian or gospel

## GENERAL INFORMATION

In order for companies to truly understand what consumers want, it is important for them to know more than simply how much of a product is sold. They need to have a clear picture of who is buying and why they are buying. This survey can help.

The following questions are being asked as a means to place you and your family into sub-groups. This makes it easier for us to understand your preferences and attitudes.

1) How many people, including yourself, are in your household?

One  Three   
 Two  Four   
 Five or more

2) What are the ages of members of your household? Please "X" all that apply.

INFANTS Male Female

0 - 2 months    
 3 - 6 months    
 7 - 9 months    
 10 - 12 months    
 13 - 24 months

CHILDREN

2 - 4 years    
 5 - 8 years    
 9 - 12 years    
 13 - 15 years    
 16 - 17 years

ADULTS Male Female

18 - 20 years    
 21 - 24 years    
 25 - 34 years    
 35 - 44 years    
 45 - 49 years    
 50 - 54 years    
 55 - 59 years    
 60 - 64 years    
 65 - 69 years    
 70 - 79 years    
 80 years or over

3) If you have grandchildren age 12 or under, how old are they?

0 - 4 years  5 - 12 years

4) Which of the following pets does your household plan to get in the next 6 months?

Puppy  Kitten

5) What is your marital status?

Married or equivalent

Single or equivalent

6) What type of dwelling do you live in?

Own Rent

Apartment or condo

House - single family

Other type

7) How long have you lived in your current home?

Under 1 year  1 to 10 years

Over 10 years

8) What was the combined income for all members of your household in 2003 (before tax)?

Prefer not to answer

Less than \$25,000

\$25,000 to \$34,999

\$35,000 to \$49,999

\$50,000 to \$74,999

\$75,000 to \$99,999

\$100,000 to \$149,999

\$150,000 or over

Thank you for taking the time to complete this questionnaire. I hope you found it interesting. One last thing — PLEASE PRINT YOUR NAME AND MAILING ADDRESS BELOW. Sweepstakes and coupon deadline is October 29, 2004. No purchase is necessary to enter.

Please allow 12 weeks for delivery of the coupons. If you are moving in the next 12 weeks, write in your NEW mailing address only.

Best Regards

Mr  Mrs  Miss  Ms

Laura

PLEASE PRINT

NAME: \_\_\_\_\_

FIRST NAME

LAST NAME

MAILING ADDRESS: \_\_\_\_\_

CITY / TOWN \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ - \_\_\_\_\_

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(OPTIONAL)

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