

Please indicate each of your answers by placing an "X" in the box or writing it on the line provided. "Your household" refers to all persons living with you regardless of whether or not they are relatives.



First, a few questions about your reading of HEALTHY KIDS...

1a. How did you obtain this copy of HEALTHY KIDS? (Please "X" one only.) 5-1

- 6-1 My pediatrician handed it to me
- 2 I picked it up from a nurse or receptionist
- 3 I picked it up in a waiting room
- 4 I received it from a friend/relative
- 5 Other

_____ (Please Specify)

b. Did you take this copy of HEALTHY KIDS home with you?

- 7-1 Yes 2 No

2a. Prior to this issue of HEALTHY KIDS, have you ever seen any other issue of HEALTHY KIDS?

- 8-1 Yes 2 No

b. HEALTHY KIDS publishes six issues per year. Including this issue, how many issues of HEALTHY KIDS have you seen in the past 12 months? (Please circle the number.) (9)

1 2 3 4 5 6

3. How many times, in total, did/will you look at this issue of HEALTHY KIDS before you were/are finished reading it?

- 10-1 1 time 3 4-5 times 5 10 or more times
 2 2-3 times 4 6-9 times

4. Considering all the times you did/will look at it, about how much time, in total, did/will you spend reading or looking through this issue of HEALTHY KIDS?

- 11-1 Less than 30 minutes 5 2 to under 2 ½ hours
 2 30 - 59 minutes 6 2 ½ to under 3 hours
 3 1 to under 1 ½ hours 7 3 hours or more
 4 1 ½ to under 2 hours

5. Not including yourself, how many other household members did/will read or look through this issue of HEALTHY KIDS? (If NONE write "0.")

	Number of Other Male Readers	Number of Other Female Readers
Under 18 years of age	_____ 12-	_____ 16-
18 - 34 years of age	_____ 13-	_____ 17-
35 - 49 years of age	_____ 14-	_____ 18-
50 years or older	_____ 15-	_____ 19-

6. How many people outside your household did/will read or look through this issue of HEALTHY KIDS? (If NONE write "0.")

	Number of Other Male Readers	Number of Other Female Readers
Under 18 years of age	_____ 20-	_____ 24-
18 - 34 years of age	_____ 21	_____ 25-
35 - 49 years of age	_____ 22-	_____ 26-
50 years or older	_____ 23-	_____ 27-

7. Thinking about all the other people that did/will read or look through this issue of HEALTHY KIDS, how many of them are parents? (If NONE write "0.")

Number of readers who are parents: _____ 28-

8. What did/will you or other household members do with this issue of HEALTHY KIDS when you were/are finished reading it? (Please "X" all that apply.)

- 29-1 Save(d) entire issue
- 2 Save(d) articles/ads
- 3 Pass(ed) it along to friends/relatives
- 4 Discard(ed) it or recycle(d) it
- 5 Other _____

(Please Specify)

Please go to next page





9. How long ago did you see your first issue of **HEALTHY KIDS** magazine?

- 30-1 Less than 1 year ago
 -2 1 to less than 2 years
 -3 2 to less than 3 years
 -4 3 to less than 4 years
 -5 4 to less than 5 years
 -6 5 to less than 6 years
 -7 6 or more years

10. How many times have you visited a pediatrician in the last 12 months? (If **NONE**, write "0.")

Number of times _____ 31-32

11. How many other pediatricians did you consider before choosing your current pediatrician?

_____ 33-34
 (Write in number)

12. How many years have you taken your child(ren) to a pediatrician?

_____ 35-36
 (Write in number)

13. Which of the following influenced your selection of your current pediatrician? (Check all that apply.)

- 37-1 Pediatrician was recommended by family member/friend
 -2 Pediatrician was recommended by healthcare insurance carrier
 -3 An interview you had with the pediatrician
 -4 Prior experience taking another child to the same pediatrician

14. **HEALTHY KIDS** is distributed to you by your pediatrician and is the only parenthood magazine endorsed by the American Academy of Pediatrics with all of its articles approved by the Academy. Knowing this, are you more confident, as confident or less confident in the children's health information in **HEALTHY KIDS** than that found in other parenthood magazines?

- 38-1 More confident in **HEALTHY KIDS**
 -2 As confident in **HEALTHY KIDS**
 -3 Less confident in **HEALTHY KIDS**

15. How would you rate the quality of the products advertised in **HEALTHY KIDS** compared to those advertised in other parenthood/child care publications you read?

- 39-1 Higher quality than others -3 Lower quality than others
 -2 Same as others

14. Please indicate how much you agree or disagree with each of the following statements by marking an "X" in the box which comes closest to how you feel about **HEALTHY KIDS**. (Please "X" one for each statement.)

	Agree Strongly	Agree Some- what	Disa- gree Some- what	Disa- gree Strongly
The articles are fun to read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40-
I always read or look at the advertising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 41-
I find myself talking about things I read in this magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42-
The advertising in this magazine seems more believable than the advertising in other magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43-
This magazine often runs articles that pertain exactly to my children's health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44-
I have more confidence in materials I receive from my pediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45-
I'm more likely to buy a product if it's advertised in HEALTHY KIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46-
I'm very likely to recommend HEALTHY KIDS to other parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47-
	(1)	(2)	(3)	(4)

Other Magazines

1. Please indicate which of the following magazines you read regularly, that is, at least 3 out of every 4 issues. (Please "X" all that apply.)

- | | |
|---|---|
| 48-1 <input type="checkbox"/> American Baby | 49-1 <input type="checkbox"/> Parents |
| -2 <input type="checkbox"/> Baby Talk | -2 <input type="checkbox"/> Scholastic Parent & Child |
| -3 <input type="checkbox"/> Child | -3 <input type="checkbox"/> Sesame Street |
| -4 <input type="checkbox"/> Family Fun | -4 <input type="checkbox"/> Working Mother |
| -5 <input type="checkbox"/> Family Life | -5 <input type="checkbox"/> NONE OF THESE |
| -6 <input type="checkbox"/> Parenting | |

Sports Activities

1. Please indicate which of the following activities your child(ren) have participated in during the last 12 months. (Please "X" all that apply.)

- | | | |
|---|---|--|
| 50-1 <input type="checkbox"/> Basketball | 51-1 <input type="checkbox"/> Outdoor bicycling | 52-1 <input type="checkbox"/> Softball/ Baseball |
| -2 <input type="checkbox"/> Camping/backpacking | -2 <input type="checkbox"/> Rollerblading | -2 <input type="checkbox"/> Swimming |
| -3 <input type="checkbox"/> Football | -3 <input type="checkbox"/> Soccer | -3 <input type="checkbox"/> Tennis |
| -4 <input type="checkbox"/> Golf | -4 <input type="checkbox"/> Snow skiing | -4 <input type="checkbox"/> Volleyball |
| -5 <input type="checkbox"/> Ice skating | -5 <input type="checkbox"/> Snowboarding | -5 <input type="checkbox"/> NONE OF THESE |
| -6 <input type="checkbox"/> Jogging/Running | | |





Book, Music and Video Clubs

1. To which of the following do you or other household members belong? (Check all that apply.)

- 53-1 Book club
 -2 Music club (CDs, tapes, etc.)
 -3 Video club

Pets

1. Which of the following does your household currently own, and which do you plan to acquire in the next 12 months?

	Own	Plan to Acquire	
Cat	<input type="checkbox"/>	<input type="checkbox"/>	54
Dog	<input type="checkbox"/>	<input type="checkbox"/>	55-
	(1)	(2)	

Fast Food/Drive-In Restaurants

1. About how many times, in total, did you or other household members go to a fast food/drive-in restaurant in the last 30 days? (If NONE, write "0.")

Number of times went to fast food/drive-in restaurant _____ (56-57)

Food Shopping and Coupons

1. How many times did you do major food or grocery shopping in the last 4 weeks?

- 58-1 None
 -2 1 time
 -3 2 times
 -4 3 times
 -5 4-5 times
 -6 6-7 times
 -7 8-9 times
 -8 10 or more times

2. About how much, in total, do you or other members of your household spend in grocery stores, food stores, supermarkets, butcher, baker, produce and convenience stores in an average week?

- 59-1 \$30 or less
 -2 \$31 - \$40
 -3 \$41 - \$50
 -4 \$51 - \$60
 -5 \$61 - \$70
 -6 \$71 - \$80
 -7 \$81 - \$100
 -8 \$101 - \$150
 -9 \$151 - \$200
 -0 \$201 or more

3. Do you or other household members ever use "cents-off" coupons when shopping?

- 60-1 Yes
 -2 No

Food Products

1. How closely do you monitor the foods your children eat?

- 61-1 Very closely
 -2 Somewhat closely
 -3 Not very closely
 -4 Not at all

62-80z

5-2

2. Which of the following items do any children in your household use? (Indicate in Column A.) Excluding any children in your household, which of the following do you or other adult household members use? (Indicate in Column B.)

	Column A Children in household use	Column B You/others in household use	
Cold breakfast cereal	<input type="checkbox"/>	<input type="checkbox"/>	6-
Hot breakfast cereal	<input type="checkbox"/>	<input type="checkbox"/>	7-
Frozen pancakes/french toast/waffles	<input type="checkbox"/>	<input type="checkbox"/>	8-
Beef	<input type="checkbox"/>	<input type="checkbox"/>	9-
Pork	<input type="checkbox"/>	<input type="checkbox"/>	10-
Fresh poultry	<input type="checkbox"/>	<input type="checkbox"/>	11-
Canned tuna	<input type="checkbox"/>	<input type="checkbox"/>	12-
Cold cuts (packaged or fresh)	<input type="checkbox"/>	<input type="checkbox"/>	13-
Dry soup/lunch mix and dry bouillon	<input type="checkbox"/>	<input type="checkbox"/>	14-
Canned soup and broth	<input type="checkbox"/>	<input type="checkbox"/>	15-
Eggs	<input type="checkbox"/>	<input type="checkbox"/>	16-
Spaghetti/pasta sauces in cans/jars	<input type="checkbox"/>	<input type="checkbox"/>	17-
Dry packaged pasta, spaghetti, macaroni and noodles	<input type="checkbox"/>	<input type="checkbox"/>	18-
Packaged rice dishes	<input type="checkbox"/>	<input type="checkbox"/>	19-
Fresh potatoes	<input type="checkbox"/>	<input type="checkbox"/>	20-
Adult dinners/entrees	<input type="checkbox"/>	<input type="checkbox"/>	21-
Children's dinners/entrees	<input type="checkbox"/>	<input type="checkbox"/>	22-
Dried fruit or raisins	<input type="checkbox"/>	<input type="checkbox"/>	23-
Fruit snack packs or cups	<input type="checkbox"/>	<input type="checkbox"/>	24-
Other canned or jarred fruit	<input type="checkbox"/>	<input type="checkbox"/>	25-
Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/>	26-
Peanut butter	<input type="checkbox"/>	<input type="checkbox"/>	27-
Crackers	<input type="checkbox"/>	<input type="checkbox"/>	28-
Flavored gelatin desserts	<input type="checkbox"/>	<input type="checkbox"/>	29-
Pudding, snack packs or cups	<input type="checkbox"/>	<input type="checkbox"/>	30-
Nutritional snacks, bars and rolls	<input type="checkbox"/>	<input type="checkbox"/>	31-
Pancake and table syrup	<input type="checkbox"/>	<input type="checkbox"/>	32-
Jams, jellies and preserves	<input type="checkbox"/>	<input type="checkbox"/>	33-
Ice cream, ice milk and sherbet (for eating at home)	<input type="checkbox"/>	<input type="checkbox"/>	34-
Orange juice	<input type="checkbox"/>	<input type="checkbox"/>	35-
Tomato or vegetable juices	<input type="checkbox"/>	<input type="checkbox"/>	36-
Apple juice	<input type="checkbox"/>	<input type="checkbox"/>	37-
Other fruit juices or fruit drinks	<input type="checkbox"/>	<input type="checkbox"/>	38-
Powdered soft drinks (add water)	<input type="checkbox"/>	<input type="checkbox"/>	39-
Non-carbonated bottled spring water	<input type="checkbox"/>	<input type="checkbox"/>	40-
Cookies (ready-to-eat)	<input type="checkbox"/>	<input type="checkbox"/>	41-
Milk flavorings	<input type="checkbox"/>	<input type="checkbox"/>	42-
Baby food	<input type="checkbox"/>	<input type="checkbox"/>	43-
Baby formula	<input type="checkbox"/>	<input type="checkbox"/>	44-
Milk	<input type="checkbox"/>	<input type="checkbox"/>	45-
Yogurt (not bought frozen)	<input type="checkbox"/>	<input type="checkbox"/>	46-
Frozen yogurt	<input type="checkbox"/>	<input type="checkbox"/>	47-
Rice/grain cakes	<input type="checkbox"/>	<input type="checkbox"/>	48-

(1) (2)

Please go to next page



3a. What types and shapes of baby nurseries has your household used in the last 30 days? (*Check all that apply.*) How many of each has your household purchased since the birth of your youngest child? (*Write in number.*)

	Straight	Angled	Number purchased
Reusable glass	37-1 <input type="checkbox"/>	-4 <input type="checkbox"/>	_____ (38-40)
Reusable plastic	-2 <input type="checkbox"/>	-5 <input type="checkbox"/>	_____ (41-43)
Plastic with disposable liners	-3 <input type="checkbox"/>	-6 <input type="checkbox"/>	_____ (44-46)

b. Who or what influenced your decision on which type and shape of baby nurser to use?

- | | |
|--|--|
| 47-1 <input type="checkbox"/> Friend/relative | 48-1 <input type="checkbox"/> Childbirth educator |
| -2 <input type="checkbox"/> Newspaper ads/articles | -2 <input type="checkbox"/> Other medical educator |
| -3 <input type="checkbox"/> Parenthood magazine ads/articles | -3 <input type="checkbox"/> Previous experience |
| -4 <input type="checkbox"/> Other magazine ads/articles | -4 <input type="checkbox"/> Television advertisement |
| -5 <input type="checkbox"/> Pediatrician | -5 <input type="checkbox"/> Other _____ (Please Specify) |

c. Has your household used a no-spill cup in the last 30 days?

- 49-1 Yes -2 No

Children's Clothing

1a. Please indicate the age group(s) of the children for whom you purchased clothing or shoes in the last 12 months. (*Please "X" all that apply.*)

- | | |
|--|---|
| 50-1 <input type="checkbox"/> Under 1 year | -4 <input type="checkbox"/> NONE OF THESE (If NONE, go to GAMES AND TOYS) |
| -2 <input type="checkbox"/> 1-5 years | |
| -3 <input type="checkbox"/> 6-12 years | |

b. For each age group, please write in the total amount you spent in the last 12 months for clothing of each type listed.

	Total Amount Spent:		
	Children Under 1 year	Children 1-5 years	Children 6-12 years
Underwear (excluding diapers)	\$ _____ 51-53	\$ _____ 6-8	\$ _____ 33-35
Sleepwear/ layette set	\$ _____ 54-56	\$ _____ 9-11	\$ _____ 36-38
Suits or dresses	\$ _____ 57-59	\$ _____ 12-14	\$ _____ 39-41
Jeans or dungarees	\$ _____ 60-62	\$ _____ 15-17	\$ _____ 42-44
Tops or shirts	\$ _____ 63-65	\$ _____ 18-20	\$ _____ 45-47
Outerwear	\$ _____ 66-68	\$ _____ 21-23	\$ _____ 48-50
Shoes - athletic	\$ _____ 69-71	\$ _____ 24-26	\$ _____ 51-53
Shoes - canvas	\$ _____ 72-74	\$ _____ 27-29	\$ _____ 54-56
Shoes - other	\$ _____ 75-77	\$ _____ 30-32	\$ _____ 57-59

(78-80z)

5-4

2. How important are each of the following in the selection and purchase of clothes for your children?

	Extremely Important	Very Important	Somewhat Important	Not At All Important
Brand name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 60-
Retailer name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 61-
Price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 62-
Flame retardency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 63-
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 64-
	(1)	(2)	(3)	(4)

3. From which of the following types of stores do you purchase clothes for your child(ren)? (*Check all that apply.*)

- 65-1 Baby superstore
- 2 Children's clothing chain (Kids "R" Us, etc.)
- 3 Discount department stores (K-mart, Target, Wal-Mart, etc.)
- 4 Mid-range priced department stores (Sears, JCPenney, etc.)
- 5 Higher-priced department stores (Macy's, Nordstrom, etc.)
- 6 Toy stores
- 7 Children's mail order/catalog
- 8 Other _____

(Please Specify)

Games and Toys

1. Please indicate which of the following items you have bought in the last 12 months. (*Please "X" all that apply.*)

- | | |
|---|---|
| 66-1 <input type="checkbox"/> Large/baby dolls | 67-1 <input type="checkbox"/> Other educational toys |
| -2 <input type="checkbox"/> Plush dolls/animals | -2 <input type="checkbox"/> Outdoor recreation sets (e.g., swings, monkey bars) |
| -3 <input type="checkbox"/> Fashion dolls | -3 <input type="checkbox"/> Play sports equipment |
| -4 <input type="checkbox"/> Other dolls/animals | -4 <input type="checkbox"/> Pre-recorded video tapes |
| -5 <input type="checkbox"/> Riding toys/tricycles | -5 <input type="checkbox"/> Cars/trucks |
| -6 <input type="checkbox"/> Children's bicycles | -6 <input type="checkbox"/> Board games |
| -7 <input type="checkbox"/> Safety helmets | -7 <input type="checkbox"/> Word games |
| -8 <input type="checkbox"/> Builder sets | -8 <input type="checkbox"/> Children's books |
| -9 <input type="checkbox"/> Action figures/robots & accessories | -9 <input type="checkbox"/> Personal computer (PC) |
| -0 <input type="checkbox"/> Infant toys | -0 <input type="checkbox"/> Computer software |
| -x <input type="checkbox"/> Pre-school toys | |
| -y <input type="checkbox"/> Electronic educational toys | |

2. How important are each of the following in the selection and purchase of toys for your children?

	Extremely Important	Very Important	Somewhat Important	Not At All Important
Brand name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 68-
Retailer name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 69-
Price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 70-
Product safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 71-
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 72-
Toy is educational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 73-
	(1)	(2)	(3)	(4)

Please go to next page





3. Thinking of toys that are specially designed for babies, which company do you think makes the best quality toys for the money?

_____ 74-76
(Company's name)

77-80z
5-5

Baby Accessories and Home Safety Products

1. Please indicate which of the following items you have purchased in the last 12 months. (Please "X" all that apply.)

- | | |
|--|---|
| 6-1 <input type="checkbox"/> Baby car seat | 7-1 <input type="checkbox"/> Plug/outlet covers |
| -2 <input type="checkbox"/> Booster car seat | -2 <input type="checkbox"/> Water spout covers |
| -3 <input type="checkbox"/> Cradle bouncer/
infant seat | -3 <input type="checkbox"/> Cabinet locks |
| -4 <input type="checkbox"/> High chair | -4 <input type="checkbox"/> Other safety locks,
covers or guards |
| -5 <input type="checkbox"/> Play yard/playpen | -5 <input type="checkbox"/> Humidifier |
| -6 <input type="checkbox"/> Toilet trainer | -6 <input type="checkbox"/> Vaporizers |
| -7 <input type="checkbox"/> Stroller | -7 <input type="checkbox"/> Carbon monoxide
detector |
| -8 <input type="checkbox"/> Indoor swing | -8 <input type="checkbox"/> Cord shorteners |
| -9 <input type="checkbox"/> Smoke/fire alarm | -9 <input type="checkbox"/> Other |
| -0 <input type="checkbox"/> Water purifier | |
| -x <input type="checkbox"/> Nursery intercom | |
| -y <input type="checkbox"/> Security gate | |

(Please Specify)

(8-9z)

Childcare

1. Thinking about childcare, do you...?

- 10-1 Employ the services of a childcare center
- 2 Have a relative care for your child(ren)
- 3 Employ a childcare provider in your home
- 4 Care for your child(ren) yourself
- 5 Employ a childcare provider at another's home
- 6 Other _____

(Please Specify)

2. Do you plan to employ a childcare center or someone else (for more than 20 hours per week) to watch your child(ren) in the next 12 months?

- 11-1 Yes -2 No

Laundry

1. In total, about how many washloads of all types of laundry were done by your entire household in the last 7 days?

- | | | |
|------------------------------------|-----------------------------------|--|
| 12-1 <input type="checkbox"/> None | -4 <input type="checkbox"/> 7-9 | -7 <input type="checkbox"/> 16-20 |
| -2 <input type="checkbox"/> 1-3 | -5 <input type="checkbox"/> 10-12 | -8 <input type="checkbox"/> 21 or more |
| -3 <input type="checkbox"/> 4-6 | -6 <input type="checkbox"/> 13-15 | |

2. Which of the following types of liquid and powder laundry soaps/detergents do you regularly use? (Check all that apply.)

	Liquid soap/ detergent	Powder soap/ detergent
With fabric softener	<input type="checkbox"/>	<input type="checkbox"/> 13-
Without perfumes/dyes	<input type="checkbox"/>	<input type="checkbox"/> 14-
With bleach	<input type="checkbox"/>	<input type="checkbox"/> 15-
Formulated specifically for baby's clothes	<input type="checkbox"/>	<input type="checkbox"/> 16-
All other	<input type="checkbox"/>	<input type="checkbox"/> 17-
	(1)	(2)

3. Which of the following other laundry products do you regularly use? (Check all that apply.)

- 18-1 Liquid chlorine bleach
- 2 Liquid all-fabric bleach
- 3 Powder bleach for whites
- 4 Powder all-fabric bleach
- 5 Stain removers

Video Equipment / Personal Computers

1. Please indicate which of the following items you or other members of your household own, and which items you or other household members bought in the last 12 months or plan to purchase in the next 12 months. (Please "X" all that apply.)

	Own	Bought in last 12 months	Plan to purchase in next 12 months
Video cassette player/ recorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19-
Video camera/camcorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20-
Personal computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21-
NONE OF THESE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22-
	(1)	(2)	(3)

2. Do you or other members of your household currently subscribe to an online service at home, or plan to subscribe in the next 12 months?

	Yes	No
Currently subscribe	<input type="checkbox"/>	<input type="checkbox"/> 23-
Plan to subscribe	<input type="checkbox"/>	<input type="checkbox"/> 24-
	(1)	(2)

3. If your child(ren) currently uses a personal computer owned by your household, or if your child(ren) will use a personal computer purchased by your household in the next 12 months, for what purposes does or will your child(ren) use the household-owned personal computer?

- 25-1 School-related projects or homework
- 2 Non-school related purposes
(excluding video games)
- 3 Play video games
- 4 Surf the Internet
- 5 E-mail
- 6 Other _____

(Please Specify)

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(26-28z)

Cameras and Film

1. Please indicate which of the following types of cameras you own or have bought either for yourself or someone else, in the last 12 months. Also, indicate which ones you plan to purchase in the next 12 months. (Please "X" all that apply.)

	Own	Bought in last 12 months	Plan to purchase
35mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 29.
Instant print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30.
Single use/disposable camera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 31.
NONE OF THESE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 32.
	(1)	(2)	(3)

2. How many packs, rolls, reels, cartridges or discs of film did you use in the last 12 months? (If NONE, write "0.")

Number of packs, rolls, reels, cartridges or discs used _____ (33-35)

Cars, Trucks, Mini-vans & Sport/Utility Vehicles

1a. How many passenger cars, trucks, mini-vans, vans or sport/utility vehicles do you or other household members currently own? (If NONE, write "0.")

Number of vehicles owned _____ (36-37)

b. Have you or other members of your household purchased a vehicle in the past 12 months? Or plan to purchase a vehicle in the next 12 months? (Check all that apply.)

- 38-1 Have purchased a vehicle in the past 12 months
 -2 Plan to purchase a vehicle in the next 12 months

c. Which type(s) of vehicles are owned by members of your household? (Please "X" all that apply.)

- 39-1 Sedan/hard top
 -2 Convertible
 -3 Station wagon
 -4 Hatchback/runabout
 -5 Coupe/sports coupe
 -6 Full-size pickup
- 40-1 Full-size van
 -2 Mini-van
 -3 Sport/utility vehicle
 -4 Other
- _____
 (Please specify)

Your Household

We are interested in obtaining some information about you and your household which we need for statistical and analytical purposes only. The information will be held confidential and treated only in composite with information from other readers. It will be extremely useful to us in completing a picture of our readers.

1. Are you male or female?

- 41-1 Male
 -2 Female

2. INCLUDING YOURSELF, how many members are there in your household within the following sex and age groups? (If NONE, write "0.")

	Males	Females
Under 6 months old	_____ 42.	_____ 57.
6-11 months old	_____ 43.	_____ 58.
1 year old	_____ 44.	_____ 59.
2 years old	_____ 45.	_____ 60.
3 years old	_____ 46.	_____ 61.
4 years old	_____ 47.	_____ 62.
5 years old	_____ 48.	_____ 63.
6 years old	_____ 49.	_____ 64.
7 years old	_____ 50.	_____ 65.
8 years old	_____ 51.	_____ 66.
9 years old	_____ 52.	_____ 67.
10 years old	_____ 53.	_____ 68.
11 years old	_____ 54.	_____ 69.
12-17 years old	_____ 55.	_____ 70.
18 years or older	_____ 56.	_____ 71.

3. Are you or anyone else in your household currently pregnant?

- 72-1 Yes -2 No

4. What is your age?

- 73-1 Under 18 -7 45-49
 -2 18-24 -8 50-54
 -3 25-29 -9 55-59
 -4 30-34 -0 60-64
 -5 35-39 -x 65 or over
 -6 40-44

5. What is your marital status?

- 74-1 Single (never married) -4 Divorced/Widowed/
 -2 Married Separated
 -3 Living together as
 married

(75-80z)

5-6





6. Thinking of your primary place of residence, do you ...?

- 6-1 Own your private home
 6-2 Own your co-op or condominium
 6-3 Rent your home
 6-4 Rent an apartment
 6-5 Other _____
 (Please Specify)

7a. Are you currently employed?

- 7-1 Yes 7-2 No

b. If "YES," how many hours do you usually work each week?

- 8-1 Employed full-time - that is, 30 hours or more per week
 8-2 Employed part-time - that is, fewer than 30 hours per week

8. If not employed outside the home, are you:

- 9-1 Homemaker
 9-2 Retired
 9-3 On maternity leave
 9-4 Temporarily unemployed
 9-5 Permanently disabled
 9-6 Other

9. Please indicate the highest level of education you have completed.

- 10-1 Some high school or less
 10-2 High school graduate
 10-3 Attended college less than 1 year
 10-4 Attended college 1-3 years
 10-5 Graduated from 4-year college
 10-6 Post-graduate study without degree
 10-7 Master's degree
 10-8 Doctoral degree

10. Who is the head of your household (that is, the main income earner)?

- 11-1 I am → GO TO Q.15
 11-2 I am jointly with somebody else → GO TO Q.15
 11-3 Somebody else is → CONTINUE

11. If somebody else is the head of household, is this person male or female?

- 12-1 Male 12-2 Female

12. What is the head of household's age?

- 13-1 Under 18 13-5 35-39 13-9 55-59
 13-2 18-24 13-6 40-44 13-0 60-64
 13-3 25-29 13-7 45-49 13-x 65 or over
 13-4 30-34 13-8 50-54

13. Which of the following best describes the head of household's present employment status?

- 14-1 Employed full-time - that is, 30 hours or more per week
 14-2 Employed part-time - that is, fewer than 30 hours per week
 14-3 Not employed (e.g. retired, temporarily unemployed, homemaker, etc.)

14. What is the highest level of education the head of household has completed?

- 15-1 Some high school or less
 15-2 High school graduate
 15-3 Attended college less than 1 year
 15-4 Attended college 1-3 years
 15-5 Graduated from 4-year college
 15-6 Post-graduate study without degree
 15-7 Master's degree
 15-8 Doctoral degree

15. Please "X" the box that best describes your total household income before taxes in 1996. Please include income for yourself and all other persons living in your household from all sources. (For example: wages, bonuses, profits, dividends, rental income, interest, social security, unemployment/worker's compensation, retirement pay, alimony, child support, etc.)

- 16-1 Less than \$15,000 16-7 \$40,000 - \$49,999
 16-2 \$15,000 - \$19,999 16-8 \$50,000 - \$74,999
 16-3 \$20,000 - \$24,999 16-9 \$75,000 - \$99,999
 16-4 \$25,000 - \$29,999 16-0 \$100,000 - \$124,999
 16-5 \$30,000 - \$34,999 16-x \$125,000 or more
 16-6 \$35,000 - \$39,999

16. What is the zip code of the area in which you live?

 17- 18- 19- 20- 21-

Thank You Very Much for Your Help.

Please use the envelope provided to return your completed questionnaire to:

Audits & Surveys Worldwide
 Media Division
 The Audits & Surveys Building
 650 Avenue of the Americas
 New York, NY 10011