



Hi - we need your help. Please answer these questions about publications you may have read. It should only take a few minutes. The \$5 we've enclosed is a token of our appreciation. Please return the questionnaire in the enclosed postage paid envelope. Everyone who responds will be entered in a drawing for the following prizes:

- A \$500 GAP gift certificate
- A Cannondale mountain bike
- A Sony stereo system

Thank you for your help.

TEEN READERSHIP SURVEY

Thank you. Now, a few questions about some of the products and services you use...

Computers

1. On average, how much time do you spend each week doing each of the following?

	Less than 1 hour	About 1 hour	2-3 hours	4-5 hours	Over 5 hours	None/ I don't do this
• Using a computer at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Using a computer at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Using a computer at some other place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Using a computer to play games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Surfing the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Internet

1. Do you have access to the Internet?

☐ Yes
☐ No ► SKIP TO THE NEXT SECTION ("Entertainment")

2. If YES, please indicate where you have Internet access. (CHECK ALL THAT APPLY.)

☐ Home
☐ School
☐ Public library
☐ Workplace (yours or parents')
☐ Café/other place with pay-for-use access
☐ In recruiter's office
☐ Other (WRITE IN): _____

3. How do you find interesting sites on the Internet? (CHECK ALL THAT APPLY.)

☐ Don't use Internet
☐ Search engines
☐ E-mail
☐ Random surfing
☐ Web addresses in magazine ads or TV commercials
☐ Online advertising
☐ Hotlinks
☐ Bulletin Boards
☐ Word of mouth
☐ Parents' suggestions
☐ Educators' suggestions
☐ Other (WRITE IN): _____

4. Have you ever visited...?

A career-related website ☐ Yes ☐ No
A website related to the military ☐ ☐

5. How likely are you to serve on active duty in the military?

☐ Definitely ☐ Probably not
☐ Probably ☐ Definitely not

Entertainment

1. How often do you go to the movies in an average month?

☐ 0 ☐ 2 ☐ 5-6
☐ 1 ☐ 3-4 ☐ 7+

2. How many music CDs do you purchase in an average month?

☐ 0 ☐ 2 ☐ 5-6
☐ 1 ☐ 3-4 ☐ 7+

Chewing Gum and Candy

1. How recently have you chewed gum?

☐ In the past week ☐ In the past six months
☐ In the past month ☐ In the past year
☐ Have not chewed in the past year ► SKIP TO QUESTION 3

2. Would you say you are chewing gum more often, about the same, or less often than a year ago?

☐ More often
☐ About the same
☐ Less often ► ANSWER THE NEXT QUESTION

3. If you have not chewed gum in the past year or are chewing gum less often, what reasons would you give for this? (CHECK ALL THAT APPLY.)

☐ It is not appropriate for work/school
☐ It doesn't "look" right for an adult
☐ Get tired of chewing
☐ Don't like the taste
☐ Taste doesn't last long enough
☐ Dental reasons
☐ Difficult to dispose of
☐ It is not nutritious
☐ Prefer to eat a snack
☐ Prefer a low-fat snack food
☐ Prefer to drink a beverage
☐ Gives me a headache
☐ Makes me hungry
☐ Too expensive
☐ Concerned about ingredients
☐ Nothing new on the market
☐ Other (WRITE IN): _____

EVERYONE:

4. Which of the following have you bought a) in the past 3 months? b) in the past 7 days?

	Bought in Past 3 Months	Bought in Past 7 Days
Hard candy (such as Jolly Ranchers or LifeSavers)	<input type="checkbox"/>	<input type="checkbox"/>
Gummi candy	<input type="checkbox"/>	<input type="checkbox"/>
Sugarless chewing gum	<input type="checkbox"/>	<input type="checkbox"/>
Sugared bubble gum	<input type="checkbox"/>	<input type="checkbox"/>
Sugarless bubble gum	<input type="checkbox"/>	<input type="checkbox"/>
Non-chocolate chewy candy (such as Skittles or Starburst)	<input type="checkbox"/>	<input type="checkbox"/>

5. IF YOU BOUGHT ANY HARD CANDY OR GUMMI CANDY, which brands have you bought a) in the last 3 months? b) in the last 7 days?

	Bought in Last 3 Months	Bought in Last 7 Days
Hard Candy		
LifeSavers	<input type="checkbox"/>	<input type="checkbox"/>
Jolly Ranchers	<input type="checkbox"/>	<input type="checkbox"/>
Werthers	<input type="checkbox"/>	<input type="checkbox"/>
Reeds	<input type="checkbox"/>	<input type="checkbox"/>
TasteTations	<input type="checkbox"/>	<input type="checkbox"/>
Pearson Nips	<input type="checkbox"/>	<input type="checkbox"/>
Starlight Mints	<input type="checkbox"/>	<input type="checkbox"/>
Beechnut	<input type="checkbox"/>	<input type="checkbox"/>
Other hard candy	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>
Gummi Candy		
Gummi Candy	<input type="checkbox"/>	<input type="checkbox"/>
Jolly Ranchers Mega Fruit	<input type="checkbox"/>	<input type="checkbox"/>
Trolli Gummi Candy	<input type="checkbox"/>	<input type="checkbox"/>
Gummi Bears or Worms	<input type="checkbox"/>	<input type="checkbox"/>
Juicefuls Fruit Gummies	<input type="checkbox"/>	<input type="checkbox"/>
Brachs Gummies	<input type="checkbox"/>	<input type="checkbox"/>
Other Gummi candy	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>



Beverages

1. How many cans or bottles of the following do you drink in an average day?

	0	1	2	3-4	5-6	7+
Diet cola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular cola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other carbonated soft drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottled water/seltzer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iced tea drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iced coffee drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Jeans and Sneakers

1. How many pairs of jeans have you bought in the past year?
- ☐ 0 ☐ 2 ☐ 5-6
☐ 1 ☐ 3-4 ☐ 7+
2. How many pairs of sneakers have you bought in the past year? (Include all types—athletic, walking, etc.)
- ☐ 0 ☐ 2 ☐ 5-6
☐ 1 ☐ 3-4 ☐ 7+

Personal Products (Males and Females)

1. Please indicate which products you used in the last 6 months, and write the approximate number of times you used each product in the last 7 days.

	Used in Last 6 Months	Number of Times Used in Last 7 Days
Deodorant/anti-perspirant	<input type="checkbox"/>	_____
Shampoo	<input type="checkbox"/>	_____
Conditioner (rinse out)	<input type="checkbox"/>	_____
Conditioner/Treatment (leave in)	<input type="checkbox"/>	_____
Mousse	<input type="checkbox"/>	_____
Gel	<input type="checkbox"/>	_____
Hairspray	<input type="checkbox"/>	_____
Spritz	<input type="checkbox"/>	_____
Hand and body lotion	<input type="checkbox"/>	_____
Body wash	<input type="checkbox"/>	_____
Facial cleansers/moisturizers	<input type="checkbox"/>	_____

IF YOU USE DEODORANT/ANTI-PERSPIRANT ► CONTINUE

IF YOU DO NOT USE DEODORANT/ANTI-PERSPIRANT:

- FEMALES ► SKIP TO THE NEXT SECTION, "SHAMPOOS AND CONDITIONERS"
- MALES ► SKIP TO THE LAST PAGE, "YOU AND YOUR HOUSEHOLD"

2. Do you purchase deodorant/anti-perspirant for yourself?
- ☐ Yes ☐ No
3. How many times per day (on average) do you use deodorant/anti-perspirant?
- ☐ 1x ☐ 2-3x ☐ 4-6x ☐ 7x+
4. Which of the following types of deodorant/anti-perspirant do you use? (CHECK ALL THAT APPLY.)
- ☐ Spray ☐ Roll-on ☐ Clear
☐ Solid ☐ Gel
5. Which brand(s) of deodorant/anti-perspirant do you use? (CHECK ALL THAT APPLY.)
- ☐ Arrid ☐ Soft & Dry
☐ Degree ☐ Lady Speed Stick
☐ Sure ☐ Men's Speed Stick
☐ Secret ☐ Other (WRITE IN): _____
☐ Right Guard _____
☐ Ban _____

6. Where do you usually purchase deodorant/anti-perspirant? (CHECK ALL THAT APPLY.)

☐ Drug store
☐ Supermarket
☐ Mass merchandiser (like Wal-Mart, Kmart, Target, etc.)
☐ Convenience store
☐ Other (WRITE IN): _____

Shampoos and Conditioners (Females Only-Guys Go To The Last Page)

1. Please indicate which of the following brands of shampoo you personally have used in the last 6 months, and which brand you use most often.

	Used in Past 6 Months (X all that apply)	Use Most Often (X only one)
Aussie	<input type="checkbox"/>	<input type="checkbox"/>
Finesse	<input type="checkbox"/>	<input type="checkbox"/>
Herbal Essences	<input type="checkbox"/>	<input type="checkbox"/>
Frizz Ease	<input type="checkbox"/>	<input type="checkbox"/>
Clairol Frizz Control	<input type="checkbox"/>	<input type="checkbox"/>
Pantene Pro V	<input type="checkbox"/>	<input type="checkbox"/>
Salon Selectives	<input type="checkbox"/>	<input type="checkbox"/>
Suave	<input type="checkbox"/>	<input type="checkbox"/>
Vidal Sassoon	<input type="checkbox"/>	<input type="checkbox"/>
Infusium 23	<input type="checkbox"/>	<input type="checkbox"/>
Willow Lake	<input type="checkbox"/>	<input type="checkbox"/>
Other brand not listed	<input type="checkbox"/>	<input type="checkbox"/>

2. Please indicate which of the following brands of conditioner you personally have used in the last 6 months, and which brand you use most often.

	Used in Past 6 Months (X all that apply)	Use Most Often (X only one)
Aussie	<input type="checkbox"/>	<input type="checkbox"/>
Finesse	<input type="checkbox"/>	<input type="checkbox"/>
Herbal Essences	<input type="checkbox"/>	<input type="checkbox"/>
Frizz Ease	<input type="checkbox"/>	<input type="checkbox"/>
Clairol Frizz Control	<input type="checkbox"/>	<input type="checkbox"/>
Pantene Pro V (rinse out)	<input type="checkbox"/>	<input type="checkbox"/>
Pantene Pro V Light	<input type="checkbox"/>	<input type="checkbox"/>
Conditioning Spray (leave in)	<input type="checkbox"/>	<input type="checkbox"/>
Salon Selectives	<input type="checkbox"/>	<input type="checkbox"/>
Suave	<input type="checkbox"/>	<input type="checkbox"/>
Vidal Sassoon	<input type="checkbox"/>	<input type="checkbox"/>
Infusium 23 Conditioner (rinse out)	<input type="checkbox"/>	<input type="checkbox"/>
Infusium 23 Treatment (leave in)	<input type="checkbox"/>	<input type="checkbox"/>
Willow Lake	<input type="checkbox"/>	<input type="checkbox"/>
Other brand not listed	<input type="checkbox"/>	<input type="checkbox"/>

Soaps, Body Washes and Shower Gels (Females Only-Guys Go To The Last Page)

1. In the past 6 months, have you used the following?

	Yes	No
Bar soap	<input type="checkbox"/>	<input type="checkbox"/>
Body wash	<input type="checkbox"/>	<input type="checkbox"/>
Shower gel	<input type="checkbox"/>	<input type="checkbox"/>

2. Please indicate whether you agree or disagree with the following statements.

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly
• I enjoy trying out new bar soaps and/or body washes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I am very particular about which brand of bar soap or body wash I use in the shower or bath.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Girls only, continued

3. For the soaps and body washes listed below, please indicate: a) which brands you have used in the past 6 months, b) which brand or brands you use most often, and c) which is your favorite brand.

	Used in Past 6 Months	Brand or Brands Use Most Often	Favorite Brand (Check only one)
Bath & Body Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caress – Fresh Deodorant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbal Essences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irish Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ivory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ivory Moisture Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jergens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lever 2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neutrogena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nivea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil of Olay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safeguard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Softsoap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victoria's Secret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Which of the following statements best describes your role in buying the brand of bar soap or body wash you, yourself, use in the shower or bath? (CHECK ONLY ONE.)

- ☐ You choose the brand and you buy it
☐ You choose the brand and someone else buys it
☐ Someone else chooses the brand and either you or they buy it

5. Where do you purchase bar soaps or body washes? (CHECK ALL THAT APPLY.)

- ☐ Drug stores
☐ Supermarkets
☐ Mass merchandisers such as Kmart, Wal-Mart and Target
☐ Price clubs such as Sam's, BJ's and Costco
☐ Specialty stores such as Victoria's Secret and The Body Shop

6. How important is each of the following to you in a bar soap or body wash?

	Very Important	Somewhat Important	Not At All Important
Has a nice fragrance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feels good on your skin while you use it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleans well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a rich lather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moisturizes your skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaves your skin feeling soft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaves you feeling fresh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is better for your skin than other bars or body washes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has attractive packaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a nice color and shape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVERYONE: The next few questions are for classification purposes. Your answers are completely confidential.

You and Your Household

1. Please check your sex,

☐ Male ☐ Female

and your age.

☐ 12 ☐ 14 ☐ 16
☐ 13 ☐ 15 ☐ 17

2. Please check your grade level.

☐ 6 ☐ 9 ☐ 12
☐ 7 ☐ 10 ☐ 1st year college
☐ 8 ☐ 11 ☐ Not enrolled in school

3. Please check how many more teens age 12-17, not including yourself, live in your household.

☐ 0 ☐ 2 ☐ 4
☐ 1 ☐ 3 ☐ 5+

4. Please indicate the age of the head of your household. If more than one person shares this responsibility, then please indicate their age, too.

	Head of Household	Other Person (If Shared)
18-24	<input type="checkbox"/>	<input type="checkbox"/>
25-34	<input type="checkbox"/>	<input type="checkbox"/>
35-49	<input type="checkbox"/>	<input type="checkbox"/>
50-54	<input type="checkbox"/>	<input type="checkbox"/>
55-64	<input type="checkbox"/>	<input type="checkbox"/>
65+	<input type="checkbox"/>	<input type="checkbox"/>

5. Is the head of your household (and other person, if shared) male or female?

	Head of Household	Other Person (If Shared)
Male	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>

6. Please indicate the highest educational level completed by the head of your household (and other person, if shared).

	Head of Household	Other Person (If Shared)
Less than high school	<input type="checkbox"/>	<input type="checkbox"/>
High school	<input type="checkbox"/>	<input type="checkbox"/>
Some college	<input type="checkbox"/>	<input type="checkbox"/>
College graduate	<input type="checkbox"/>	<input type="checkbox"/>
Post-graduate study or degree	<input type="checkbox"/>	<input type="checkbox"/>

7. Does your household own or rent your house, co-op, condo or apartment?

☐ Own ☐ Rent ☐ Other

8. Are you...?

☐ White ☐ Asian
☐ African-American ☐ Another race

9. Are you of Latino (or Latin American) or Hispanic origin or descent?

☐ Yes ☐ No

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

Thank You Very Much for Your Help.
Please use the envelope provided to
return your completed questionnaire to:

Audits & Surveys Worldwide
650 Avenue of the Americas, New York, NY 10011