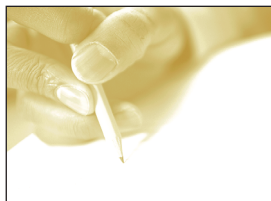


# Use-of-Time Survey—A CONFIDENTIAL DIARY STUDY

Hello—we need your help. Please take a few minutes to answer these questions, and then, complete a short activity diary on the day of the week indicated in the letter. The \$5 we've enclosed is a token of our



appreciation. Please return the completed questionnaire in the enclosed postage paid envelope and we will enter your survey in a contest to win a \$500 cash prize. Thank you for your help!

## Television

6-1

1. How many working television sets are there in your home?

0  1  2  3  4  5 or more  7

Please indicate the following about your TV sets. Beginning with the TV set that is used most often, give all information for this set before going on to the next most often used set.

2. Which features does the set have? (Check all that apply.)

	Color	Remote control	Stereo sound	Web TV	Big screen	Picture in picture	Portable
Main set	<input type="checkbox"/> 8-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7
Second set	<input type="checkbox"/> 9-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7
Third set	<input type="checkbox"/> 10-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7
Fourth set	<input type="checkbox"/> 11-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7
Fifth set	<input type="checkbox"/> 12-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	<input type="checkbox"/> -6	<input type="checkbox"/> -7

3. Where is the set located? (Please "x" one for each.)

	Living room	Dining room	Adults' bedroom	Children's bedroom	Other
Main set	<input type="checkbox"/> 13-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
Second set	<input type="checkbox"/> 14-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
Third set	<input type="checkbox"/> 15-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
Fourth set	<input type="checkbox"/> 16-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
Fifth set	<input type="checkbox"/> 17-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5

4. Which of these networks can you receive on any TV set in your home? (Check all that apply.)

ABC  18-1    NBC  -3    PBS  -5    WB  -7  
CBS  -2    FOX  -4    UPN  -6

5. How many hours did you spend watching these networks in the past 7 days? (Please "x" one for each.)

	Number of hours watched in past 7 days					
	0	1-5	6-10	11-15	16-20	21+
ABC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19
CBS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
NBC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21
FOX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
PBS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23
UPN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
WB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25
	(0)	(1)	(2)	(3)	(4)	(5)

## Cable/Satellite Television

1. Does your household currently subscribe to cable or to a satellite service?

Cable  26-1    Satellite  -2    Neither  -3

2. In the next year, does your household plan to:

- 27-1 Subscribe to cable at the basic level
- 2 Subscribe to cable at the premium level
- 3 Subscribe to satellite at the basic level
- 4 Subscribe to satellite at the premium level
- 5 Subscribe to an extra channel or package on cable or satellite

or  -6 Watch TV the same way you do now



**IF YOU DO NOT HAVE CABLE OR SATELLITE, SKIP TO QUESTION 11**

3. Who is your current cable or satellite company?

Cable company: \_\_\_\_\_ 28-30

Satellite company: \_\_\_\_\_ 31-32

4. Which of these basic or premium cable networks can you receive on any TV set in your home? (Check all that apply.)

Arts & Entertainment	<input type="checkbox"/> 33-1	TBS	<input type="checkbox"/> 34-1
Cartoon Network	<input type="checkbox"/> -2	TNT	<input type="checkbox"/> -2
Comedy Central	<input type="checkbox"/> -3	Turner Classic Movies	<input type="checkbox"/> -3
Discovery	<input type="checkbox"/> -4	TV Land	<input type="checkbox"/> -4
ESPN	<input type="checkbox"/> -5	USA	<input type="checkbox"/> -5
The Learning Channel	<input type="checkbox"/> -6	VH-1	<input type="checkbox"/> -6
M2: Music Television	<input type="checkbox"/> -7	Cinemax	<input type="checkbox"/> -7
MTV	<input type="checkbox"/> -8	Disney Channel	<input type="checkbox"/> -8
Nick Jr.	<input type="checkbox"/> -9	HBO	<input type="checkbox"/> -9
Nick-at-Nite	<input type="checkbox"/> -0	Showtime	<input type="checkbox"/> -0
Nickelodeon	<input type="checkbox"/> -x	Sundance Channel	<input type="checkbox"/> -x
Sci-Fi	<input type="checkbox"/> -y	TMC	<input type="checkbox"/> -y



**5. How many hours did you spend watching these networks *in the past 7 days?* (Please "x" one for each.)**

Number of hours watched in past 7 days

	0	1-5	6-10	11-15	16-20	21+
Arts & Entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cartoon Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comedy Central	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Learning Channel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M2: Music Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MTV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nick Jr.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nick-at-Nite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nickelodeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sci-Fi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TBS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TNT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turner Classic Movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV Land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VH-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cinemax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disney Channel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HBO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sundance Channel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TMC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(0)	(1)	(2)	(3)	(4)	(5)

**6. How much do you currently pay for your cable/satellite service every month, excluding any pay-per-view usage?**

- <sup>59-1</sup> Less than \$20       <sup>-4</sup> \$40-\$49  
 <sup>-2</sup> \$20-\$29       <sup>-5</sup> \$50-\$59  
 <sup>-3</sup> \$30-\$39       <sup>-6</sup> \$60 or more

**Pay-Per-View**

**7. In the last month, which of these types of pay-per-view programs did you order? (Check all that apply.)**

- <sup>60-1</sup> Movies  
 <sup>-2</sup> Music  
 <sup>-3</sup> Sports  
 <sup>-4</sup> Other: \_\_\_\_\_  
(please specify)
- <sup>-5</sup> None

**8. In the last month, how many hours did you spend watching these pay per view programs? (Please "x" one for each.)**

Number of hours watched in last month

	0	1-5	6-10	11-15	16-20	21+
Movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<span style="margin-left: 10px;">(please specify)</span>	(0)	(1)	(2)	(3)	(4)	(5)

**9. What is the average amount of your monthly pay-per-view charges, excluding your regular cable expenses?**

- <sup>65-1</sup> zero  
 <sup>-2</sup> \$1-\$4  
 <sup>-3</sup> \$5-\$9  
 <sup>-4</sup> \$10-\$19  
 <sup>-5</sup> \$20 or more

**10. What is your overall opinion of the pay-per-view cable programs you have seen?**

- <sup>66-1</sup> Excellent       <sup>-4</sup> Fair  
 <sup>-2</sup> Very good       <sup>-5</sup> Poor  
 <sup>-3</sup> Good

**EVERYONE**

**11. Think about all the types of television programs you watch (broadcast, cable/satellite, pay-per-view). Compared to a year ago, would you say you now watch more television, less television, or about the same amount?**

- <sup>67-1</sup> More Which activities has watching television replaced? \_\_\_\_\_ <sup>68-69</sup>
- <sup>-2</sup> Less Which activities have replaced watching television? \_\_\_\_\_
- <sup>-3</sup> About the same amount

**Video Cassette Recorder**

**1. Which of the following do you or other members of your household own, or plan to buy or replace, within the next year? (Check all that apply.)**

	Own	Plan to buy or replace
VCR	<input type="checkbox"/> <sup>70-1</sup>	<input type="checkbox"/> <sup>71-1</sup>
Video player	<input type="checkbox"/> <sup>-2</sup>	<input type="checkbox"/> <sup>-2</sup>
Laser disk player	<input type="checkbox"/> <sup>-3</sup>	<input type="checkbox"/> <sup>-3</sup>
Digital video disc (DVD) player	<input type="checkbox"/> <sup>-4</sup>	<input type="checkbox"/> <sup>-4</sup>
Video game system	<input type="checkbox"/> <sup>-5</sup>	<input type="checkbox"/> <sup>-5</sup>

**2. Do any of your VCRs have VCR-Plus?**

- Yes  <sup>72-1</sup>      No  <sup>-2</sup>

[73-80z]

**IF YOU DO NOT HAVE A VCR OR LASER DISK PLAYER, SKIP TO "VIDEO GAMES"**

6-2

**3. During the past 3 months, did you use your VCR to tape any of these types of programs?**

	Yes	No
Movies-new releases	<input type="checkbox"/> <sup>7-1</sup>	<input type="checkbox"/> <sup>-2</sup>
Movies-classics/other	<input type="checkbox"/> <sup>8-1</sup>	<input type="checkbox"/> <sup>-2</sup>
Music	<input type="checkbox"/> <sup>9-1</sup>	<input type="checkbox"/> <sup>-2</sup>
Sports	<input type="checkbox"/> <sup>10-1</sup>	<input type="checkbox"/> <sup>-2</sup>
Other: _____	<input type="checkbox"/> <sup>11-1</sup>	<input type="checkbox"/> <sup>-2</sup>
<span style="margin-left: 10px;">(please specify)</span>		



**4. How many times did you tape these types of programs in the last month? (Please "x" one for each.)**

	0	1	2	3	4	5+
Movies-new releases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movies-classics/other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(please specify)



**Videotape/Disk**

**5. How many of the following types of pre-recorded video tapes or laser disks, if any, have you bought in the past 3 months? (Please "x" one for each.)**

Type	Number bought in past 3 months				
	0	1-3	4-6	7-9	10+
Movies-new releases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movies-classics/other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classic TV shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise/aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional "How to"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(please specify)

**6. How many of the following types of pre-recorded video tapes or laser disks, if any, have you rented in the past 3 months? (Please "x" one for each.)**

Type	Number rented in past 3 months				
	0	1-3	4-6	7-9	10+
Movies-new releases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movies-classics/other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classic TV shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise/aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional "How to"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(please specify)

**7. How much in total did you spend on purchasing and renting pre-recorded video tapes or laser disks in the past 3 months? (Please indicate the amount spent on purchasing and renting separately.)**

Amount	Purchasing	Renting
\$0	<input type="checkbox"/>	<input type="checkbox"/>
\$1-\$19	<input type="checkbox"/>	<input type="checkbox"/>
\$20-\$49	<input type="checkbox"/>	<input type="checkbox"/>
\$50 or more	<input type="checkbox"/>	<input type="checkbox"/>

**Video Games**

**1. Do you or other members of your household own an electronic video game system, one which attaches to a TV and uses game cartridges or cassettes?**

Yes  No

**IF YOU DO NOT HAVE A VIDEO GAME SYSTEM, SKIP TO "PERSONAL COMPUTERS"**

**2. What type or brand of video game player do you have? (Check all that apply.)**

- Atari
- Nintendo 64
- Sega Genesis
- Sega Saturn
- Super NES
- 3DO
- Sony PlayStation
- Other: \_\_\_\_\_

(please specify)

**3. How many of the following types of video game cartridges, if any, have you bought in the past 3 months? (Please "x" one for each.)**

	Number bought in past 3 months				
	0	1-3	4-6	7-9	10+
Action/Adventure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flight Simulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shooter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role Playing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(please specify)

**4. How many of the following types of video game cartridges, if any, have you rented in the past 3 months? (Please "x" one for each.)**

	Number rented in past 3 months				
	0	1-3	4-6	7-9	10+
Action/Adventure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flight Simulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shooter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role Playing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(please specify)

**5. How much in total did you spend on purchasing and renting video game cartridges in the past 3 months? (Please indicate the amount spent on purchasing and renting separately.)**

Amount	Purchasing	Renting
\$0	<input type="checkbox"/>	<input type="checkbox"/>
\$1-\$19	<input type="checkbox"/>	<input type="checkbox"/>
\$20-\$49	<input type="checkbox"/>	<input type="checkbox"/>
\$50 or more	<input type="checkbox"/>	<input type="checkbox"/>



# Personal Computers

## 1. How many working computers are there in your home?

- 0     1     2     3 or more <sup>61</sup>

## 2. In the next year, does your household plan to:

- <sup>62-1</sup> Buy your first personal computer  
 <sup>-2</sup> Buy a new computer to replace an old one  
 <sup>-3</sup> Upgrade any of your current computers  
or  <sup>-4</sup> None of the above

**IF YOU DO NOT HAVE A PERSONAL COMPUTER, SKIP TO "MAGAZINES."**

## 3. What are the processing speed, hard disk capacity, and memory capacity of the computer you use most often at home?

▶ Central Processing Unit (CPU) Speed: \_\_\_\_\_ MHz <sup>63-65</sup>

▶ Hard disk capacity: \_\_\_\_\_ MB/GB <sup>66-68</sup> (Circle the unit.) <sup>69-1 -2</sup>

▶ Memory (RAM): \_\_\_\_\_ MB <sup>70-71</sup>

## 4. Which operating systems do your computers use? (Check all that apply.)

- <sup>72-1</sup> MS-DOS  
 <sup>-2</sup> Windows v3.0 or v3.1  
 <sup>-3</sup> Windows 95  
 <sup>-4</sup> Windows NT  
 <sup>-5</sup> Macintosh  
 <sup>-6</sup> Other: \_\_\_\_\_  
(please specify) [73-80z]

6-3

## 6. Is any computer in your home equipped with any of the following devices? (Check all that apply.)

- <sup>25-1</sup> Modem  
 <sup>-2</sup> Hard disk drive  
 <sup>-3</sup> CD-ROM drive  
 <sup>-4</sup> Sound board  
 <sup>-5</sup> Joystick/game controller  
 <sup>-6</sup> Mouse  
 <sup>-7</sup> Fax capability  
 <sup>-8</sup> Digital camera  
 <sup>-9</sup> Scanner  
 <sup>-0</sup> Stereo sound  
 <sup>-x</sup> Multi-media support (MMX)  
 <sup>-y</sup> 3-D graphics board

## 7. What type(s) of printer(s), if any, do you currently have at home? (Check all that apply.)

- <sup>26-1</sup> Dot matrix  
 <sup>-2</sup> Ink jet  
 <sup>-3</sup> Laser  
 <sup>-4</sup> Other: \_\_\_\_\_  
(please specify)  
 <sup>-5</sup> Do not have a printer

## 8. About how much has your household spent on software in the past 6 months?

- <sup>27-1</sup> Zero     <sup>-4</sup> \$300-\$499  
 <sup>-2</sup> Under \$100     <sup>-5</sup> \$500-\$999  
 <sup>-3</sup> \$100-\$299     <sup>-6</sup> \$1,000 or more

## 5. Please indicate the following about your computers. Beginning with the computer that you use most often, give all information for this computer before going on to the next most-used computer.

	Computer 1	Computer 2	Computer 3
<b>Maker</b>	_____ <sup>7-8</sup>	_____ <sup>13-14</sup>	_____ <sup>19-20</sup>
<b>Amount Paid for the System</b>	<input type="checkbox"/> <sup>9-1</sup> < \$1,000 <input type="checkbox"/> <sup>-2</sup> \$1,000-\$1,999 <input type="checkbox"/> <sup>-3</sup> \$2,000-\$2,999 <input type="checkbox"/> <sup>-4</sup> \$3,000-\$3,999 <input type="checkbox"/> <sup>-5</sup> \$4,000 + <input type="checkbox"/> <sup>-6</sup> Do not know	<input type="checkbox"/> <sup>15-1</sup> < \$1,000 <input type="checkbox"/> <sup>-2</sup> \$1,000-\$1,999 <input type="checkbox"/> <sup>-3</sup> \$2,000-\$2,999 <input type="checkbox"/> <sup>-4</sup> \$3,000-\$3,999 <input type="checkbox"/> <sup>-5</sup> \$4,000 + <input type="checkbox"/> <sup>-6</sup> Do not know	<input type="checkbox"/> <sup>21-1</sup> < \$1,000 <input type="checkbox"/> <sup>-2</sup> \$1,000-\$1,999 <input type="checkbox"/> <sup>-3</sup> \$2,000-\$2,999 <input type="checkbox"/> <sup>-4</sup> \$3,000-\$3,999 <input type="checkbox"/> <sup>-5</sup> \$4,000 + <input type="checkbox"/> <sup>-6</sup> Do not know
<b>Year of Purchase</b>	<input type="checkbox"/> <sup>10-1</sup> 1997 or later <input type="checkbox"/> <sup>-2</sup> 1996 <input type="checkbox"/> <sup>-3</sup> 1995 <input type="checkbox"/> <sup>-4</sup> 1994 <input type="checkbox"/> <sup>-5</sup> 1993 or earlier	<input type="checkbox"/> <sup>16-1</sup> 1997 or later <input type="checkbox"/> <sup>-2</sup> 1996 <input type="checkbox"/> <sup>-3</sup> 1995 <input type="checkbox"/> <sup>-4</sup> 1994 <input type="checkbox"/> <sup>-5</sup> 1993 or earlier	<input type="checkbox"/> <sup>22-1</sup> 1997 or later <input type="checkbox"/> <sup>-2</sup> 1996 <input type="checkbox"/> <sup>-3</sup> 1995 <input type="checkbox"/> <sup>-4</sup> 1994 <input type="checkbox"/> <sup>-5</sup> 1993 or earlier
<b>Where is the computer located in your home?</b>	<input type="checkbox"/> <sup>11-1</sup> Living room <input type="checkbox"/> <sup>-2</sup> Dining room <input type="checkbox"/> <sup>-3</sup> Adults' bedroom <input type="checkbox"/> <sup>-4</sup> Children's bedroom <input type="checkbox"/> <sup>-5</sup> Other	<input type="checkbox"/> <sup>17-1</sup> Living room <input type="checkbox"/> <sup>-2</sup> Dining room <input type="checkbox"/> <sup>-3</sup> Adults' bedroom <input type="checkbox"/> <sup>-4</sup> Children's bedroom <input type="checkbox"/> <sup>-5</sup> Other	<input type="checkbox"/> <sup>23-1</sup> Living room <input type="checkbox"/> <sup>-2</sup> Dining room <input type="checkbox"/> <sup>-3</sup> Adults' bedroom <input type="checkbox"/> <sup>-4</sup> Children's bedroom <input type="checkbox"/> <sup>-5</sup> Other
<b>Is there a TV set in the same room?</b>	<input type="checkbox"/> <sup>12-1</sup> Yes <input type="checkbox"/> <sup>-2</sup> No	<input type="checkbox"/> <sup>18-1</sup> Yes <input type="checkbox"/> <sup>-2</sup> No	<input type="checkbox"/> <sup>24-1</sup> Yes <input type="checkbox"/> <sup>-2</sup> No



**9. In a typical week, how many days do you use each of the following types of software on your computer? (Please "x" one for each.)**

Software Type	Days Per Week									
	0	1	2	3	4	5	6	7		
Word Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28
Spreadsheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29
Filing/databases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
Educational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31
Online Service/Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32
E-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33
Games/recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34
Personal information management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35
Programming/utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36
Graphics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37
Desktop publishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38
Personal financial management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39

**On-line service**

**10. Which online computer services, if any, do you use at home?**

- <sub>40-1</sub> America Online
- <sub>-2</sub> CompuServe
- <sub>-3</sub> EROLS
- <sub>-4</sub> AT&T WorldNet
- <sub>-5</sub> Microsoft Network
- <sub>-6</sub> Other: \_\_\_\_\_  
(please specify)
- <sub>-7</sub> Do not use on-line services at home GO TO Q.16.



**11. Do you use an online computer service for any of the following purposes? (Check all that apply.)**

- <sub>41-1</sub> Communicating with others and finding help (i.e. e-mail, bulletin board, forums, etc.)
- <sub>-2</sub> Retrieving current news, investment information, specialized information
- <sub>-3</sub> Reading online publications
- <sub>-4</sub> Obtaining product information
- <sub>-5</sub> Using educational services
- <sub>-6</sub> Playing games
- <sub>-7</sub> Downloading software
- <sub>-8</sub> Home banking
- <sub>-9</sub> Purchasing products or services
- <sub>-0</sub> Other: \_\_\_\_\_  
(please specify)

**12. What is your overall opinion of the online services you have used?**

- <sub>42-1</sub> Excellent
- <sub>-2</sub> Very good
- <sub>-3</sub> Good
- <sub>-4</sub> Fair
- <sub>-5</sub> Poor

**13. Which three World Wide Web sites have you visited most recently? How much time did you spend at each site?**

Most recently visited web sites	Time Spent at Site	
#1: _____ <span style="float: right;">43-44</span>	_____ : _____ (hours:minutes)	45-46:47-48
#2: _____ <span style="float: right;">49-50</span>	_____ : _____ (hours:minutes)	51-52:53-54
#3: _____ <span style="float: right;">55-56</span>	_____ : _____ (hours:minutes)	57-58:59-60

**14. Which three World Wide Web sites do you visit most frequently?**

- #1 \_\_\_\_\_ 61-62
- #2 \_\_\_\_\_ 63-64
- #3 \_\_\_\_\_ 65-66

**15. How many days do you visit each site in a typical week? (Please "x" one for each most frequently visited site.)**

	Days Per Week								
	0	1	2	3	4	5	6	7	
#1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67
#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68
#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69

**EVERYONE**

**16. Think about all the purposes you use your personal computer for (e.g. communication, recreation, education etc.). Compared to a year ago, would you say you now use your computer more often, less often, or about the same?**

- <sub>70-1</sub> More Which activities has using your computer replaced?  
\_\_\_\_\_ 71-72
- <sub>-2</sub> Less Which activities have replaced using your personal computer?  
\_\_\_\_\_
- <sub>-3</sub> About the same amount
- <sub>-4</sub> Did not own a personal computer a year ago [73-80z]

# Magazines

6-4

1. Please indicate the following about the magazines you may have read:

	Read in the last 6 months	IF YES, How many of the last 4 issues have you read or looked into?				
	YES	0	1	2	3	4
Allure	<input type="checkbox"/> 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 8
Details	<input type="checkbox"/> 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Disney Adventures	<input type="checkbox"/> 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Entertainment Weekly	<input type="checkbox"/> 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Esquire	<input type="checkbox"/> 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Mademoiselle	<input type="checkbox"/> 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Nickelodeon	<input type="checkbox"/> 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
People	<input type="checkbox"/> 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
Premiere	<input type="checkbox"/> 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
Rolling Stone	<input type="checkbox"/> 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26
Seventeen	<input type="checkbox"/> 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 28
Shape	<input type="checkbox"/> 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30
SPIN	<input type="checkbox"/> 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 32
Sports Illustrated	<input type="checkbox"/> 33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34
Sports Illustrated for Kids	<input type="checkbox"/> 35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36
TV Guide	<input type="checkbox"/> 37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38
Young & Modern (YM)	<input type="checkbox"/> 39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40
Other: _____ (please specify)	<input type="checkbox"/> 41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42

# Music

1. Have you watched any music videos on television *in the last month*? Yes  43-1 No  -2

2. What is your overall opinion of the music videos you watched on television?

44-1 Excellent  -4 Fair  -6 Do not watch music videos  
 -2 Very Good  -5 Poor  
 -3 Good

3. Do you or any other member of your household own any of the following? (Check all that apply.)

45-1 Stereo system  -4 Record player  
 -2 CD (compact disc) player  -5 None of the above  
 -3 Cassette player

4. How much pre-recorded music on CDs, tapes, or records did you buy *in the past 3 months*? How much did you spend in total?

Number bought in past 3 months	Total Amount Spent
<input type="checkbox"/> 46-1 None	\$ _____ 47-50
<input type="checkbox"/> -2 1-5	
<input type="checkbox"/> -3 6-10	
<input type="checkbox"/> -4 11-20	
<input type="checkbox"/> -5 21-29	
<input type="checkbox"/> -6 30 or more	

## Book, Music and Video Clubs

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

51-1 Book club  -3 Music club (CDs, tapes, etc.)  
 -2 Video club  -4 None



# Reading

1. How many books of each of the following types did you read in the past 6 months? (Please "x" one for each.)

	Number <u>read</u> in the past 6 months				
	0	1	2	3	4+
<b>Form:</b>					
Paperback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 52
Hardcover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 53
<b>Categories:</b>					
Fiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 54
Non-Fiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 55
<b>Types:</b>					
Adventure/role playing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 56
Autobiography/biography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 57
Children's books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 58
Cookbooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 59
Mystery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 60
Novel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 61
Personal/business self help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 62
Reference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 63
Romance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 64
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 65
Science fiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 66
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 67
Other: _____ (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 68

2. How many books of each of the following types did you purchase in the past 6 months? (Please "x" one for each.)

	Number <u>purchased</u> in the past 6 months				
	0	1	2	3	4+
<b>Form:</b>					
Paperback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 69
Hardcover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 70
<b>Categories:</b>					
Fiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 71
Non-Fiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 72
<b>Types:</b>					
Adventure/role playing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 73
Autobiography/biography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 74 [75-80z]
Children's books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7 [6-5]
Cookbooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 8
Mystery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 9
Novel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Personal/business self help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Reference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Romance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Science fiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Other: _____ (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17





# Radio

1. How much do you listen to the radio in each of the following parts of a typical **weekday** (Monday through Friday), whether it is at home, in the car, or at school or work?

Between 6am and 10am \_\_\_\_:\_\_\_\_ (hours:minutes) 18:19-20

Between 10am and 3pm \_\_\_\_:\_\_\_\_ (hours:minutes) 21:22-23

Between 3pm and 7pm \_\_\_\_:\_\_\_\_ (hours:minutes) 24:25-26

Between 7pm and 12m \_\_\_\_:\_\_\_\_ (hours:minutes) 27:28-29

Between 12m and 6am \_\_\_\_:\_\_\_\_ (hours:minutes) 30:31-32

2. How much do you listen to the radio in each of the following parts of a typical **weekend** (Saturday and Sunday)?

Between 6am and 10am \_\_\_\_:\_\_\_\_ (hours:minutes) 33:34-35

Between 10am and 3pm \_\_\_\_:\_\_\_\_ (hours:minutes) 36:37-38

Between 3pm and 7pm \_\_\_\_:\_\_\_\_ (hours:minutes) 39:40-41

Between 7pm and 12m \_\_\_\_:\_\_\_\_ (hours:minutes) 42:43-44

Between 12m and 6am \_\_\_\_:\_\_\_\_ (hours:minutes) 45:46-47

3. Which of the following radio station types do you frequently listen to? (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> <small>48-1</small> News    | <input type="checkbox"/> <small>-8</small> Urban contemporary     |
| <input type="checkbox"/> <small>-2</small> Sports    | <input type="checkbox"/> <small>-9</small> Country                |
| <input type="checkbox"/> <small>-3</small> Religious | <input type="checkbox"/> <small>-0</small> Contemporary hit music |
| <input type="checkbox"/> <small>-4</small> Spanish   | <input type="checkbox"/> <small>-x</small> Classic rock           |
| <input type="checkbox"/> <small>-5</small> Talk      | <input type="checkbox"/> <small>-y</small> Album-oriented rock    |
| <input type="checkbox"/> <small>-6</small> Oldies    | <input type="checkbox"/> <small>49-1</small> Adult Contemporary   |
| <input type="checkbox"/> <small>-7</small> Jazz/R&B  | <input type="checkbox"/> <small>-2</small> Other: _____           |
- (please specify)*



# Movies

1. How often did you attend the movies in theaters in the past 3 months?

- |  |   |
|--|---|
| <input type="checkbox"/> <small>50-1</small> Once a week or more | <input type="checkbox"/> <small>-3</small> Once a month           |
| <input type="checkbox"/> <small>-2</small> 2-3 times a month     | <input type="checkbox"/> <small>-4</small> Less than once a month |

2. How much did your household spend on movies in theaters in the past 3 months?

- |  |   |
|--|---|
| <input type="checkbox"/> <small>51-1</small> Zero      | <input type="checkbox"/> <small>-4</small> \$30 — \$49  |
| <input type="checkbox"/> <small>-2</small> \$1 — \$19  | <input type="checkbox"/> <small>-5</small> \$50 or more |
| <input type="checkbox"/> <small>-3</small> \$20 — \$29 |   |

3. Which types of movies did you see in the past 3 months? (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> <small>52-1</small> General drama | <input type="checkbox"/> <small>-7</small> Foreign      |
| <input type="checkbox"/> <small>-2</small> Comedy          | <input type="checkbox"/> <small>-8</small> Classic      |
| <input type="checkbox"/> <small>-3</small> Science fiction | <input type="checkbox"/> <small>-9</small> Romance      |
| <input type="checkbox"/> <small>-4</small> Action/war/spy  | <input type="checkbox"/> <small>-0</small> Animation    |
| <input type="checkbox"/> <small>-5</small> Horror          | <input type="checkbox"/> <small>-x</small> Other: _____ |
| <input type="checkbox"/> <small>-6</small> Art             |   |
- (please specify)*

4. Which three movies did you see most recently in theaters?

1. \_\_\_\_\_ 53-54
2. \_\_\_\_\_ 55-56
3. \_\_\_\_\_ 57-58

5. Who are your three favorite movie actors or actresses?

1. \_\_\_\_\_ 59-60
2. \_\_\_\_\_ 61-62
3. \_\_\_\_\_ 63-64

6. What is your overall opinion of the movies you have seen?

- |  |   |                         |
|--|---|-------------------------|
| <input type="checkbox"/> <small>65-1</small> Excellent | <input type="checkbox"/> <small>-4</small> Fair |                         |
| <input type="checkbox"/> <small>-2</small> Very good   | <input type="checkbox"/> <small>-5</small> Poor | <small>[66-80z]</small> |
| <input type="checkbox"/> <small>-3</small> Good        |   |                         |

# Other Entertainment

6-6

1. How many times, if any, did you visit any of the following theme parks in the past 12 months? (Please "x" one for each.)

Theme Park	Number of Times			
	0	1	2	3+
Disneyland (California)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>7</small>
Knott's Berry Farm (California)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>8</small>
Paramount's Kings Island (Ohio)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>9</small>
Paramount's Kings Dominion (Virginia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>10</small>
Paramount's Great America (California)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>11</small>
Paramount's Carowinds (North Carolina)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>12</small>
Paramount Canada's Wonderland (Toronto)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>13</small>
Raging Waters (California)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>14</small>
San Diego Zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>15</small>
San Diego Wild Animal Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>16</small>
Sea World California	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>17</small>
Sea World Florida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>18</small>
Sea World Ohio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>19</small>
Sea World Texas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>20</small>
Six Flags Great Adventure (New Jersey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>21</small>
Six Flags Great America (Illinois)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>22</small>
Six Flags Magic Mountain (California)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>23</small>
Six Flags Mid America (Missouri)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>24</small>
Six Flags Over Georgia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>25</small>
Six Flags Over Texas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>26</small>
Universal Studios (California)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>27</small>
Universal Studios (Florida)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>28</small>
Walt Disney World (Florida)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>29</small>
Epcot Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>30</small>
Magic Kingdom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>31</small>

2. How many of the following types of licensed products (ones bearing images from popular movies, television shows, etc.) did you purchase during the past 12 months? (Please "x" one for each.)

Type of Licensed Product	Number of Purchases in Past 12 Months			
	0	1	2	3+
Toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>32</small>
T-shirts/sweatshirts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>33</small>
Baseball hats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>34</small>
Coffee mugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>35</small>
Notebooks/school supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>36</small>
Dolls, figures, models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>37</small>
Sporting goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>38</small>
Food, candy, beverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>39</small>



**3. How many times, if any, did you eat at the following restaurants in the past 12 months? (Please "x" one for each.)**

Restaurant	Number of Times			
	0	1	2	3+
• All Star Cafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40
• Fashion Cafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 41
• Hard Rock Cafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42
• Planet Hollywood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43



**4. On a scale from 0 to 10, where 0 means "dislike" and 10 means "like," please indicate how much you like each of the following activities. (Please "x" one for each.)**

Activity	Dislike										Like	
	0	1	2	3	4	5	6	7	8	9		10
• Watching broadcast television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44
• Watching cable or satellite television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45
• Watching videos on VCR/Laserdiscs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46
• Watching pay-per-view movies or events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47
• Playing video games on a game system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48
• Playing video games on personal computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49
• Using a personal computer at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
• Exploring the World Wide Web	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51
• Listening to radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52
• Reading a magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53
• Reading a book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54
• Seeing a movie in a theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55
• Listening to pre-recorded music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56
• Visiting a theme or amusement park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57
• Eating in a theme restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58

## Your General Interests and Attitudes

Please check one answer for each statement.

	Agree Strongly	Agree Somewhat	Neither	Disagree Somewhat	Disagree Strongly	
• I will try something just because it is new	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59
• I like to show people how much I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60
• I like visiting new and strange places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61
• I stick to things that I know already	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62
• I am always looking for excitement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63
• I try to simplify my life by doing fewer things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64
• I have very broad interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65
• I often discuss political & social issues with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66
• I like to stick to the same routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67
• I don't like to repair anything myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68
• I hate the unpredictable things in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69
• I have anxieties about how much things cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70
• I would rather stay indoors than go out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71
• I take things apart to see how they work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72
• I like trying new and different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73
• I like to meet a lot of new people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74
• I like to use my mind to think about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75
• I often feel stressed out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76
• I lead a more active life than most people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77

(0) (1) (2) (3) (4) [78-80z]





# Demographics

**Now, a few questions just for classification purposes. Please know that your answers are completely confidential.**

**1. What is your current marital status?**

- <sup>7-1</sup> Single (never married)
- <sup>-2</sup> Married
- <sup>-3</sup> Divorced, widowed, or separated

**2. Please indicate the number of adults age 18 or older of each gender (not including yourself) who live in your household:**

	None	1	2	3	4	5+
Males	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <sup>8</sup>
Females	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <sup>9</sup>

**3. Please indicate how many children in these age groups live in your household:**

Age Group	None	1	2	3	4	5+
Under 2 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <sup>10</sup>
2-5 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <sup>11</sup>
6-11 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <sup>12</sup>
12-17 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <sup>13</sup>

**4. Who would you consider to be the head of your household?**

- <sup>14-1</sup> Yourself
- <sup>-2</sup> Shared (yourself and someone else)
- <sup>-3</sup> Someone else

**5. THE NEXT FEW QUESTIONS ARE ABOUT YOU AND THE HEAD OF YOUR HOUSEHOLD (IF SOMEONE ELSE OR SHARED)**

	You	Head of Household <i>(if not you or if shared)</i>
<b>Age</b>	<input type="checkbox"/> <sup>15-1</sup> 4-9 <input type="checkbox"/> <sup>-6</sup> 35-49 <input type="checkbox"/> <sup>-2</sup> 10-17 <input type="checkbox"/> <sup>-7</sup> 50-54 <input type="checkbox"/> <sup>-3</sup> 18-20 <input type="checkbox"/> <sup>-8</sup> 55-64 <input type="checkbox"/> <sup>-4</sup> 21-24 <input type="checkbox"/> <sup>-9</sup> 65+ <input type="checkbox"/> <sup>-5</sup> 25-34	<input type="checkbox"/> <sup>23-1</sup> 4-9 <input type="checkbox"/> <sup>-6</sup> 35-49 <input type="checkbox"/> <sup>-2</sup> 10-17 <input type="checkbox"/> <sup>-7</sup> 50-54 <input type="checkbox"/> <sup>-3</sup> 18-20 <input type="checkbox"/> <sup>-8</sup> 55-64 <input type="checkbox"/> <sup>-4</sup> 21-24 <input type="checkbox"/> <sup>-9</sup> 65+ <input type="checkbox"/> <sup>-5</sup> 25-34
<b>Gender</b>	<input type="checkbox"/> <sup>16-1</sup> Female <input type="checkbox"/> <sup>-2</sup> Male	<input type="checkbox"/> <sup>24-1</sup> Female <input type="checkbox"/> <sup>-2</sup> Male
<b>Highest Educational Level Completed</b>	<input type="checkbox"/> <sup>17-1</sup> Less than high school <input type="checkbox"/> <sup>-2</sup> High school graduate <input type="checkbox"/> <sup>-3</sup> Some college <input type="checkbox"/> <sup>-4</sup> College graduate <input type="checkbox"/> <sup>-5</sup> Post-graduate study or degree	<input type="checkbox"/> <sup>25-1</sup> Less than high school <input type="checkbox"/> <sup>-2</sup> High school graduate <input type="checkbox"/> <sup>-3</sup> Some college <input type="checkbox"/> <sup>-4</sup> College graduate <input type="checkbox"/> <sup>-5</sup> Post-graduate study or degree
<b>Employment Status</b>	<input type="checkbox"/> <sup>18-1</sup> Full-time (30 hours per week or more) <input type="checkbox"/> <sup>-2</sup> Part-time (less than 30 hours per week) <input type="checkbox"/> <sup>-3</sup> Full-time student <input type="checkbox"/> <sup>-4</sup> Not employed <input type="checkbox"/> <sup>-5</sup> Retired	<input type="checkbox"/> <sup>26-1</sup> Full-time (30 hours per week or more) <input type="checkbox"/> <sup>-2</sup> Part-time (less than 30 hours per week) <input type="checkbox"/> <sup>-3</sup> Full-time student <input type="checkbox"/> <sup>-4</sup> Not employed <input type="checkbox"/> <sup>-5</sup> Retired
<b>TYPE OF INDUSTRY, IF EMPLOYED</b> (e.g. manufacturing, retail, medicine, wholesale, etc.)	_____ <i>(Type of Industry)</i> <sup>19-20</sup> <input type="checkbox"/> <input type="checkbox"/>	_____ <i>(Type of Industry)</i> <sup>27-28</sup> <input type="checkbox"/> <input type="checkbox"/>
<b>JOB TITLE OR OCCUPATION, IF EMPLOYED</b> (e.g. supervisor, salesperson, secretary, owner, etc.)	_____ <i>(Job Title)</i> <sup>21-22</sup> <input type="checkbox"/> <input type="checkbox"/>	_____ <i>(Job Title)</i> <sup>29-30</sup> <input type="checkbox"/> <input type="checkbox"/>

**6. What is the total annual income of your household before taxes? (Please include income from all sources.)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <sup>31-1</sup> Less than \$20,000 | <input type="checkbox"/> <sup>-5</sup> \$50,000 to \$74,999   | <input type="checkbox"/> <sup>-9</sup> \$150,000 to \$249,999 |
| <input type="checkbox"/> <sup>-2</sup> \$20,000 to \$29,999 | <input type="checkbox"/> <sup>-6</sup> \$75,000 to \$99,999   | <input type="checkbox"/> <sup>-0</sup> \$250,000 or more      |
| <input type="checkbox"/> <sup>-3</sup> \$30,000 to \$39,999 | <input type="checkbox"/> <sup>-7</sup> \$100,000 to \$124,999 |   |
| <input type="checkbox"/> <sup>-4</sup> \$40,000 to \$49,999 | <input type="checkbox"/> <sup>-8</sup> \$125,000 to \$149,999 |   |