

Your Finances



1. What are your biggest financial concerns at this time? (Check all that apply.)

- Saving for retirement
- Saving for kids' education
- Saving to buy a new home
- Saving to buy a new car
- Saving for other major purchase
- Healthcare/eldercare costs
- Paying off loan or credit card debt
- Covering monthly expenses
- Other: _____

2. Please indicate which of the following credit cards you or other household members own, and which you have personally used in the last three months. (Check all that apply.)

	You or Other Household Members Currently Own	Type of Card (if more than one, check all that apply)	You Personally Used in the Last 3 Months
VISA	<input type="checkbox"/>	<input type="checkbox"/> Regular <input type="checkbox"/> Gold <input type="checkbox"/> Other	<input type="checkbox"/>
MasterCard	<input type="checkbox"/>	<input type="checkbox"/> Regular <input type="checkbox"/> Gold <input type="checkbox"/> Other	<input type="checkbox"/>
Discover	<input type="checkbox"/>	<input type="checkbox"/> Regular <input type="checkbox"/> Private Issue <input type="checkbox"/> Bravo	<input type="checkbox"/>
American Express	<input type="checkbox"/>	<input type="checkbox"/> Regular <input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/> Optima <input type="checkbox"/> Other	<input type="checkbox"/>

3. Following are some other types of credit and money cards. Which cards do you or other household members own, and which have you personally used in the last three months?

	You or Other Household Member Currently Own	You Personally Used in the Last 3 Months
Corporate card	<input type="checkbox"/>	<input type="checkbox"/>
Department store credit card	<input type="checkbox"/>	<input type="checkbox"/>
Travel, airline or hotel-affiliated credit card	<input type="checkbox"/>	<input type="checkbox"/>
Car rental credit card	<input type="checkbox"/>	<input type="checkbox"/>
"Affinity" credit card (associated with group you are involved with)	<input type="checkbox"/>	<input type="checkbox"/>
Debit card (works like a credit card but takes money out of your checking account)	<input type="checkbox"/>	<input type="checkbox"/>
"Smart" card (electronically loaded with money and used like cash)	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the value of all credit card purchases made by you in an average month?

Under \$250	<input type="checkbox"/>	\$1,500-\$1,999	<input type="checkbox"/>
\$250-\$499	<input type="checkbox"/>	\$2,000-\$3,999	<input type="checkbox"/>
\$500-\$999	<input type="checkbox"/>	\$4,000+	<input type="checkbox"/>
\$1,000-\$1,499	<input type="checkbox"/>	Do not use credit card	<input type="checkbox"/>

5. How do you decide which credit card to apply for, and which card to use? (Check no more than three factors for each column.)

	Most Important in Deciding Which Card to Apply For (Check up to 3)	Most Important in Deciding Which Card to Use (Check up to 3)
Special introductory interest rate	<input type="checkbox"/>	<input type="checkbox"/>
Long-term interest rate	<input type="checkbox"/>	<input type="checkbox"/>
How widely card is accepted	<input type="checkbox"/>	<input type="checkbox"/>
Rewards	<input type="checkbox"/>	<input type="checkbox"/>
Grace period	<input type="checkbox"/>	<input type="checkbox"/>
Annual fee	<input type="checkbox"/>	<input type="checkbox"/>
Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Prestige	<input type="checkbox"/>	<input type="checkbox"/>

6. Which of the following securities do you own, or own jointly with another household member? For each, please indicate the approximate current market value.

	You (Only) Own	You Own Jointly With Another Household Member	Current Market Value		
			Under \$10,000	\$10,000-\$49,999	\$50,000+
US Treasury notes/bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock in company you or other household member work for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other corporate stock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City/municipal bonds or state bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corporate bonds or debentures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money market funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual funds (stock or bond funds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificates of Deposit (CDs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
401(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Investment Activity

1. From which of the following, if any, have you received financial advice in the last 12 months? (Check all that apply.)

Stock rating service	<input type="checkbox"/>	Investment information from the Internet or an online service	<input type="checkbox"/>
Financial planner or money manager	<input type="checkbox"/>	Investment information from magazines/newspapers	<input type="checkbox"/>
Bank investment advisor	<input type="checkbox"/>		
Investment newsletters	<input type="checkbox"/>		

2. Have you contacted a brokerage firm in the last 12 months? Yes No [GO TO QUESTION 4, NEXT PAGE](#)

3. If you contacted a brokerage firm in the last 12 months, what was the reason for the contact, and was it a discount or full-service brokerage firm?

	Discount Brokerage Firm	Full-Service Brokerage Firm
Advice or price quotes	<input type="checkbox"/>	<input type="checkbox"/>
Purchased or sold bonds	<input type="checkbox"/>	<input type="checkbox"/>
Purchased or sold stocks	<input type="checkbox"/>	<input type="checkbox"/>
Purchased put or call options	<input type="checkbox"/>	<input type="checkbox"/>
Purchased mutual funds	<input type="checkbox"/>	<input type="checkbox"/>



4. How many stock transactions did you execute in the past 12 months? (Please count each buy and sell separately.)

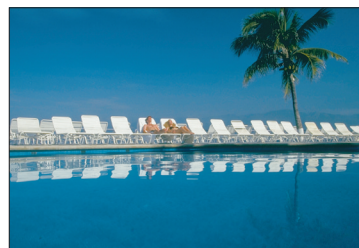
None	<input type="checkbox"/>	5-9	<input type="checkbox"/>
1-2	<input type="checkbox"/>	10 or more	<input type="checkbox"/>
3-4	<input type="checkbox"/>		

5. How would you describe your investment strategy? (Check one.)

- Would only select investments that have a low degree of risk
- Prefer a mix of investments with emphasis on those with a lower degree of risk, and a small portion in others that have a high degree of risk
- Prefer a balanced mix of investments – some that have a low degree of risk and some that have a higher risk
- Prefer an aggressive mix of investments – emphasizing those that have a higher degree of risk, along with some lower risk investments
- Would only select investments that have a higher degree of risk and thus greater potential for high returns

6. What are your investment objectives? (Check all that apply.)

- Long-term growth/capital appreciation
- Safety of capital/principal
- Tax savings
- Stay ahead of inflation
- Additional current income
- Short-term gains/trading profits
- Income for retirement



5. Approximately how much did you and other members of your household spend on vacations in the last 12 months?

	Less than \$1,000	\$1,000-\$1,499	\$1,500-\$1,999	\$2,000-\$2,999	\$3,000-\$4,999	\$5,000 or more
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Domestic vacations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign vacations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For how many people, including yourself?

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3-4	<input type="checkbox"/>	5 or more	<input type="checkbox"/>
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6. Are you a member of ...

	Yes	No
A frequent flyer program	<input type="checkbox"/>	<input type="checkbox"/>
An airport/airline club	<input type="checkbox"/>	<input type="checkbox"/>

7. When traveling by plane, what type of ticket do you usually buy?

	For Company-Paid Travel	For Personal/Other Travel
Special discount fare (usually has restrictions)	<input type="checkbox"/>	<input type="checkbox"/>
Regular coach fare(no restrictions)	<input type="checkbox"/>	<input type="checkbox"/>
Business or executive class	<input type="checkbox"/>	<input type="checkbox"/>
First class	<input type="checkbox"/>	<input type="checkbox"/>
Do not travel by plane	<input type="checkbox"/>	<input type="checkbox"/>

8. Please check the three most important factors to you personally in choosing an airline for business travel and for personal/vacation travel.

	Business Travel (Check 3 Most Important Factors)	Personal/Vacation Travel (Check 3 Most Important Factors)
Airline's reputation	<input type="checkbox"/>	<input type="checkbox"/>
Airline's safety record	<input type="checkbox"/>	<input type="checkbox"/>
Previous experience	<input type="checkbox"/>	<input type="checkbox"/>
Travel agent recommendation	<input type="checkbox"/>	<input type="checkbox"/>
Friends' or relatives' recommendations	<input type="checkbox"/>	<input type="checkbox"/>
Advertising	<input type="checkbox"/>	<input type="checkbox"/>
Your company's travel policy	<input type="checkbox"/>	<input type="checkbox"/>
Frequent flyer miles	<input type="checkbox"/>	<input type="checkbox"/>
Mileage partnerships with other airlines	<input type="checkbox"/>	<input type="checkbox"/>
Special VIP treatment/amenities	<input type="checkbox"/>	<input type="checkbox"/>
Ticket price	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling and availability of flights	<input type="checkbox"/>	<input type="checkbox"/>
Nonstop flights	<input type="checkbox"/>	<input type="checkbox"/>
Hotel/rental car partnerships	<input type="checkbox"/>	<input type="checkbox"/>

9. Which best describes the role of the following people when your household is planning a vacation?

	Makes final decision	Strongly influences decision	Somewhat influences decision	No influence at all
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse/significant other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<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"/>

Travel

1. Have you taken any of the following types of vacations in the last 12 months? (Check all that apply.)

Family vacation	<input type="checkbox"/>	Visit national park	<input type="checkbox"/>
Honeymoon	<input type="checkbox"/>	Visit historic sites	<input type="checkbox"/>
Singles trip	<input type="checkbox"/>	Visit amusement park	<input type="checkbox"/>
Adventure travel (biking, hiking, backpacking, canoeing, etc.)	<input type="checkbox"/>	Group sightseeing tour	<input type="checkbox"/>
Sports vacation (golfing, skiing, etc.)	<input type="checkbox"/>	Gambling trip	<input type="checkbox"/>
		Spa vacation	<input type="checkbox"/>
		All-inclusive resort	<input type="checkbox"/>
		Sun and sand	<input type="checkbox"/>
		Weekend/holiday getaway	<input type="checkbox"/>

2. How many international trips have you taken in the last three years?

	0	1-2	3-5	6+
Business trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combined business and leisure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How many domestic trips have you taken in the last 12 months?

	0	1-2	3-5	6+
Business trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combined business and leisure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Which of the following destinations have you visited in the past three years for vacation? Which, if any, are you planning to visit in the next three years? (Check all that apply.)

	Visited in last 3 years	Planning to visit in next 3 years
Alaska	<input type="checkbox"/>	<input type="checkbox"/>
Hawaii	<input type="checkbox"/>	<input type="checkbox"/>
United States	<input type="checkbox"/>	<input type="checkbox"/>
Mexico	<input type="checkbox"/>	<input type="checkbox"/>
Central America	<input type="checkbox"/>	<input type="checkbox"/>
South America	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean Islands	<input type="checkbox"/>	<input type="checkbox"/>
Western Europe/British Isles	<input type="checkbox"/>	<input type="checkbox"/>
Eastern Europe/Russia	<input type="checkbox"/>	<input type="checkbox"/>
Asia	<input type="checkbox"/>	<input type="checkbox"/>
Australia/New Zealand/ South Pacific	<input type="checkbox"/>	<input type="checkbox"/>
Africa	<input type="checkbox"/>	<input type="checkbox"/>
Middle East	<input type="checkbox"/>	<input type="checkbox"/>



Cruises

- Have you ever been on a cruise for more than one day?
 Yes No
- If yes, how many cruises have you taken in the past three years?
 0 1-2 3-5 6 or more
- Are you planning to take a cruise in the next 12 months?
 Yes No

Hotels/Motels

- Have you stayed at a hotel or motel in the past 12 months?
 Yes No
- If yes, how many nights have you spent in a hotel or motel in the last 12 months, either for business or personal/vacation?

	0	1	2	3-4	5-7	8-14	15+
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal/vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Travel Style

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

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly
• I usually shop for the best deal on everything when I travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I prefer to use a travel agent for most of my travel needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I have visited places after reading about them in magazines/newspapers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I find the information in airline ads helpful in choosing an airline for my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Traveling is one of my favorite ways to spend extra money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• With technology like the Internet and electronic ticketing, I'm starting to handle more of my own travel arrangements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Traveling in style is more important than saving a few dollars.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I try to use the same car rental company whenever possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I try to stay at the same hotel chain whenever I can.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I try to fly the same airline whenever possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Car Rental



- Have you rented a car in the past 12 months for business or personal use?
 Yes No
- If yes, how many times in the past 12 months?

	0	1	2	3-4	5-7	8-14	15+
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal/vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Computers

- How would you rate your computer skills?
 Have never used a computer
 Beginner/novice
 Intermediate
 Advanced
- Do you personally use a computer at work?
 Yes
 No GO TO THE NEXT SECTION ("Home Computing")
- For which of the following purposes do you use a computer at work? (Check all that apply.)

Word processing	<input type="checkbox"/>	Desktop publishing	<input type="checkbox"/>
Spreadsheets	<input type="checkbox"/>	E-mail	<input type="checkbox"/>
Accounting	<input type="checkbox"/>	Faxing	<input type="checkbox"/>
Database management	<input type="checkbox"/>	Internet/other online access	<input type="checkbox"/>
CAD/CAM	<input type="checkbox"/>		
Multimedia	<input type="checkbox"/>		



Home Computing

- In the last 12 months, have you or anyone in the household done any of the following? (Check all that apply.)
 Bought your first home computer
 Replaced your home computer or bought another one
 Substantially upgraded your computer
 Purchased a computer for a child in your household
- Do you or does anyone in your household own a personal computer at home?
 Yes How many?
 1 2 3 4 or more
 No GO TO Q. 7
- Who uses the computer at home? (Check all that apply.)
 You Other adult Child under 18
- What is the computer used for? (Check all that apply.)

Word processing	<input type="checkbox"/>	Manage finances	<input type="checkbox"/>
Faxing	<input type="checkbox"/>	Electronic banking	<input type="checkbox"/>
To conduct your business from home	<input type="checkbox"/>	Investment/stock information	<input type="checkbox"/>
To do work brought home from the office	<input type="checkbox"/>	Internet/online service access	<input type="checkbox"/>
E-mail	<input type="checkbox"/>	Schoolwork/education	<input type="checkbox"/>
		Games	<input type="checkbox"/>
- Approximately how much did you spend on software in the last 12 months?
 Less than \$100 \$200-\$399 \$500+
 \$100-\$199 \$400-\$499
- Approximately how much did you spend on hardware and peripherals (including CD-ROM drives, hard drives, modems and printers) in the last 12 months?
 Less than \$500 \$1,000-\$1,999
 \$500-\$999 \$2,000+

EVERYONE:

- Do you plan to buy a personal computer for home use in the next 12 months?
 Yes No
- How much influence do you have in selecting or purchasing computer products for your household?
 Sole decision maker Some influence
 A lot of influence No influence

The Internet

- Do you have access to the Internet?
 Yes No GO TO THE NEXT SECTION ("Mobile Computing")



2. If yes, please indicate where you have access and whether you looked at or used the Internet in the past 30 days.

	Yes, do have access	Looked at or used in last 30 days
At home	<input type="checkbox"/>	<input type="checkbox"/>
At work	<input type="checkbox"/>	<input type="checkbox"/>
At school	<input type="checkbox"/>	<input type="checkbox"/>
Another place	<input type="checkbox"/>	<input type="checkbox"/>

3. Have you done any of the following on the Internet or an online service in the past 30 days? (Check all that apply.)



- Read any online newspaper or magazine
- Shopped for food/groceries online
- Shopped for other products or services online
- Participated in chat/newsgroups
- Clicked on an advertisement to get more information
- Retrieved information about a company or its stock
- Visited a company's site
- Visited a government, university or other institutional site
- Visited a news or sports site
- Researched information for a planned or upcoming purchase

4. How frequently do you access the Internet?

- Daily Weekly Monthly
 Less frequently than once a month

Mobile Computing

Do you own or plan to buy the following?

	Own	Plan to Buy
Portable laptop or notebook computer	<input type="checkbox"/>	<input type="checkbox"/>
PDA (Personal Digital Assistant)	<input type="checkbox"/>	<input type="checkbox"/>
Wireless computer or fax	<input type="checkbox"/>	<input type="checkbox"/>

Computing Style

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

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly
I'm usually one of the first people I know to try new computer equipment or software.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I couldn't function without my computer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are real differences between the various computer brands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually wait until a new technology is out for a while before I buy it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think shopping for food or groceries online is a great idea.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The idea of shopping online (for non-food items) appeals to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I need a computer mainly so my kids won't fall behind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing about computers is important to my career success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Home Electronics

AUDIO/VIDEO

1. Please indicate which of the following equipment you own, and which you plan to buy or replace within the next year. (Check all that apply.)

	Own	Plan to Buy or Replace
Audio system	<input type="checkbox"/>	<input type="checkbox"/>
CD player	<input type="checkbox"/>	<input type="checkbox"/>
Portable CD player	<input type="checkbox"/>	<input type="checkbox"/>
Portable tape player	<input type="checkbox"/>	<input type="checkbox"/>
VCR	<input type="checkbox"/>	<input type="checkbox"/>
Laser disk player	<input type="checkbox"/>	<input type="checkbox"/>
Big screen TV (31+ inches)	<input type="checkbox"/>	<input type="checkbox"/>
Video camera	<input type="checkbox"/>	<input type="checkbox"/>
Video game system	<input type="checkbox"/>	<input type="checkbox"/>
Satellite dish or mini-dish	<input type="checkbox"/>	<input type="checkbox"/>
Web TV (Internet access through TV)	<input type="checkbox"/>	<input type="checkbox"/>

2. How many TV sets does your household own?

- One Two Three Four Five or more

CAMERAS

1. Please indicate which of the following types of cameras you own, and which you plan to buy or replace within the next year. (Please check all that apply.)

	Own	Plan to Buy or Replace
35 mm SLR camera	<input type="checkbox"/>	<input type="checkbox"/>
35 mm point-and-shoot camera	<input type="checkbox"/>	<input type="checkbox"/>
Other 35mm camera	<input type="checkbox"/>	<input type="checkbox"/>
APS camera	<input type="checkbox"/>	<input type="checkbox"/>
Disposable camera	<input type="checkbox"/>	<input type="checkbox"/>
Digital camera	<input type="checkbox"/>	<input type="checkbox"/>
Instant developing camera	<input type="checkbox"/>	<input type="checkbox"/>

2. How many rolls of film have you purchased in the past year?

- 0 1-5 6-11 12+

PHONES/FAX

1. Which of the following do you own, and which do you plan to buy or replace within the next year?

	Own	Plan to Buy or Replace
In-car cellular phone	<input type="checkbox"/>	<input type="checkbox"/>
Handheld cellular phone	<input type="checkbox"/>	<input type="checkbox"/>
Cordless phone	<input type="checkbox"/>	<input type="checkbox"/>
Answering machine	<input type="checkbox"/>	<input type="checkbox"/>
Pager/beeper	<input type="checkbox"/>	<input type="checkbox"/>
Fax machine	<input type="checkbox"/>	<input type="checkbox"/>



Home Technology Style

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

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly
•I'd be willing to pay significantly more for better home electronic brands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•My friends would say I'm into new technology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•I feel comfortable programming my VCR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•I consider myself fairly knowledgeable about home electronic equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•There are real differences in quality between brands of audio/video equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•Magazine or newspaper ads help me decide what equipment to buy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Household Furnishings

1. How much did you spend on new furniture and appliances in the last 12 months?

Less than \$500 \$2,000-\$3,999
 \$500-\$999 \$4,000+
 \$1,000-\$1,999

2. Do you plan to redecorate, remodel or renovate one or more rooms in the next year?

Yes No

3. If yes, will you most likely...

Do it yourself
 Hire an outside contractor
 A combination

Tableware

How much did you spend on table settings in the last 12 months, either for your own home or as a gift? ("Table settings" refers to plates, serving pieces, silverware or flatware, glasses, barware, and cloth napkins and placemats.)

Less than \$100 \$300-\$499
 \$100-\$299 \$500+

Jewelry

1. How much have you spent on jewelry (excluding watches) in the past 12 months?

	Less than \$100	\$100-\$299	\$300-\$499	\$500-\$999	\$1,000+
• For yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• For gifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How much have you spent on watches in the past 12 months?

	Less than \$100	\$100-\$299	\$300-\$499	\$500-\$999	\$1,000+
• For yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• For gifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Insurance

1. Do you...?

	Yes	No
Currently carry life insurance (not from your employer)	<input type="checkbox"/>	<input type="checkbox"/>
Plan to buy life insurance in the next two years	<input type="checkbox"/>	<input type="checkbox"/>

2. If you currently carry life insurance, what is the total estimated face value of all the policies you hold (other than insurance from your employer)?

Less than \$20,000 \$100,000-\$249,999
 \$20,000-\$49,999 \$250,000 or more
 \$50,000-\$99,999

Automobiles

1. How many vehicles do you and others in your household own or personally lease? Please include all cars, sport utilities, vans, and pickups. (Write in number.)

2. For each vehicle currently owned or personally leased please tell us...

Is it a...	Vehicle				
	1	2	3	4	5
Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport Utility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full-size Van	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minivan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compact Pickup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full-Size Pickup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was it...					
Bought new	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bought used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What year model is it...	Vehicle				
	1	2	3	4	5
1997	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1996	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1995	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1994	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1993	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1992 or earlier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write in make and model of your... Primary Vehicle _____ Secondary Vehicle _____
 Make (i.e., Chevrolet, Nissan) _____
 Model (i.e., Camaro, Pathfinder) _____

3. If you were in the market for a new vehicle to replace your primary vehicle—that is, the vehicle you drive the most—keeping your budget in mind, what would be your first choice? (Write in.)

Make: _____ Model: _____

4. If you were shopping for a new car today, which three of the following factors would be most important to you? (Check only three.)

Performance	<input type="checkbox"/>	Friends' or relatives' recommendations	<input type="checkbox"/>
Quality	<input type="checkbox"/>	Review in automotive magazines	<input type="checkbox"/>
Safety features	<input type="checkbox"/>	Review in consumer guides	<input type="checkbox"/>
Styling/appearance	<input type="checkbox"/>	Published/reported test results	<input type="checkbox"/>
Value (what you get for your money)	<input type="checkbox"/>	Advertising	<input type="checkbox"/>
Manufacturer's reputation	<input type="checkbox"/>	Winner of quality awards	<input type="checkbox"/>
Financing	<input type="checkbox"/>	American-made	<input type="checkbox"/>
Final sales price	<input type="checkbox"/>	European-made	<input type="checkbox"/>
Warranties	<input type="checkbox"/>	Japanese/Asian-made	<input type="checkbox"/>
Your own personal experience	<input type="checkbox"/>	Other	<input type="checkbox"/>

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



	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly
When I hear about a new vehicle that sounds really great, I'm usually one of the first people I know to get one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will drive the same vehicle as long as it still runs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I have my heart set on a certain make of vehicle, price is less of an issue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Today's cars are so much alike that I just shop for the best deal, regardless of make or model.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To me, a car is just a means to go from place to place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My vehicle is an extension of my personality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find the information in car ads helpful in choosing a car for my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How soon does your household intend to buy or lease a new vehicle? (Check only one.)

Within the next 6 months Within 3 or more years
 Within next 6 months to a year Do not ever intend to buy or lease a new vehicle
 Within 1-2 years

7. How much influence do you have in selecting or purchasing a vehicle for your household?

Sole decision maker Some influence
 A lot of influence No influence



Clothing (Women and Men)

1. Approximately how much did you spend on the following in the last 12 months?

	Didn't buy	Less than \$100	\$100-\$249	\$250-\$499	\$500-\$749	\$750-\$999	\$1,000+
Dress clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport jackets/blazers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casual clothes for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other casual clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designer jeans (Guess, Polo, Versace, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular jeans (Levi's, Gap, Lee, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other pants/slacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outerwear (coats and jackets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dresses (women)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hosiery (women)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lingerie/underwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress shoes/boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casual shoes/boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletic shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Where have you bought clothing in the last three months? (Check all that apply.)

- Better department/specialty stores (Saks, Bloomingdale's, Marshall Field's, etc.)
- Moderate department stores (Macy's, Stern's, Dillards, etc.)
- Mass department stores (Sears, JCPenney, Montgomery Ward, etc.)
- Discount stores (Kmart, Wal-Mart, Target, etc.)
- National or local boutiques/specialty retailers (Gap, Banana Republic, BCBG, etc.)
- Designer boutiques (Calvin Klein, Polo/Ralph Lauren, etc.)

Clothing Style

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

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly
I'm usually one of the first people I know to wear new styles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past year, I've shopped for clothes that I first saw in a fashion magazine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think department stores' private label clothing can be just as good as major designer clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to experiment with different designers and looks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past year, I've bought clothing from a label/designer that I've never purchased before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Agree Strongly Agree Somewhat Disagree Somewhat Disagree Strongly

I update my wardrobe seasonally to stay current with fashion trends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually consider myself very fashionably dressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public Activities

1. Have you done any of the following in the last three years?

- Talked or wrote to the editor of a magazine or newspaper
- Talked or wrote to an elected official about an issue
- Written something that has been published
- Addressed a public meeting
- Taken an active part in any political or local civic issue
- Worked for an environmental or conservation organization
- Actively worked for a political party or candidate
- Participated in other volunteer work (non-political)
- Ran for public office
- Served on a charitable or company board of directors
- Donated to a charity
- Worked to improve the quality of life in your community

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

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly
People seem to value my opinions and seek me out for advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When it comes to issues of local or national concern, I consider myself aware and involved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that I can make a difference in the world.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Leisure Activities

Please check the activities you participate in regularly.

Hiking/backpacking	<input type="checkbox"/>	Sailing	<input type="checkbox"/>
Bicycling	<input type="checkbox"/>	Camping	<input type="checkbox"/>
Fitness walking	<input type="checkbox"/>	Fishing/hunting	<input type="checkbox"/>
Aerobics/step	<input type="checkbox"/>	Dancing	<input type="checkbox"/>
Work out at gym	<input type="checkbox"/>	Movies	<input type="checkbox"/>
Golf	<input type="checkbox"/>	Museums	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	Live performances (theater, opera, dance, music)	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	Fine dining (not fast food)	<input type="checkbox"/>
Jogging/running	<input type="checkbox"/>	Entertaining at home	<input type="checkbox"/>
Skiing/snowboarding	<input type="checkbox"/>	Video games	<input type="checkbox"/>
In-line skating	<input type="checkbox"/>	Bars and clubs	<input type="checkbox"/>
Power boating	<input type="checkbox"/>		

Sporting Goods

Do you or anyone in your household own or plan to purchase any of the following in the next 12 months? (Check all that apply.)

	Own	Plan to Purchase
Bicycle	<input type="checkbox"/>	<input type="checkbox"/>
Stationary bicycle	<input type="checkbox"/>	<input type="checkbox"/>
Downhill ski boots	<input type="checkbox"/>	<input type="checkbox"/>
Downhill skis	<input type="checkbox"/>	<input type="checkbox"/>
Cross-country skis	<input type="checkbox"/>	<input type="checkbox"/>
Home exercise equipment	<input type="checkbox"/>	<input type="checkbox"/>
Golf clubs	<input type="checkbox"/>	<input type="checkbox"/>
Tennis racket	<input type="checkbox"/>	<input type="checkbox"/>
Fishing rod/reel	<input type="checkbox"/>	<input type="checkbox"/>
Camping equipment	<input type="checkbox"/>	<input type="checkbox"/>
Running shoes	<input type="checkbox"/>	<input type="checkbox"/>
Snowboard	<input type="checkbox"/>	<input type="checkbox"/>
In-line skates	<input type="checkbox"/>	<input type="checkbox"/>



General Health

1. In general, would you say that your health is: (Please check one.)

- Excellent
- Very Good
- Good
- Fair
- Poor

2. In the past month, have you: (Please check all that apply.)

- Visited a doctor to treat a chronic illness
- Called a toll-free number for medical information
- Mailed in a business reply card for medical information
- Used the services of a mail-order pharmacy
- Redeemed a coupon for a prescription medication

3. Have you ever spoken to a healthcare professional about any prescription medication that you have seen advertised in a magazine/newspaper?

Yes No

4. Does anyone in your household have any of the following conditions? (Check all that apply.)

	Have	Currently Taking Prescription Drug
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Backache	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Cataracts	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>
Enlarged prostate	<input type="checkbox"/>	<input type="checkbox"/>
Gastritis	<input type="checkbox"/>	<input type="checkbox"/>
GERD/heartburn/ indigestion	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
Heart/stroke-related conditions	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
Nasal allergies	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>
Ulcers	<input type="checkbox"/>	<input type="checkbox"/>

Health, Beauty & Grooming (Men and Women)

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

	Used in Last 6 Months	Times Used in Last 7 Days (Write in number)
Deodorant	<input type="checkbox"/>	_____
Shampoo	<input type="checkbox"/>	_____
Hair conditioner	<input type="checkbox"/>	_____
Hair spray	<input type="checkbox"/>	_____
Hair styling mousse, gel or lotion	<input type="checkbox"/>	_____
Hand and body cream or lotion	<input type="checkbox"/>	_____
Facial cleansers and moisturizers	<input type="checkbox"/>	_____
Disposable razors	<input type="checkbox"/>	_____
Men:		
Razor blades	<input type="checkbox"/>	_____
Electric razor	<input type="checkbox"/>	_____
Shaving cream/gel	<input type="checkbox"/>	_____
Aftershave	<input type="checkbox"/>	_____
Cologne	<input type="checkbox"/>	_____
Women:		
Lipstick/lip gloss	<input type="checkbox"/>	_____
Mascara	<input type="checkbox"/>	_____
Nail care products and polish	<input type="checkbox"/>	_____
Perfume or cologne	<input type="checkbox"/>	_____

2. In the past 12 months, about how much did you spend in total on the purchase of health, beauty and grooming products?

- Less than \$100 \$300-\$499 \$1,000 or more
 \$100-\$299 \$500-\$999

3. Please indicate which of the following products you used in the last six months and the approximate number of times you used them.

	Used in Last 6 Months	Times Used in Last 6 Months (Write in number)
Hair conditioning treatment	<input type="checkbox"/>	_____
Hair coloring products (at home)	<input type="checkbox"/>	_____
Suntan and sunscreen products	<input type="checkbox"/>	_____
Non-prescription:		
Headache remedies and pain relievers	<input type="checkbox"/>	_____
Cold, sinus and allergy remedies	<input type="checkbox"/>	_____
Indigestion aids and upset stomach remedies	<input type="checkbox"/>	_____

4. Which of the following have you done? (Check all that apply.)

In the last six months, redeemed a coupon from a publication for any health, beauty or grooming product

In the last 12 months, tried a new health, beauty or grooming product as a result of seeing it advertised in a magazine or newspaper

Ever bought a certain aftershave, cologne or perfume after trying a sample in a publication

5. In the past 12 months, about how much did you spend in total on the following (both for yourself and as gifts)?

	\$0	\$1-\$24	\$25-\$49	\$50-\$99	\$100-\$199	\$200 or more
Perfume or cologne for women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cologne for men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial care and skin care products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-prescription remedies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makeup (women)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beverages

Please indicate which of the following (if any) you personally drank in the last six months. For each beverage you check, write in the approximate number of drinks or glasses you drank during the last 30 days.



	Drank in Last 6 Months	Drinks/Glasses in Last 30 Days (Write in)
Regular domestic beer	<input type="checkbox"/>	_____
Imported beer	<input type="checkbox"/>	_____
Domestic red wine	<input type="checkbox"/>	_____
Domestic white wine	<input type="checkbox"/>	_____
Imported red wine	<input type="checkbox"/>	_____
Imported white wine	<input type="checkbox"/>	_____
Champagne/other sparkling wine	<input type="checkbox"/>	_____
Cordials/liqueurs	<input type="checkbox"/>	_____
Any liquor	<input type="checkbox"/>	_____
Kinds:		
Scotch whisky	<input type="checkbox"/>	_____
Vodka	<input type="checkbox"/>	_____
Gin	<input type="checkbox"/>	_____
Bourbon	<input type="checkbox"/>	_____
Rum	<input type="checkbox"/>	_____
Canadian whisky	<input type="checkbox"/>	_____
Tequila	<input type="checkbox"/>	_____
Brandy	<input type="checkbox"/>	_____
Cognac	<input type="checkbox"/>	_____

Cigars and Cigarettes

Please indicate if you have smoked in the last 12 months, and if so, how much you smoked in the past week.

	Smoked in last 12 months	Number smoked in last 7 days
Cigarettes	<input type="checkbox"/>	_____ (packs)
Cigars	<input type="checkbox"/>	_____ (cigars)



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

1. What is your current marital status?

- Single/never married Divorced/widowed/separated
 Married

2. If you are not married, are you currently...

- | | | |
|-----------------------------|--------------------------|--------------------------|
| | Yes | No |
| Engaged to be married? | <input type="checkbox"/> | <input type="checkbox"/> |
| Living together as married? | <input type="checkbox"/> | <input type="checkbox"/> |

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

- | | | | | | | |
|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | None | 1 | 2 | 3 | 4 | 5 or more |
| Males | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Females | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Please check if there are any children in these age groups living in your household:

- Under 2 years old 6-11 years old
 2-5 years old 12-17 years old

5. Who would you consider to be head of your household?

- Yourself Someone else
 Shared (yourself + someone else)

The next few questions are about you and the head of your household (if someone else or shared).

	You	Head of Household (if not you or if shared)
Age	<input type="checkbox"/> 18-20 <input type="checkbox"/> 50-54 <input type="checkbox"/> 21-24 <input type="checkbox"/> 55-64 <input type="checkbox"/> 25-34 <input type="checkbox"/> 65+ <input type="checkbox"/> 35-49	<input type="checkbox"/> 18-20 <input type="checkbox"/> 50-54 <input type="checkbox"/> 21-24 <input type="checkbox"/> 55-64 <input type="checkbox"/> 25-34 <input type="checkbox"/> 65+ <input type="checkbox"/> 35-49
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Highest Educational Level Completed	<input type="checkbox"/> Less than high school <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Post-graduate study or degree	<input type="checkbox"/> Less than high school <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Post-graduate study or degree
Employment Status	<input type="checkbox"/> Full-time (30 hours per week or more) <input type="checkbox"/> Part-time (less than 30 hours per week) <input type="checkbox"/> Full-time student <input type="checkbox"/> Not employed <input type="checkbox"/> Retired	<input type="checkbox"/> Full-time (30 hours per week or more) <input type="checkbox"/> Part-time (less than 30 hours per week) <input type="checkbox"/> Full-time student <input type="checkbox"/> Not employed <input type="checkbox"/> Retired
TYPE OF INDUSTRY, IF EMPLOYED <i>(for example, manufacturing, wholesale, retail, medicine, law, transportation, etc.)</i>	(Type of industry)	(Type of industry)
JOB TITLE OR OCCUPATION, IF EMPLOYED <i>(for example, partner, president, foreman, salesperson, chief financial officer, secretary, owner, etc.)</i>	(Job title)	(Job title)

6. (IF EMPLOYED) How many employees, including yourself, work for your company at all locations?

- Less than 25 50-99 1,000-9,999
 25-49 100-999 10,000+

7. Are you self-employed? Yes No

8a. Is your home your primary place of employment?

- Yes No

8b. If not, do you ever work from home?

- Yes number of hours per week: _____
 No

9. Please indicate which of the following changes, if any, you have experienced in the past 12 months, or which you expect to experience in the next two years:

- | | | |
|--|-------------------------------|-------------------------------------|
| | Happened in
last 12 months | Expect to happen
in next 2 years |
| • Graduating from college or advanced degree program | <input type="checkbox"/> | <input type="checkbox"/> |
| • Moving out from parents' home | <input type="checkbox"/> | <input type="checkbox"/> |
| • Getting engaged or married | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ending a marriage | <input type="checkbox"/> | <input type="checkbox"/> |
| • Having a baby | <input type="checkbox"/> | <input type="checkbox"/> |
| • Changing jobs | <input type="checkbox"/> | <input type="checkbox"/> |
| • Buying a home/apartment | <input type="checkbox"/> | <input type="checkbox"/> |
| • Moving | <input type="checkbox"/> | <input type="checkbox"/> |
| • Child starting college or leaving home | <input type="checkbox"/> | <input type="checkbox"/> |
| • Last child leaving home | <input type="checkbox"/> | <input type="checkbox"/> |
| • Retiring | <input type="checkbox"/> | <input type="checkbox"/> |

10. Does your household own or rent your house, co-op, condo or apartment? Own Rent Other

11. If your household owns your residence, what is the approximate current market value of the home?

- Under \$74,999 \$150,000-\$249,999
 \$75,000-\$99,999 \$250,000-\$399,999
 \$100,000-\$149,999 \$400,000 or more

12. Are you...? White Asian
 African-American Another race

13. Are you of Latino (or Latin American) or Hispanic origin or descent? Yes No

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

- Less than \$20,000 \$75,000 to \$99,999
 \$20,000 to \$29,999 \$100,000 to \$124,999
 \$30,000 to \$39,999 \$125,000 to \$149,999
 \$40,000 to \$49,999 \$150,000 to \$249,999
 \$50,000 to \$74,999 \$250,000 or more

15. What is your approximate total annual personal income from your job (if employed)?

- Less than \$20,000 \$60,000 to \$74,999
 \$20,000 to \$29,999 \$75,000 to \$99,999
 \$30,000 to \$39,999 \$100,000 to \$149,999
 \$40,000 to \$49,999 \$150,000 or more
 \$50,000 to \$59,999

16. What is the approximate total value of all your household members' investments and financial assets, excluding your principal residence?

- Less than \$100,000 \$500,000 to \$999,999
 \$100,000-\$249,999 \$1 million or more
 \$250,000-\$499,999

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

18. What is the zip code of your business address (if employed)?

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