

Simmons

National Consumer Survey
www.SimmonsSurvey.com

THANKS FOR TAKING PART IN THIS
IMPORTANT CONSUMER SURVEY.

**\$2,000
SWEEPSTAKES**

**IT'S EASY! COMPLETE THIS FORM AND
MAIL IT ALONG WITH YOUR COMPLETED BOOKLET
FOR YOUR CHANCE TO WIN \$2,000!!**

Name

Address

City

State

Zip Code

Phone Number

Email Address (Optional)

If you have any questions about the Simmons National Consumer Survey, please call 1-800-551-6425, or visit our website at www.SimmonsSurvey.com. We will be pleased to help you.

This is your opportunity to tell businesses and advertisers about the products you like and the types of media you prefer. PLEASE MAKE YOUR OPINIONS COUNT BY COMPLETING THIS BOOKLET. Your survey starts on Page 4.

If you would like to be entered into the \$2,000 Sweepstakes drawing, please fill out the form on the left.

Simmons

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Sweepstakes Official Rules

1. NO PURCHASE NECESSARY. To enter, neatly complete the front of this form (including your name and complete address) and return completed booklet in the enclosed postage paid envelope. One entry per person. No mechanically produced entries will be accepted. Sweepstakes begins **May 21, 2005**, and your entry must be received by the date on the front cover of this booklet.
2. On or about **October 31, 2005**, winners will be selected in a random drawing from among all eligible entries received by Simmons Market Research Bureau, Inc. Simmons decisions concerning the sweepstakes are final.
3. Sweepstakes is open to people living in the U.S., aged **18** and older except employees, and members of their families living in the same household, of Simmons Market Research Bureau, Inc., its parent company and its subsidiaries, affiliates, brokers, distributors, retailers and advertising, promotion and production agencies. Void where prohibited.
4. (1) Grand Prize — \$2,000 (two thousand dollars). Taxes and all other expenses are the responsibility of the winner. Odds of winning depend on the number of eligible entries received.
5. One prize per person, address or household. Sponsor not responsible for late, lost, stolen or misdirected mail or entries. No cash substitutions, transfers or assignments of prizes allowed, except by Sponsor for reason of unavailability, in which case a prize of equal or greater value will be awarded. Each prize winner must execute an affidavit of eligibility and liability/publicity release, which must be returned within fifteen (15) days of prize notification attempt or prize will be forfeited and an alternate winner will be selected.
6. For the names of the prize winners (available after **October 31, 2005**), send a self-addressed, stamped envelope to:

Simmons Market Research Bureau, Inc.

A National Marketing Research Firm
700 West Hillsboro Boulevard
Suite 4-201
Deerfield Beach, FL 33441-1620
Attention: NCS PRIZE

**\$2,000
SWEEPSTAKES**



LIFESTYLE

SPORTS & FITNESS

Please mark the sports in which you played or participated in the last 12 months. For each sport marked, please indicate how often you played or participated during the last 12 months.

	Played or Participated in Last 12 Months	Participated in Last 12 Months		
		Every Chance I Get	Occasionally	Seldom
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racquetball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billiards/ Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-line Skating/ Roller Skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skateboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snowboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snowmobiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downhill/ Cross Country Snow Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jet Skiing/ Wave Running/ Water Biking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin Diving/ Snorkeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surfing/ Windsurfing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Boating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sailing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canoeing/ Kayaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fly Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh Water Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salt Water Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horseback Riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hunting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Target Shooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backpacking/ Hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camping Trips (Overnight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mountain/ Rock Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness Walking/ Exercise/ Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jogging/ Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karate/ Martial Arts/ Kickboxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycling - Stationary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycling - Mountain/ Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rowing - Stationary/ Outdoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use Cardio Machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto Racing or Rallying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of These	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVENTS

Here are some events that people experience. Please mark the box for each of the events you experienced in the last 12 months and also mark those which you expect to experience within the next 12 months.

Event	Experienced in Last 12 Months	Expect to in Next 12 Months
Graduation from School	<input type="checkbox"/>	<input type="checkbox"/>
Change job - to better job	<input type="checkbox"/>	<input type="checkbox"/>
Change job - same level/ pay	<input type="checkbox"/>	<input type="checkbox"/>
Change job - lower level/ pay	<input type="checkbox"/>	<input type="checkbox"/>
Change job - to something different	<input type="checkbox"/>	<input type="checkbox"/>
Lose job - laid off/ went out of business	<input type="checkbox"/>	<input type="checkbox"/>
Buy first home	<input type="checkbox"/>	<input type="checkbox"/>
Buy new home (not first home)	<input type="checkbox"/>	<input type="checkbox"/>
Refinancing your home	<input type="checkbox"/>	<input type="checkbox"/>
First time financial investment	<input type="checkbox"/>	<input type="checkbox"/>
Get married	<input type="checkbox"/>	<input type="checkbox"/>
Separated/ Divorced	<input type="checkbox"/>	<input type="checkbox"/>
Make major home improvement	<input type="checkbox"/>	<input type="checkbox"/>
Sell or change home	<input type="checkbox"/>	<input type="checkbox"/>
Buy a used car or light truck	<input type="checkbox"/>	<input type="checkbox"/>
Lease or buy new car or light truck	<input type="checkbox"/>	<input type="checkbox"/>
First child is born	<input type="checkbox"/>	<input type="checkbox"/>
Second child is born	<input type="checkbox"/>	<input type="checkbox"/>
Oldest child enters school	<input type="checkbox"/>	<input type="checkbox"/>
Child enters college	<input type="checkbox"/>	<input type="checkbox"/>
Youngest child graduates college	<input type="checkbox"/>	<input type="checkbox"/>
Youngest child leaves home	<input type="checkbox"/>	<input type="checkbox"/>
Youngest son gets married	<input type="checkbox"/>	<input type="checkbox"/>
Youngest daughter gets married	<input type="checkbox"/>	<input type="checkbox"/>
Make last home mortgage payment	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild is born	<input type="checkbox"/>	<input type="checkbox"/>
Retire or take early retirement	<input type="checkbox"/>	<input type="checkbox"/>
Collect lump sum from company pension, savings or stock plan	<input type="checkbox"/>	<input type="checkbox"/>
Death in the Family	<input type="checkbox"/>	<input type="checkbox"/>
None of these	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL FITNESS PROGRAMS

Have you engaged in a regular exercise program in the last 12 months where you exercised strenuously, either at home or elsewhere?

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

IF YES

Where do you exercise?

At Home	<input type="checkbox"/>
At Private Club	<input type="checkbox"/>
At YMCA/ YWCA	<input type="checkbox"/>
Other Facility	<input type="checkbox"/>

How many times a week do you exercise?

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

MEMBERSHIPS

To which, if any, of the following do you belong?

- A Body of Local Government
- American Association of Retired Persons (AARP)
- Arts Associations (Museum, Symphony, Opera, Dance)
- Business Clubs (such as Jaycees, Chamber of Commerce)
- Church/ Temple/ Synagogue
- Church Board
- Civic Clubs (such as Kiwanis, Lions, Rotary)
- Country Club
- Environmentalist Organization
- Fraternal Orders (such as Elks, Masons, Eastern Star)
- Hospital Board
- Human Rights Organization (Amnesty Int., ACLU, etc.)
- PTA/ Parents Association
- Regional Development Committee
- Religious Clubs (such as Hadassah, Knights of Columbus)
- School or College Board
- Union
- Veterans Clubs (such as V.F.W., American Legion)
- None of These

LEISURE ACTIVITIES/ HOBBIES

Please mark the leisure activities or hobbies in which you participated in the last 12 months.

- Antique Shopping/ Shows
- Bird Watching
- Board Games
- Card Games
- Cooking for Fun
- Dining Out (Not Fast Food)
- Education Courses
- Gardening
- Go Carting
- Going to Bars/ Nightclubs/ Dancing
- Going to a Beach/ Lake
- Listening to Music
- Needlework/ Quilting
- Painting, Drawing, Sculpting
- Photography
- Playing Bingo
- Playing a Musical Instrument
- Reading Books
- Reading Comics
- Reading Gaming Magazines
- Video Games
- Visit State Fairs
- Visiting an Aquarium
- Visiting Museums
- Visiting a Zoo
- Woodworking/ Furniture Refinishing
- None of These

LIVE THEATER/ CONCERTS/ DANCE

Thinking only about professional music, dance or theater performances by nationally or regionally known performers or groups, what have you attended in the last 12 months:

	Yes	No
Comedy Club	<input type="checkbox"/>	<input type="checkbox"/>
Concert	<input type="checkbox"/>	<input type="checkbox"/>
Dance Performance	<input type="checkbox"/>	<input type="checkbox"/>
Live Theater	<input type="checkbox"/>	<input type="checkbox"/>

IF YES
How many times did you attend in the last 12 months? (For each type you attended)

	Times in Last 12 Months		
	5 or more	3-4	1-2
Comedy Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concert - Classical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concert - Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concert - Rock/ Pop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live Theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COLLECTING & COLLECTIBLES

Please mark which of the following items you personally collect. Then mark the items you purchased for yourself or as a gift for someone else in the last 12 months.

	Bought in Last 12 Months		
	Personally Collect	For Self	As A Gift
Animation Art (Collectible Animation Cells)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antique Toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coins (Numismatic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cottages/ Houses (Porcelain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crystal Figures/ Objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decorative/ Commemorative/ Limited Edition Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Die-Cast/ Miniatures Cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Miniatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disney (Particular Character or Theme Park)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dolls (Collectible Type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ornaments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paper Collectibles (Comic Books, Postcards, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porcelain Figurines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports Memorabilia/ Trading Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warner Bros., Hanna Barbera, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood/ Metal Sculptures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CASINO GAMBLING

Have you visited a casino in the last 12 months?

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

IF YES
Number of visits in the last 12 months:

More than 10 times	<input type="checkbox"/>
6 - 10 times	<input type="checkbox"/>
3 - 5 times	<input type="checkbox"/>
1 - 2 times	<input type="checkbox"/>

Where did you visit a casino in the last 12 months?

Atlantic City	<input type="checkbox"/>
The Caribbean Islands	<input type="checkbox"/>
Cruise Ships	<input type="checkbox"/>
Europe	<input type="checkbox"/>
Indian Reservation	<input type="checkbox"/>
Las Vegas	<input type="checkbox"/>
Laughlin	<input type="checkbox"/>
Mississippi's Gulf Coast (Gulfport/ Biloxi)	<input type="checkbox"/>
Reno/ Lake Tahoe	<input type="checkbox"/>
Riverboat	<input type="checkbox"/>
Tunica (MS)	<input type="checkbox"/>
Other	<input type="checkbox"/>

STATE LOTTERY

Have you purchased any state lottery tickets in the last 12 months?

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

IF YES
How often did you purchase tickets in the last 12 months?

More than once a week	<input type="checkbox"/>
Once a week	<input type="checkbox"/>
2 or 3 times a month	<input type="checkbox"/>
Once a month	<input type="checkbox"/>
Less than once a month	<input type="checkbox"/>

Types played in last 12 months and last 30 days:

	Last 12 Months	Last 30 Days
Daily Drawing	<input type="checkbox"/>	<input type="checkbox"/>
Instant Game	<input type="checkbox"/>	<input type="checkbox"/>
Weekly Drawing	<input type="checkbox"/>	<input type="checkbox"/>

ARMED FORCES

Have you ever served in the United States armed forces?

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Are you currently serving on active duty in the U.S. armed forces?

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Are you currently serving in the military reserves?

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL INFORMATION

SEX

Please mark Male or Female.

- Male
- Female

AGE

Please mark your age.

- 18
- 19
- 20
- 21
- 22 - 24
- 25 - 29
- 30 - 34
- 35 - 39
- 40 - 44
- 45 - 49
- 50 - 54
- 55 - 59
- 60 - 64
- 65 - 69
- 70 - 74
- 75 or Older

EDUCATION

Other than technical/ vocational training, what is the highest grade or year of regular school you completed?

- No formal schooling
- Some Grade school - 8 years or less
- High school - 9-11 years
- High school - 12 years (graduated)
- College - Less than 1 year
- College - 1 full year
- College - 2 full years
- College - 3 full years
- College - 4 years (graduated)
- Attended graduate school – no degree
- Attended graduate school - degree

Have you ever attended a special, technical or vocational school? **Yes** **No**

Are you a full or part-time college student now?

- Full-time
- Part-time
- Neither

MARITAL STATUS

What is your current marital status?

- Single (Never Married)
- Married
- Legally Separated
- Other Separated
- Widowed
- Divorced

(If not married)

At the present time are you engaged to be married? **Yes** **No**

(If married) Have you been married 12 months or less? **Yes** **No**

(If married) Is your husband/ wife employed, either full-time or part-time? **Yes** **No**

(If married) Is this your first marriage? **Yes** **No**

(If No) Have you been divorced before? **Yes** **No**

EMPLOYMENT STATUS

At the present time, are you employed full time, part time or not at all? (Do you do something for which you earn money?)

- Employed Full Time
- Employed Part Time
- Not Employed:
 - Retired
 - Temporarily Unemployed
 - Disabled
 - Full-Time Student
 - Homemaker
 - Never Worked

(If not employed) Have you ever been employed? **Yes** **No**

Which of these descriptions best fit your future work plans?

- Plan to go to work in the next year
- Plan to go to work sometime in the future, but not in the next year
- Do not plan to go to work at all
- Not sure

IF NOT EMPLOYED, SKIP TO PARENTING ON PAGE 7

Which of these descriptions best fits your present job?

Employed by others, and:

- Work for a private company, corporation or private individual
- Work for a private school, private hospital or other private institution
- Work for a local, state or federal office, institution or school system

(If employed by others) Do you primarily work at home? **Yes** **No**

Self-employed and:

- Work at home and have employees
- Work at home and have no other employees
- Work outside of home
- Go to your own place of business
- Operate own farm or leased farm

INDUSTRY OR EMPLOYER

Please describe your current employment. If you have more than one job, please describe the one at which you work the most hours.

What kind of business or industry do you work in? If you are not sure, please describe the main activity at your employer. (For example: hospital, newspaper publishing, auto repair, legal, transportation, government, agriculture, advertising, etc.)

OCCUPATION

What kind of work do you do? (For example: registered nurse, personnel manager, auto mechanic, accountant, attorney, bus driver, administrative assistant, agricultural inspector, marketing manager etc.)

Please write in your job title.

Do you work for a Fortune 500 company? **Yes** **No**

How many people, in total, work for your company, including all its branches, divisions and locations?

- Myself only
- 2 to 4
- 5 to 9
- 10 to 24
- 25 to 49
- 50 to 99
- 100 to 499
- 500 to 999
- 1,000 to 4,999
- 5,000 to 9,999
- 10,000 or more

Continued on next page

How long have you been working at your present company or employer?

- Less than 1 year
- 1 year but less than 3 years
- 3 years but less than 5 years
- 5 years but less than 7 years
- 7 years but less than 9 years
- 9 years but less than 11 years
- 11 years or longer

How many hours do you usually work each week?

- 1 to 14 hours
- 15 to 29 hours
- 30 to 39 hours
- 40 hours
- 41 to 50 hours
- 51 hours or more

What is the annual income you personally get - before taxes - from this job and any other employment you may have in salary, bonuses, share of profits and so forth?

- Less than \$5,000
- \$5,000 - \$7,499
- \$7,500 - \$9,999
- \$10,000 - \$12,499
- \$12,500 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$24,999
- \$25,000 - \$29,999
- \$30,000 - \$34,999
- \$35,000 - \$39,999
- \$40,000 - \$44,999
- \$45,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 - \$249,999
- \$250,000 or more

PARENTING

- Are you the parent or guardian of any children either living with you or in another location? **Yes** **No**
- Are you a grandparent? **Yes** **No**

ORIGIN/ RACE

- Are you of Spanish, Hispanic or Latino origin or descent? **Yes** **No**
- What race do you consider yourself to be?
- White
 - Black or African American
 - Asian
 - Some Other Race

(Please Specify Other Race)

PURCHASING DECISIONS

Please mark the products that you bought in the last 12 months. Then thinking about the last time you bought that product, please mark how the decision was made.

	Last Time Bought				
	Bought in Last 12 months	Sole Purchase Decision	Joint Decision with Spouse/ Partner	Joint Decision with Children in Household	Joint Decision with Other Individual
Automobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automotive Accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Electronics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Furnishings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major Household Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sporting Goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of These	<input type="checkbox"/>				

LANGUAGE IN THE HOME

Thinking about the languages you use in the home, do you speak:

	In the Home
Only English	<input type="checkbox"/>
Mostly English, but some Spanish	<input type="checkbox"/>
Mostly Spanish, but some English	<input type="checkbox"/>
Only Spanish	<input type="checkbox"/>
Both English and Spanish equally	<input type="checkbox"/>
Mostly Some Other Language	<input type="checkbox"/>

If you checked both English and Spanish equally

We understand that you speak both English and Spanish in your home. Of the two languages, do you speak:

	In the Home
English slightly more than Spanish	<input type="checkbox"/>
Spanish slightly more than English	<input type="checkbox"/>
Neither language is used more than the other	<input type="checkbox"/>

RELIGION

What is your religious preference? (Please mark one box only.)

Baptist	<input type="checkbox"/>
Catholic	<input type="checkbox"/>
Christian Church (Disciples of Christ)	<input type="checkbox"/>
Church of Jesus Christ of Latter Day Saints	<input type="checkbox"/>
Episcopal	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Lutheran	<input type="checkbox"/>
Methodist	<input type="checkbox"/>

What is your religious preference?

- Muslim
- Pentecostal/ Charismatic
- Other Evangelical Christian
- Presbyterian
- Russian, Greek or Eastern Orthodox
- Unitarian
- United Church of Christ (Congregationalist)
- Other Protestant
- Other Religion
- No Religious Preference

TRAVEL

Use the grid below to answer the following questions:

How many miles, in total, did you personally travel in the last 7 days either as a driver or a passenger in a car, van or truck?

If None in Last 7 Days

How many miles, in total, did you personally travel in the last 4 weeks either as a driver or passenger in a car, van or truck?

For miles traveled in last 7 days or last 4 weeks

How many of these miles were in a town, city or suburb?

	Miles In Last 7 Days	Miles In Last 4 Weeks	Miles Of City/ Suburban Travel
Under 35 miles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 - 49 miles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 - 99 miles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 - 199 miles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
200 - 299 miles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
300 - 399 miles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
400 - 499 miles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
500 miles or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use the grid below to answer the following questions.

How many people, including yourself, were in the vehicle the last time you traveled in a car, van or truck?

If more than one, how many, including yourself, were adults 18 years or older?

	Number of People	Number of People 18+
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>
9 or more	<input type="checkbox"/>	<input type="checkbox"/>

DRIVER'S LICENSE

Do you currently have a driver's license? **Yes** **No**

MOTORCYCLE DRIVER'S LICENSE

Do you hold a driver's license that permits you to drive a motorcycle? **Yes** **No**

PUBLIC TRANSPORTATION

Have you used public transportation in the last 30 days? **Yes** **No**

PURCHASE INFLUENCE

Are you the person with the most influence on the purchase decisions made in your household? **Yes** **No**

BUSINESS PURCHASING DECISIONS

People in business frequently take part in purchasing decisions for products and services. Sometimes, these decisions are made in order to decide what is to be bought or to decide against a purchase. At other times it is to make suggestions and recommendations about a purchasing decision. As part of your job in the last 12 months, have you been involved in decisions regarding purchases totaling \$5,000 or more in any one of the categories listed below? **Yes** **No**

IF YES

How are you involved in purchasing decisions?

- Determine need
- Specify brands
- Specify vendors or suppliers
- Authorize purchase

In which categories were you personally involved in the last 12 months and what was the total amount of expenditure for each?

	Involved in Decision	Dollars Spent in Last 12 Months			
		\$500,000 or More	\$100,000-\$499,999	\$10,000-\$99,999	\$5,000-\$9,999
Computer Servers for Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laptop/ Desktop Computers (or Workstations) for Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Software for Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Computer Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fax & Copier Machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Systems/ Telecommunications Equipment & Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Office Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting/ Convention Site Selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building/ Construction Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building & Grounds Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials/ Ingredients for Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Products for Retail/ Commercial Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trucks or Other Vehicles (2 or More) for Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising Media/ Marketing/ Promotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consulting Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freight/ Shipping/ Distribution Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banking Services for Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment of Corporate/ Employee Funds, Pension Plans and Financial Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Group Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Services for Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEWSPAPERS, INTERNET & MAGAZINES



LAST NEWSPAPER READ

Did you look at every page of the entire newspaper or did you read or look at only some pages or sections?

	Last Daily	Last Sunday/ Weekend
Every Page	<input type="checkbox"/>	<input type="checkbox"/>
Only Some Pages/ Sections	<input type="checkbox"/>	<input type="checkbox"/>

If only some pages or sections —

Which pages or sections did you read or look at?

Business/ Finance	<input type="checkbox"/>	<input type="checkbox"/>
Classified	<input type="checkbox"/>	<input type="checkbox"/>
Comics	<input type="checkbox"/>	<input type="checkbox"/>
Editorial	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment (Movies, Restaurants, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Fashion	<input type="checkbox"/>	<input type="checkbox"/>
Food or Cooking	<input type="checkbox"/>	<input type="checkbox"/>
Front Page	<input type="checkbox"/>	<input type="checkbox"/>
General News	<input type="checkbox"/>	<input type="checkbox"/>
Home/ Furnishings/ Gardening	<input type="checkbox"/>	<input type="checkbox"/>
Movie Listings & Reviews	<input type="checkbox"/>	<input type="checkbox"/>
Science & Technology	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>
TV or Radio Listings	<input type="checkbox"/>	<input type="checkbox"/>
Other Pages or Sections	<input type="checkbox"/>	<input type="checkbox"/>

YELLOW PAGES

About how often do you use the "Yellow Pages" at home, at work or elsewhere?

	At Home	At Work or Elsewhere
More than once a day	<input type="checkbox"/>	<input type="checkbox"/>
Once a day	<input type="checkbox"/>	<input type="checkbox"/>
2 or 3 times a week	<input type="checkbox"/>	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	<input type="checkbox"/>
2 or 3 times a month	<input type="checkbox"/>	<input type="checkbox"/>
Once a month	<input type="checkbox"/>	<input type="checkbox"/>
Less often than once a month	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>

When was the last time, before today, that you used the "Yellow Pages" classified section of the telephone directory at home? And when was the last time you used the "Yellow Pages" at your place of work or elsewhere?

	At Home	At Work or Elsewhere
Yesterday	<input type="checkbox"/>	<input type="checkbox"/>
Before yesterday, but within last 7 days	<input type="checkbox"/>	<input type="checkbox"/>
Over 1 week ago, but within last 4 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Over 4 weeks ago, but within last 2 months	<input type="checkbox"/>	<input type="checkbox"/>
Over 2 months ago, but within last 3 months	<input type="checkbox"/>	<input type="checkbox"/>
Over 3 months ago	<input type="checkbox"/>	<input type="checkbox"/>

NEWSPAPERS

People read or glance through newspapers in many different places, such as beauty parlors, barber shops, doctor's offices, libraries, airports and newsstands, as well as in their own home.

Please think carefully about any newspaper(s) you may have read or looked into at any time in the last 6 months, either at home or away from home. (To help you, a bookmark that lists some of the newspapers in your area may be enclosed.)

SUNDAY (OR WEEKEND) NEWSPAPERS

1 For each Sunday (or weekend) newspaper that you may have read or looked into in the last 6 months, please "X" the "Read or Looked Into" box next to the newspaper's name.

2 For each paper marked, please "X" the number of issues you read or looked into, on average, out of every 4 issues. Is it less often than 1 issue in 4, or is it 1 issue, 2 issues, 3 issues, or 4 of 4 issues?

	1 Read or Looked Into In the Last 6 Months	2 Number of Issues You Read or Looked Into, on Average, of Every 4 Issues				
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	4 Issues
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Write-in name of SUNDAY newspaper)						
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Write-in name of SUNDAY newspaper)						
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Write-in name of SUNDAY newspaper)						
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Write-in name of SUNDAY newspaper)						
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Write-in name of SUNDAY newspaper)						
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Write-in name of SUNDAY newspaper)						

Did not read or look into any Sunday (or weekend) newspapers in the last 6 months

DAILY NEWSPAPERS

1 For each weekday (Monday-Friday) newspaper that you may have read or looked into in the last 6 months, please "X" the "Read or Looked Into" box next to the newspaper's name.

2 For each paper marked, please "X" the number of issues you read or looked into, on average, out of every 5 issues. Is it less often than 1 issue in 5, or is it 1 issue, 2 issues, 3 issues, 4 issues, or 5 of 5 issues?

Please list ALL weekday newspapers read even if you have already listed that newspaper as a Sunday (or weekend) newspaper.

	1 Read or Looked Into In the Last 6 Months	2 Number of Issues You Read or Looked Into, on Average, of Every 5 Issues				
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	4 Issues
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Write-in name of DAILY newspaper)						
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Write-in name of DAILY newspaper)						
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Write-in name of DAILY newspaper)						
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Write-in name of DAILY newspaper)						
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Write-in name of DAILY newspaper)						
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Write-in name of DAILY newspaper)						

Did not read or look into any daily newspapers in the last 6 months

INTERNET



ONLINE/ INTERNET COMPUTER SERVICES

Do you use any online/ Internet computer services or similar services either at home, work or somewhere else?

Yes No

IF NO

Do you plan to use any online/ Internet computer services or similar services, either at home, work, or somewhere else in the next 12 months?

Yes No

IF YES, PLAN TO USE

Which of the following methods of access do you plan on using?

Cable Modem
 DSL
 Internet TV
 ISDN
 Phone Modem (Dial-up)
 Satellite
 Other

IF EVER USED OR PLAN TO USE

For each service listed below, please indicate which you have used in the last 30 days or plan to use sometime in the future.

	Used In Last 30 Days	Plan To Use
Adelphia	<input type="checkbox"/>	<input type="checkbox"/>
America Online (AOL)	<input type="checkbox"/>	<input type="checkbox"/>
AT&T Worldnet	<input type="checkbox"/>	<input type="checkbox"/>
BellSouth	<input type="checkbox"/>	<input type="checkbox"/>
Comcast	<input type="checkbox"/>	<input type="checkbox"/>
CompuServe	<input type="checkbox"/>	<input type="checkbox"/>
Earthlink	<input type="checkbox"/>	<input type="checkbox"/>
MSN	<input type="checkbox"/>	<input type="checkbox"/>
MSN TV/ WebTV	<input type="checkbox"/>	<input type="checkbox"/>
Netscape	<input type="checkbox"/>	<input type="checkbox"/>
Road Runner	<input type="checkbox"/>	<input type="checkbox"/>
SBC Yahoo!	<input type="checkbox"/>	<input type="checkbox"/>
United Online (Net Zero/ Juno)	<input type="checkbox"/>	<input type="checkbox"/>
Verizon	<input type="checkbox"/>	<input type="checkbox"/>
Other Local Telephone Company	<input type="checkbox"/>	<input type="checkbox"/>
Other Internet Providers	<input type="checkbox"/>	<input type="checkbox"/>

IF USE ONLINE/ INTERNET SERVICE

Where do you access the Internet?

Where Accessed:	Most Often	Also Access
Home	<input type="checkbox"/>	<input type="checkbox"/>
Work	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>
Restaurants/ Coffee Shops	<input type="checkbox"/>	<input type="checkbox"/>
Hotels	<input type="checkbox"/>	<input type="checkbox"/>
Airports	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

How do you access the Internet?

Devices of access:	At Home	At Work
Cellular/ Wireless Telephone	<input type="checkbox"/>	<input type="checkbox"/>
Desktop Computer	<input type="checkbox"/>	<input type="checkbox"/>
Handheld/ PDA	<input type="checkbox"/>	<input type="checkbox"/>
Laptop Computer	<input type="checkbox"/>	<input type="checkbox"/>
Television	<input type="checkbox"/>	<input type="checkbox"/>
Other Device	<input type="checkbox"/>	<input type="checkbox"/>

Methods of access currently use:

	At Home	At Work
Cable Modem	<input type="checkbox"/>	<input type="checkbox"/>
DSL	<input type="checkbox"/>	<input type="checkbox"/>
Internet TV	<input type="checkbox"/>	<input type="checkbox"/>
ISDN	<input type="checkbox"/>	<input type="checkbox"/>
Phone Modem (Dial-up)	<input type="checkbox"/>	<input type="checkbox"/>
Satellite	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Do you plan to add or change to a different method of access at home in the next 12 months?

Yes No

IF YES

Which of the following methods of access do you plan to start using at home? (Please do not mark any methods currently used.)

Cable Modem	<input type="checkbox"/>
DSL	<input type="checkbox"/>
Internet TV	<input type="checkbox"/>
ISDN	<input type="checkbox"/>
Phone Modem (Dial-up)	<input type="checkbox"/>
Satellite	<input type="checkbox"/>
Other	<input type="checkbox"/>

Do you connect to the Internet through a wireless/ wi-fi connection?

Yes No

How many times did you access the Internet for something other than e-mail in the last 7 days?

	At Home	At Work
More than 25 times	<input type="checkbox"/>	<input type="checkbox"/>
21 - 25 times	<input type="checkbox"/>	<input type="checkbox"/>
16 - 20 times	<input type="checkbox"/>	<input type="checkbox"/>
11 - 15 times	<input type="checkbox"/>	<input type="checkbox"/>
6 - 10 times	<input type="checkbox"/>	<input type="checkbox"/>
3 - 5 times	<input type="checkbox"/>	<input type="checkbox"/>
1 - 2 times	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

How much time did you spend on the Internet for something other than e-mail in the last 7 days?

	At Home	At Work
More than 20 hours	<input type="checkbox"/>	<input type="checkbox"/>
15 to 20 hours	<input type="checkbox"/>	<input type="checkbox"/>
10 to 14 hours	<input type="checkbox"/>	<input type="checkbox"/>
5 to 9 hours	<input type="checkbox"/>	<input type="checkbox"/>
1 to 4 hours	<input type="checkbox"/>	<input type="checkbox"/>
Less than 1 hour	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

How many unique or different web sites did you visit in the last 7 days? (Please do not count the same web site visited twice.)

	At Home	At Work
More than 25	<input type="checkbox"/>	<input type="checkbox"/>
21 - 25	<input type="checkbox"/>	<input type="checkbox"/>
16 - 20	<input type="checkbox"/>	<input type="checkbox"/>
11 - 15	<input type="checkbox"/>	<input type="checkbox"/>
6 - 10	<input type="checkbox"/>	<input type="checkbox"/>
3 - 5	<input type="checkbox"/>	<input type="checkbox"/>
1 - 2	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

Do you or your household subscribe to an online/ Internet service?

Yes No

IF YES

When did you or your household first subscribe to your current online/ Internet service?

Less than a year ago	<input type="checkbox"/>
1 - 2 years ago	<input type="checkbox"/>
3 - 5 years ago	<input type="checkbox"/>
6 years ago or more	<input type="checkbox"/>

ONLINE ACTIVITIES

For the following activities or types of web sites, please mark the ones you used or visited in the last 30 days. For those you used/ visited, please mark the number of times in the last 30 days.

	Last 30 Days	Number of times in last 30 days			
		30 or more	16-29	6-15	1-5
Airline/ Car/ Hotel Information or Reservations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auctions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blogs/ Blogging (Reading and/ or Writing Personal Online Journals/ Diaries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulletin/ Message Boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chat Forums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital Imaging/ Photo Albums Online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Download Music Files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Information/ Stock Trading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instant Messaging (IM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to Internet Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain Homepage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Services and Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
News/ Weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Ads/ Dating Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play/ Download Online Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read Magazines/ Newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate Listings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research/ Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send Electronic Greeting Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping: Gathered Information for Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping: Made a Purchase	<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"/>
Watching Streaming Video (TV or Movie-like Broadcasts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yellow Pages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>				

WEB APPLICATIONS

Have you used any web applications in the last 12 months?

Yes No

IF YES

Please indicate which of the following web applications you have used in the last 12 months. For those you have used, please indicate how often you have used them in the last week.

	Used in last 12 months	Number of Times Used in Last Week			
		7 or more	3-6	1-2	None
Adobe Acrobat Reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIM (AOL Instant Messenger)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gnutella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ICQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iTunes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kazaa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lime Wire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSN Messenger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio@Netscape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winamp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows Media Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yahoo Messenger	<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"/>

INTERNET ADVERTISING

Thinking about the different kinds of advertising you see online, how useful do you generally find each of the following?

	Very Useful	Useful	Somewhat Useful	Not Very Useful	Not at all Useful
Banner Ads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-mail Ads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pop-up/ Under Window Ads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Webpage Links	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTITUDES/ OPINIONS ABOUT THE INTERNET

Surfing the Internet is an experience that can be different for everyone. Please tell us how you use the Internet in your life. Please tell us the extent to which you agree or disagree with each statement by marking one box opposite each statement. If you are not sure, please mark "Neither Agree Nor Disagree" and go on to the next statement.

	Agree A Lot	Agree A Little	Neither Agree Nor Disagree	Disagree A Little	Disagree A Lot
I like web sites that take special care to protect my privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like web sites that show me local information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to go to web sites that I have never been to before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get more and more of my news from the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to look for new and interesting web sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am doing more of my shopping on the Internet than before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I go back to web sites that make it easy to find what I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tend to trust the information on web sites that I have heard a lot about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to hear about new products and services via e-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WEB SITES/ SEARCH ENGINES

Have you used/ visited any web sites or search engines in the last 30 days?

Yes No

IF YES

For the following list of web sites, please mark the ones which you visited in the last 30 days. For those web sites that you visited in the last 30 days, please mark how many times in the last 30 days you visited that specific web site.

	Last 30 Days	Number of Times Visited in the Last 30 Days			
		30 or More	16-29	6-15	1-5
1800flowers.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Altavista.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Americangreetings.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AmericanSingles.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AOL.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask.com (AskJeeves)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATT.com (AT&T)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barnesandnoble.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BestBuy.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bizrate.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBS.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBS.sportsline.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CircuitCity.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classmates.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CNET.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CNN.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ColumbiaHouse.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coolsavings.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dell.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disney.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dogpile.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earthlink.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ebay.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emode.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excite.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expedia.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOX.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geocities.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Google.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotbot.lycos.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotjobs.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HP.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infospace.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iVillage.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Last 30 Days	Number of Times Visited in the Last 30 Days			
		30 or More	16-29	6-15	1-5
lwon.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juno/ Netzero.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latimes.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lycos.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MapQuest.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketwatch.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Match.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MLB.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monster.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSN.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSNBC.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MyFamily.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASCAR.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBA.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBC.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Netscape.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NFL.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHL.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NYTimes.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orbitz.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PGATour.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reuters.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SBC.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sony.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SportingNews.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprint.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TheWB.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ticketmaster.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travelocity.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travelzoo.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UPN.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USAToday.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verizon.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WashingtonPost.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weather.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Webcrawler.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WSJ.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yahoo.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZDNet.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)					
_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERNET USAGE AT HOME (EXCLUDING E-MAIL) IN THE LAST 7 DAYS

Did you use the Internet at your physical home for something other than e-mail in the last 7 days? Yes No

IF YES,

1 Show us when you used the Internet at home. Anytime you used the Internet (for something other than e-mail) in the Last 5 Weekdays or the Last Weekend, even just for a few minutes, please mark an "X" beside the time period.

2 Show us how much time you used the Internet at home. Please mark an "X" in the column that represents the **total time** you used the Internet, for something other than e-mail, in the last 7 days.

AT HOME

Time Periods Used	1		2						
	Used in Last 5 Weekdays	Used Last Weekend	Total Time You Used the Internet at Home Over the Last 7 Days						
			Less than 1/2 Hr	1/2 Hr but less than 1 Hr	1 Hr but less than 2 Hrs	2 Hrs but less than 3 Hrs	3 Hrs but less than 4 Hrs	4 Hrs but less than 5 Hrs	5 Hrs or more
EXAMPLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 AM - 7 AM	<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"/>
7 AM - 9 AM	<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"/>
9 AM - 4 PM	<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"/>
4 PM - 7 PM	<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"/>
7 PM - 11 PM	<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"/>
11 PM - 2 AM	<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"/>
2 AM - 5 AM	<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"/>

Of the total time spent using the Internet, excluding e-mail, in your own home, over the last 7 days, what percentage of that time was work related?

Less than 10% 10 to 25% 26 to 50% 51 to 75% 76 to 90% 91 to 100%

INTERNET USAGE AT WORK (EXCLUDING E-MAIL) IN THE LAST 7 DAYS

Did you use the Internet at work (not in your home) for something other than e-mail in the last 7 days? Yes No

IF YES,

1 Show us when you used the Internet at work. Anytime you used the Internet (for something other than e-mail) in the Last 5 Weekdays or the Last Weekend, even just for a few minutes, please mark an "X" beside the time period.

2 Show us how much time you used the Internet at work. Please mark an "X" in the column that represents the **total time** you used the Internet, for something other than e-mail, in the last 7 days.

AT WORK

Time Periods Used	1		2						
	Used in Last 5 Weekdays	Used Last Weekend	Total Time You Used the Internet at Work Over the Last 7 Days						
			Less than 1/2 Hr	1/2 Hr but less than 1 Hr	1 Hr but less than 2 Hrs	2 Hrs but less than 3 Hrs	3 Hrs but less than 4 Hrs	4 Hrs but less than 5 Hrs	5 Hrs or more
EXAMPLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 AM - 7 AM	<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"/>
7 AM - 9 AM	<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"/>
9 AM - 4 PM	<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"/>
4 PM - 7 PM	<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"/>
7 PM - 11 PM	<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"/>
11 PM - 2 AM	<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"/>
2 AM - 5 AM	<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"/>

Of the total time spent using the Internet, excluding e-mail, at your work place, over the last 7 days, what percentage of that time was personal related?

Less than 10% 10 to 25% 26 to 50% 51 to 75% 76 to 90% 91 to 100%

MAGAZINES








MAGAZINES










This section asks about your reading of magazines. People read or glance through magazines in many different places, such as beauty parlors, grocery stores, barber shops, doctor's offices, libraries, airports and newsstands, as well as in their own home.

The titles of magazines are listed on the following pages. Please indicate which magazines you may have read or looked into in the last 6 months. We want to know if you yourself have read or looked into any copy, whether it belonged to you or not. It doesn't matter whether you read it or just looked into it.












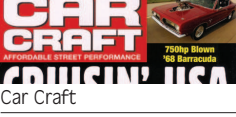
- 1 If you have read or looked into the magazine in the last 6 months, "X" the box next to the title.
- 2 For each magazine marked, please "X" the number of issues you read or looked into, on average, out of every 4 issues. Is it less often than 1 issue in 4, or is it 1 issue, 2 issues, 3 issues, or 4 of 4 issues?

	1 Have Read or Looked Into in Last 6 Months	2 Number You Read or Looked Into of Every 4				
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	
 AARP The Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Monthly (Every 60 Days)
 Allure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 The American Legion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 American Rifleman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Architectural Digest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)








I did not read or look into any of the magazines in this column in the last 6 months

	1 Have Read or Looked Into in Last 6 Months	2 Number You Read or Looked Into of Every 4				
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	
 Arthritis Today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Monthly (Every 60 Days)
 The Atlantic Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Automobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 AutoWeek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)
 American Baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Babytalk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Barron's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)
 Bassmaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Harper's Bazaar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)




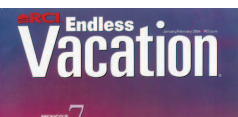








I did not read or look into any of the magazines in this column in the last 6 months

	Have Read or Looked Into in Last 6 Months	Number You Read or Looked Into of Every 4					
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	4 Issues	
 Better Homes and Gardens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Bicycling Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Black Enterprise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Blender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Boating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Bon Appetit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Bride's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Monthly (Every 60 Days)
 Arthur Frommer's Budget Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Business 2.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Business Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)
 Car and Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Car Craft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)






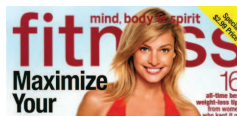






I did not read or look into any of the magazines in this column in the last 6 months

	Have Read or Looked Into in Last 6 Months	Number You Read or Looked Into of Every 4					
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	4 Issues	
 Child Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Consumer Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Cooking Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Cosmopolitan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Country Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Country Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Country Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Weekly (Every 14 Days)
 Cycle World	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Discover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Ducks Unlimited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Monthly (Every 60 Days)
 Ebony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)








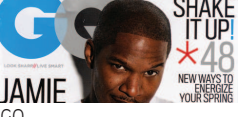




I did not read or look into any of the magazines in this column in the last 6 months

	Have Read or Looked Into in Last 6 Months	Number You Read or Looked Into of Every 4				
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	4 Issues
 <p>The Economist</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)
 <p>ELLE</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 <p>ELLE Decor</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Monthly (Every 60 Days)
 <p>Endless Vacation</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Monthly (Every 60 Days)
 <p>Entertainment Weekly</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)
 <p>Entrepreneur</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 <p>ESPN The Magazine</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Weekly (Every 14 Days)
 <p>Esquire</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 <p>Essence</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 <p>Family Circle</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Tri-Weekly (Every 21 Days)
 <p>FamilyFun</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 <p>The Family Handyman</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)













I did not read or look into any of the magazines in this column in the last 6 months

	Have Read or Looked Into in Last 6 Months	Number You Read or Looked Into of Every 4				
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	4 Issues
 <p>Fast Company</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 <p>FHM</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 <p>Field & Stream</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 <p>First for Women</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Tri-Weekly (Every 21 Days)
 <p>North American Fisherman</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Monthly (Every 60 Days)
 <p>Fitness</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 <p>Flying</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 <p>Food & Wine</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 <p>Forbes</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Weekly (Every 14 Days)
 <p>Fortune</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Weekly (Every 14 Days)
 <p>Peterson's 4 Wheel & Off-Road</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 <p>Four Wheeler</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)



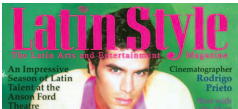




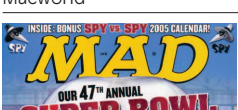




I did not read or look into any of the magazines in this column in the last 6 months

	Have Read or Looked Into in Last 6 Months	Number You Read or Looked Into of Every 4				
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	4 Issues
 GamePro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Glamour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Globe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)
 Golf Digest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Golf Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Good Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Gourmet Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 GQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Guns & Ammo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Hispanic Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Hispanic Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)


I did not read or look into any of the magazines in this column in the last 6 months

	Have Read or Looked Into in Last 6 Months	Number You Read or Looked Into of Every 4				
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	4 Issues
 Movieline's Hollywood Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Hot Rod	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 House & Garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 House Beautiful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 North American Hunter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Monthly (Every 60 Days)
 Petersen's Hunting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 In Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 In Touch Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)
 Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Jane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Jet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)











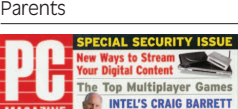

I did not read or look into any of the magazines in this column in the last 6 months

	Have Read or Looked Into in Last 6 Months	Number You Read or Looked Into of Every 4				
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	4 Issues
 How to Kiplinger's Personal Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Ladies' Home Journal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Latin Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Monthly (Every 60 Days)
 Latina Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Monthly (Every 60 Days)
 Lowrider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Lucky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Macworld	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Mad Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Marie Claire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Martha Stewart Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Maxim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Men's Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)


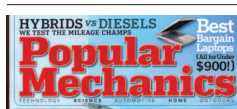
I did not read or look into any of the magazines in this column in the last 6 months

	Have Read or Looked Into in Last 6 Months	Number You Read or Looked Into of Every 4				
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	4 Issues
 Men's Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Men's Journal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Metropolitan Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Midwest Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Monthly (Every 60 Days)
 Modern Bride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Monthly (Every 60 Days)
 Money Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 More	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Motor Trend Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Muscle & Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 The National Enquirer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)
 National Examiner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)
 National Geographic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)













I did not read or look into any of the magazines in this column in the last 6 months

	Have Read or Looked Into in Last 6 Months	Number You Read or Looked Into of Every 4				
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	4 Issues
 Natural History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 New York Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)
 The New Yorker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)
 Newsweek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)
 O, The Oprah Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Organic Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Outdoor Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 PC Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Weekly (Every 14 Days)
 PC World	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)













I did not read or look into any of the magazines in this column in the last 6 months

	Have Read or Looked Into in Last 6 Months	Number You Read or Looked Into of Every 4				
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	4 Issues
 Penthouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 People Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)
 Teen People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 American Photo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Monthly (Every 60 Days)
 Playboy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Popular Mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Popular Photography & Imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Popular Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Premiere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Reader's Digest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Real Simple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)

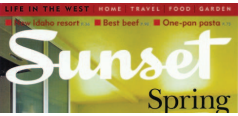



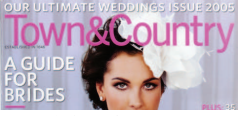







I did not read or look into any of the magazines in this column in the last 6 months

	Have Read or Looked Into in Last 6 Months	Number You Read or Looked Into of Every 4				
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	4 Issues
 Redbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Road & Track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Rolling Stone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Runner's World	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 The Saturday Evening Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Scientific American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Self Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Seventeen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Shape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Sierra Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Ski	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>













I did not read or look into any of the magazines in this column in the last 6 months

	Have Read or Looked Into in Last 6 Months	Number You Read or Looked Into of Every 4				
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	4 Issues
 SmartMoney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Smithsonian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Soap Opera Digest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Soap Opera Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Sound & Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 The Source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Southern Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Spin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Sporting News	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Sports Illustrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Star	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Stuff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I did not read or look into any of the magazines in this column in the last 6 months

	Have Read or Looked Into in Last 6 Months	Number You Read or Looked Into of Every 4				
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	4 Issues
 Sunset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Texas Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)
 Town & Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Traditional Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Monthly (Every 60 Days)
 Travel + Leisure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Condé Nast Traveler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 National Geographic Traveler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Monthly (Every 60 Days)
 TV Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)
 Urban Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 U.S. News & World Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)

I did not read or look into any of the magazines in this column in the last 6 months







	Have Read or Looked Into in Last 6 Months	Number You Read or Looked Into of Every 4				
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	4 Issues
 Us Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)
 Vanity Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Vibe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Vogue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 W Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Weight Watchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Monthly (Every 60 Days)
 Wired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Woman's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Tri-Weekly (Every 21 Days)
 Woman's World	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Weekly (Every 7 Days)
 Workbench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Bi-Monthly (Every 60 Days)
 Working Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)
 Yankee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Published Monthly (Every 30 Days)

I did not read or look into any of the magazines in this column in the last 6 months

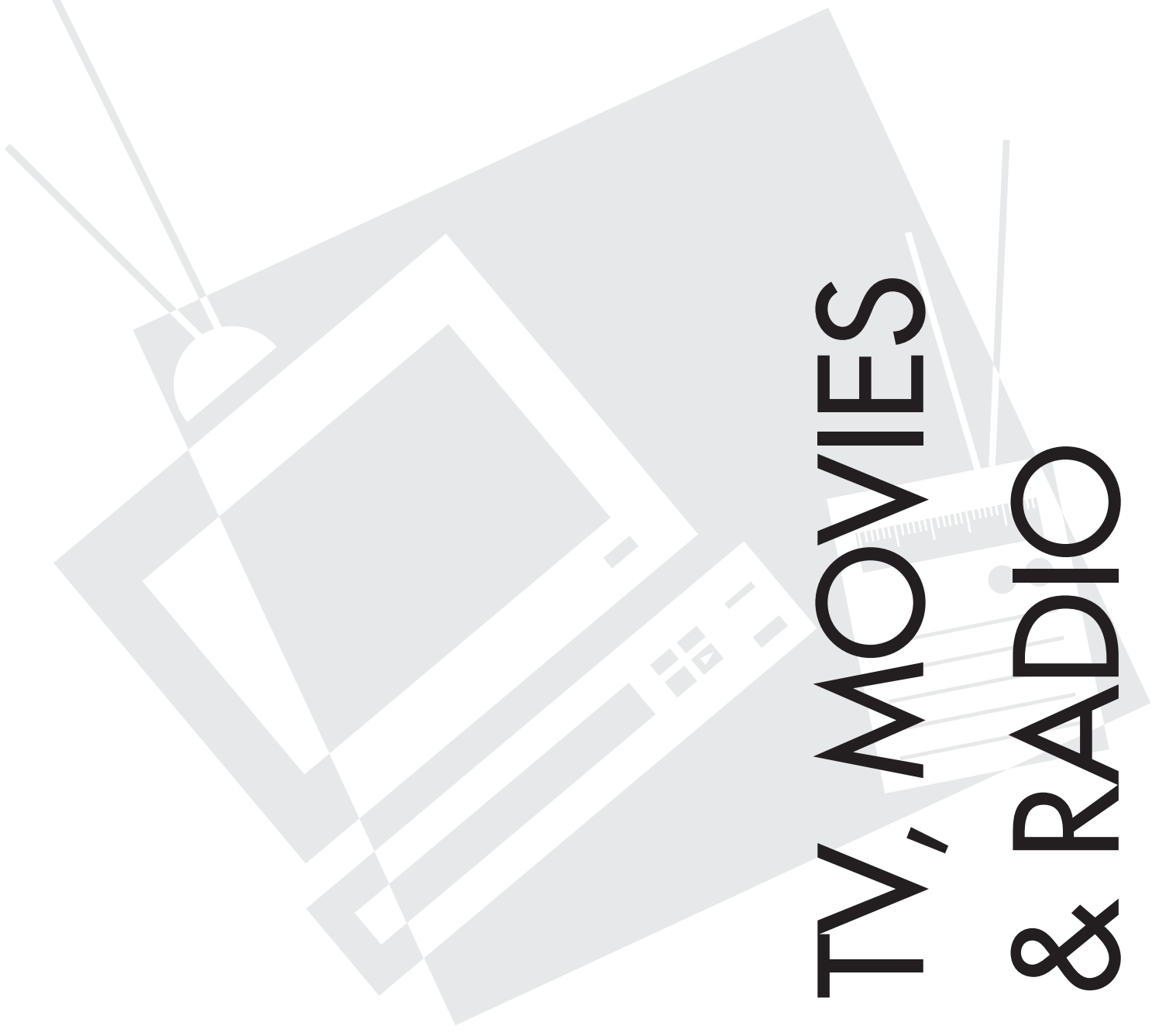
AIRLINE/ INFLIGHT MAGAZINES

The following publications are distributed onboard airlines. You may have read or glanced through them on a plane, in your home or office or in any other place. For each publication shown below, please mark whether you may have read or looked into that publication in the last 6 months.

For each publication that you read or looked into in the last 6 months, mark the box that indicates, on average, out of four issues published, how many you read or looked into.

	Have Read or Looked Into in Last 6 Months	Number You Read or Looked Into of Every 4				
		Less Than 1 Issue	1 Issue	2 Issues	3 Issues	4 Issues
 American Way (American Airlines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Published Bi-Weekly (Every 14 Days)						
 Attaché (US Airways)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Published Monthly (Every 30 Days)						
 Continental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Published Monthly (Every 30 Days)						
 Hemispheres (United Airlines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Published Monthly (Every 30 Days)						
 Sky (Delta Airlines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Published Monthly (Every 30 Days)						
 Spirit (Southwest Airlines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Published Monthly (Every 30 Days)						

I did not read or look into any of the magazines in this column in the last 6 months



TV, MOVIES & RADIO

**CABLE TELEVISION/
PREMIUM CHANNELS**














Listed below are the names and logos of cable television networks. Which of these have you viewed in the last 7 days?

For those networks you viewed, which of the letters below best describes the amount of time you spent watching in the last 7 days?

During which time periods do you usually watch the network, first on a typical weekday (Monday-Friday), and then on a typical weekend (Saturday-Sunday)?

Time Spent Viewing in Last 7 Days
A – Less than 1 hour **D** – 5 hours to less than 7
B – 1 hour to less than 3 **E** – 7 hours to less than 10
C – 3 hours to less than 5 **F** – 10 hours or more

Time Period
G – 6:00 AM - 9:00 AM **L** – 7:00 PM - 8:00 PM
H – 9:00 AM - NOON **M** – 8:00 PM - 9:00 PM
I – NOON - 3:00 PM **N** – 9:00 PM - 11:00 PM
J – 3:00 PM - 5:00 PM **O** – 11:00 PM - 1:00 AM
K – 5:00 PM - 7:00 PM

	Viewed in Last 7 Days	Time Spent Viewing in Last 7 Days						Time Period (check as many as apply)																					
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O													
A&E (Arts & Entertainment Network) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
ABC Family 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
Adult Swim 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
AMC (American Movie Classics) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
Animal Planet 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
BBC America 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
BET (Black Entertainment TV) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
Bloomberg Television 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
Bravo 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
Cartoon Network 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
Cinemax 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
CMT (Country Music Television) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
CNBC 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>















**CABLE TELEVISION/
PREMIUM CHANNELS**

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Time Period

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N - 9:00 PM - 11:00 PM
O - 11:00 PM - 1:00 AM

	Viewed in Last 7 Days	Time Spent Viewing in Last 7 Days						Time Period (check as many as apply)											
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O			
CNN (Cable News Network) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>
CNN Headline News 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>
Comedy Central 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>
Court TV (Courtroom Television Network) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>
Discovery Channel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>
Discovery Health Channel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>
Discovery Home 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>
Discovery Times 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>
Disney Channel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>
DIY (Do-It-Yourself) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>
E! (Entertainment Television) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>
Encore 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>
ESPN 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>
ESPN 2 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>








**CABLE TELEVISION/
PREMIUM CHANNELS**

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	Viewed in Last 7 Days	Time Spent Viewing in Last 7 Days						Time Period (check as many as apply)																				
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O												
ESPN Classic 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
ESPN News 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
FamilyNet 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
Fine Living 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
Food Network 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
FOX News Channel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
FSN (Formerly Fox Sports Network) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
Fuse 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
FX 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
G4 (Formerly G4TechTV) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
GAC (Great American Country) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
The Golf Channel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
GSN (Formerly Game Show Network) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>
Hallmark Channel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	Weekend	<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"/>

**CABLE TELEVISION/
PREMIUM CHANNELS**

Time Spent Viewing in Last 7 Days

A - Less than 1 hour
B - 1 hour to less than 3
C - 3 hours to less than 5
D - 5 hours to less than 7
E - 7 hours to less than 10
F - 10 hours or more

Time Period

G - 6:00 AM - 9:00 AM
H - 9:00 AM - NOON
I - NOON - 3:00 PM
J - 3:00 PM - 5:00 PM
K - 5:00 PM - 7:00 PM
L - 7:00 PM - 8:00 PM
M - 8:00 PM - 9:00 PM
N - 9:00 PM - 11:00 PM
O - 11:00 PM - 1:00 AM

	Viewed in Last 7 Days	Time Spent Viewing in Last 7 Days						Time Period (check as many as apply)													
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O					
HBO (Home Box Office) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
HGTV (Home & Garden Television) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
The History Channel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
IFC (Independent Film Channel) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Demand 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSP (Inspirational Network) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifetime 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifetime Movie Network 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military Channel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Movie Channel (TMC) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSNBC 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
MTV (Music Television) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
MTV2 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Geographic Channel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CABLE TELEVISION/
PREMIUM CHANNELS**

Time Spent Viewing in Last 7 Days

A - Less than 1 hour **D** - 5 hours to less than 7
B - 1 hour to less than 3 **E** - 7 hours to less than 10
C - 3 hours to less than 5 **F** - 10 hours or more

Time Period

G - 6:00 AM - 9:00 AM **L** - 7:00 PM - 8:00 PM
H - 9:00 AM - NOON **M** - 8:00 PM - 9:00 PM
I - NOON - 3:00 PM **N** - 9:00 PM - 11:00 PM
J - 3:00 PM - 5:00 PM **O** - 11:00 PM - 1:00 AM
K - 5:00 PM - 7:00 PM

	Viewed in Last 7 Days	Time Spent Viewing in Last 7 Days						Time Period (check as many as apply)												
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O				
Nick at Nite 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
Nickelodeon 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
The Outdoor Channel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
OLN (Outdoor Life Network) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
Oxygen 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
The Science Channel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
Sci-Fi Channel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
Showtime 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
SoapNet 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
Spike TV 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
Speed Channel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
Starz! 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
Style 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
Sundance Channel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>














**CABLE TELEVISION/
PREMIUM CHANNELS**

Time Spent Viewing in Last 7 Days

Time Period

- A** - Less than 1 hour
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- C** - 3 hours to less than 5
- D** - 5 hours to less than 7
- E** - 7 hours to less than 10
- F** - 10 hours or more

- G** - 6:00 AM - 9:00 AM
- H** - 9:00 AM - NOON
- I** - NOON - 3:00 PM
- J** - 3:00 PM - 5:00 PM
- K** - 5:00 PM - 7:00 PM
- L** - 7:00 PM - 8:00 PM
- M** - 8:00 PM - 9:00 PM
- N** - 9:00 PM - 11:00 PM
- O** - 11:00 PM - 1:00 AM

	Viewed in Last 7 Days	Time Spent Viewing in Last 7 Days						Time Period (check as many as apply)												
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O				
Superstation WGN 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
TBS Superstation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
TCM (Turner Classic Movies) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
TLC (The Learning Channel) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
TNT (Turner Network Television) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
Toon Disney 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
Travel Channel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
TV Guide Channel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
TV Land 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
USA Network 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
VH1 (Video Hits One) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
WE (Women's Entertainment) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
The Weather Channel 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekday	<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"/>	<input type="checkbox"/>
Other Cable Networks	<input type="checkbox"/>																			

If you did not view any cable networks in the last 7 days, please mark this box

CABLE PROGRAMS

Which of the programs listed below did you watch in the last 4 weeks?
 For each program watched in the last 4 weeks, did you watch the program in the last 7 days?
 If you watched the program in the last 7 days, how much attention were you paying?

	Watched Last 4 Weeks	Watched Last 7 Days	How Much Attention If Watched in Last 7 Days		
			Full	Most	Some
A&E					
Airline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caesar's 24/ 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City Confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Case Files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog the Bounty Hunter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Plots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The First 48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growing up Gotti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADULT SWIM (On Cartoon Network)					
Aqua Teen Hunger Force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Brak Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Guy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Futurama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harvey Birdman, Attorney at Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
InuYasha	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lupin the 3rd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robot Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sealab 2021	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Venture Bros.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMC					
DVD_TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movie Club with John Ridley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday Morning Shootout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANIMAL PLANET					
Animal Cops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Austin Stevens: Snakemaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buggin' with RUUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corwin's Quest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Crocodile Hunter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Most Extreme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual of Omaha's Wild Kingdom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planet's Funniest Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultimate Zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who Gets the Dog?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BET					
106 & Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BET Movie of The Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BET Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BET Nightly News	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bobby Jones Gospel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Club ComicView	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Hill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coming To The Stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Parkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rap City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Watched Last 4 Weeks	Watched Last 7 Days	How Much Attention If Watched in Last 7 Days		
			Full	Most	Some
BRAVO					
Blow Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Celebrity Poker Showdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hidden Howie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inside the Actors Studio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Queer Eye for the Straight Girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Queer Eye for the Straight Guy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showdog Moms & Dads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Situation: Comedy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports Kids Moms and Dads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The West Wing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CMT					
CMT Inside Fame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CMT Insider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CMT Music Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country's Most Shocking Moments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cowboy Cool Theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cowboy U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coyote Ugly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crossroads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Popularity Contest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Top 20 Countdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CNBC					
The Big Idea with Donny Deutsch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closing Bell with Maria Bartiromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dennis Miller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kudlow & Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mad Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning Call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squawk Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Suze Orman Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CNN					
American Morning with Soledad O'Brien and Bill Hemmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anderson Cooper 360°	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CNN Live Today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CNN Presents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judy Woodruff's Inside Politics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Larry King Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lou Dobbs Tonight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newsnight with Aaron Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paula Zahn Now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wolf Blitzer Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMEDY CENTRAL					
Chappelle's Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comedy Central Movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comedy Central Stand-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Con	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Daily Show with Jon Stewart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAD TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENO 911!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on next page

	Watched Last 4 Weeks	Watched Last 7 Days	How Much Attention If Watched in Last 7 Days			Watched Last 4 Weeks	Watched Last 7 Days	How Much Attention If Watched in Last 7 Days			
			Full	Most	Some			Full	Most	Some	
COURT TV						FOX NEWS CHANNEL					
Body of Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Big Story with John Gibson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cavuto on Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dominick Dunne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forbes on FOX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forensic Files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FOX & Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I, Detective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FOX Report with Shepard Smith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impossible Heists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hannity & Colmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Investigators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The O'Reilly Factor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masterminds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On the Record with Greta Van Susteren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychic Detectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Report with Brit Hume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trial Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Your World with Neil Cavuto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISCOVERY CHANNEL						FUSE					
American Chopper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100 Percent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deadliest Catch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comp'd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The FBI Files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D'Fused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firehouse USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Download	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guilty or Innocent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dedicate Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It Takes a Thief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F-List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monster Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slave to the Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monster House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steven's Untitled Rock Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MythBusters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uranium/ Uranium Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Party Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Video IQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E!						FX					
101 Countdown Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. 90210	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DVD on TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E! News	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It's Always Sunny in Philadelphia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Entertainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	King of the Hill (FX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Howard Stern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NASCAR Drivers 360	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's Good to Be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nip/ Tuck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Love Is in the Heir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Over There	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday Night Live (SNL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Shield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E! True Hollywood Story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Starved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN						GSN					
Around the Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Celebrity Blackjack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball Tonight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dog Eat Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dream Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extreme Dodgeball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside the Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Greed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pardon the Interruption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lingo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports Reporters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poker Royale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SportsCenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weakest Link	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Who Wants to be a Millionaire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN 2						HALLMARK CHANNEL					
Cold Pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collection From Hallmark Hall of Fame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN Hollywood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hallmark Movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing/ Outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jane Doe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday Night Fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M*A*S*H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBA Fastbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Matlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBA Nation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	McBride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NFL Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mystery Woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN CLASSIC						HALLMARK CHANNEL					
Cheap Seats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perry Mason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classic Sports Reporters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Touched by An Angel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NFL Films	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walker, Texas Ranger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reel Classics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
SportsCentury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Continued on next page

	Watched Last 4 Weeks	Watched Last 7 Days	How Much Attention If Watched in Last 7 Days			Watched Last 4 Weeks	Watched Last 7 Days	How Much Attention If Watched in Last 7 Days			
			Full	Most	Some			Full	Most	Some	
HBO						MTV (continued)					
Cathouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pimp My Ride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Comeback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Punk'd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curb Your Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RW/ RR Challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deadwood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Request Live (TRL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entourage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trippin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the Record with Bob Costas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Viva La Bam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Time with Bill Maher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NATIONAL GEOGRAPHIC CHANNEL					
Rome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Six Feet Under	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explorer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Sopranos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is It Real?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THE HISTORY CHANNEL						Megastructures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Days That Shook the World	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Naked Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep Sea Detectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	National Geographic Presents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digging for the Truth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nature's Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Throttle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seconds from Disaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taboo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modern Marvels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thrill Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NICK AT NITE					
UFO Files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Cosby Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wild West Tech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fatherhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IFC						Fresh Prince of Bel-Air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the IFC Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cinema Red	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hi-Jinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner for Five	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Murphy Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escape from Hollywood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roseanne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Film Fanatic Fridays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Who's the Boss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Film School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Spirit Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THE OUTDOOR CHANNEL					
Night Screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	American Rifleman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulp Indies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Championship Bull Riding (CBR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Samurai Saturdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hunting the Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIFETIME						In-Fisherman TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golden Girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inside R/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head 2 Toe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jim Zumbo Outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How Clean is Your House?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primos' Truth About Hunting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I Married a Princess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shooting Gallery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mad About You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ted Nugent Spirit of the Wild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	World of Outlaws Sprint Car Racing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Nanny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCI-FI					
Strong Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Andromeda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsolved Mysteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Battlestar Galactica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You're Not the Man I Married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beastmaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSNBC						Ghost Hunters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Abrams Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Master Blasters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Countdown with Keith Olbermann	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCI-FI Feature Films	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardball with Chris Matthews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stargate Atlantis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headliners and Legends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stargate SG-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imus In the Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tripping the Rift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet The Press on MSNBC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Twilight Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSNBC at the Movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHOWTIME					
MSNBC Entertainment Hot List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Cell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSNBC Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The L Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scarborough Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Penn & Teller: Bulls***!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MTV						Queer As Folk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making the Band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet the Barkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continued on next page					
Newlyweds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
The Nick Lachey Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

	Watched Last 4 Weeks	Watched Last 7 Days	How Much Attention If Watched in Last 7 Days			Watched Last 4 Weeks	Watched Last 7 Days	How Much Attention If Watched in Last 7 Days			
			Full	Most	Some			Full	Most	Some	
SOAPNET						TNT					
All My Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Angel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beverly Hills 90210	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dallas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Closer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Days of Our Lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dynasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Into the West	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Law & Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Melrose Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NASCAR on TNT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One Life to Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NBA on TNT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap Talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NYPD Blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soapography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Without a Trace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEED CHANNEL						TRAVEL CHANNEL					
Build or Bust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amazing Vacation Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formula One Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anthony Bordain: No Reservations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASCAR Craftsman Truck Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kings of the Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASCAR Inside NEXTEL Cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Made in America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASCAR Nation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mysterious Journeys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASCAR NEXTEL Cup Qualifying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stranded with Cash Peters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taste of America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trackside @ . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel Spies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unique Whips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weird Travels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wind Tunnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	World Poker Tour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPIKE TV						TCM (TURNER CLASSIC MOVIES)					
CSI: Crime Scene Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Darkness After Dawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Lance Krall Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Essentials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximum Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lone Star Cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most Extreme Elimination Challenge (MXC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silent Sunday Nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trucks!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Syncopation Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Ultimate Fighter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TCM Imports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Untold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TV GUIDE CHANNEL					
World's Wildest Police Videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cover Stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WWE Entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joan and Melissa Rivers on the Red Carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Xtreme 4x4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TV 411	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TBS						TV Guide Special	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braves Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TV Talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner and a Movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TV LAND					
Everybody Loves Raymond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Andy Griffith Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Guy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bonanza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chasing Farrah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movie and a Makeover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cheers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seinfeld	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex and the City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highway to Heaven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday Prime Movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Night Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TBS Movie Extra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sanford and Son	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TLC (THE LEARNING CHANNEL)						Three's Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	USA					
Overhulin'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The 4400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Ladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Dead Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ready, Set, Learn Block of Kids' Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JAG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starting Over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kojak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Super Agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Law & Order: Criminal Intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Town Haul	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Law & Order: SVU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trading Spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Made In the USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What Not to Wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While You Were Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MONK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						USA Prime Movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on next page

	Watched Last 4 Weeks	Watched Last 7 Days	How Much Attention If Watched in Last 7 Days		
			Full	Most	Some
VH1					
BSTV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fabulous Life Of...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I Love the...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motormouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movies that Rock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Surreal Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VH1 All Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VH1 Goes Inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WE					
Bridezillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cinematherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Frontal Fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kiss and Tell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
McLeod's Daughters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Secret Lives of Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single In The City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take My Kids, Please!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three Men and a Chick Flick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young, Sexy &...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LOCAL TV NEWS

We would like to know more about your local television news viewing, that is, news you watch to know more about events in your town and surrounding area.










Have you watched any early or late evening local television news in the last 7 days?

Yes No

IF YES

Please indicate which local news you watched.

(PLEASE DO NOT INCLUDE NATIONAL NETWORK NEWS)

		Watched Last 7 Days	
		Early Evening Local News (5-7 pm)	Late Evening Local News (9pm - Midnight)
Local News on your ABC Station		<input type="checkbox"/>	<input type="checkbox"/>
Local News on your CBS Station		<input type="checkbox"/>	<input type="checkbox"/>
Local News on your FOX Station		<input type="checkbox"/>	<input type="checkbox"/>
Local News on your NBC Station		<input type="checkbox"/>	<input type="checkbox"/>
Local News on your PAX Station		<input type="checkbox"/>	<input type="checkbox"/>
Local News on your Telemundo Station		<input type="checkbox"/>	<input type="checkbox"/>
Local News on your Univision Station		<input type="checkbox"/>	<input type="checkbox"/>
Local News on your UPN Station		<input type="checkbox"/>	<input type="checkbox"/>
Local News on your WB Station		<input type="checkbox"/>	<input type="checkbox"/>
Local News on Other Network/ Station		<input type="checkbox"/>	<input type="checkbox"/>

VIDEO-ON-DEMAND (VOD)

Some cable companies offer Video-On-Demand services, which let you instantly watch movies, TV shows and more whenever you want with no pre-set start times, for an additional cost. You can choose from a list of titles, and start, pause, rewind, fast-forward what you are watching, similar to a VCR.

Please mark if you have ever heard of Video-On-Demand. Please also mark if you would consider using Video-On-Demand services or if you have ever used any Video-On-Demand services.

Heard Of	Would Consider Using	Have Used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Subscription Video-on-Demand (SVOD) is a service where you pay a monthly subscription fee to access all listed VOD movies or programs.

If your cable company offered Subscription Video-On-Demand for the television channels you watch most often, how likely would you be to subscribe to this monthly service?

Not at all likely

Somewhat likely

Likely

Very likely

Extremely Likely

TELEVISION HOME SHOPPING CHANNELS

Do you watch them? **Yes** **No**

IF YES

Channels watched in last 3 months and then times bought from each:

	Watched Last 3 Months	Times bought in last 3 months			
		6 or more	2-5	1	Did not buy
Home Shopping Network (HSN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Value Convenience Channel (QVC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop at Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ShopNBC	<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"/>

TELEVISION PROGRAM INFORMATION

Which of the following do you use for information about what's on TV?

	Most Often	Also Use
TV Guide Magazine	<input type="checkbox"/>	<input type="checkbox"/>
Local Cable Listings Channel	<input type="checkbox"/>	<input type="checkbox"/>
Monthly Cable Guide	<input type="checkbox"/>	<input type="checkbox"/>
Interactive Program Guide	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers	<input type="checkbox"/>	<input type="checkbox"/>
Sunday TV Magazine	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>
Word of Mouth	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

TELEVISION VIEWING LAST 5 WEEKDAYS (MONDAY – FRIDAY)

We would like to know about your television viewing over the **LAST 5 WEEKDAYS**, whether you watched or listened at home or away from home.

1 Show us when you watched or listened.

Anytime you watched or listened to TV over the last 5 weekdays, even for just a few minutes, please mark an "X" beside the time period. (Please include all broadcast/ cable/ satellite TV viewing)

2 Show us how much time you watched or listened. Please mark an "X" in the column that represents the **total time** you watched/ listened during that time period over the last 5 weekdays.

3 Show us which stations you watched or listened to.

(Depending on where you live, a bookmark that lists some of the TV stations in your area may be enclosed for your reference.)

- As you fill out your time periods to show when and how much time you watched, mark an "X" in the correct station column to show which stations you watched.
- For any stations not listed here please mark an "X" in the "Any Other Stations" column.

3 Mark in your stations here

VIEWING LAST 5 WEEKDAYS		2 Total Time Watched Over The Last 5 Weekdays						3 Mark in your stations here											
		Time Periods Viewed	Viewed In Last 5 Weekdays	Less than 1/2 Hr	1/2 Hr but less than 1 Hr	1 Hr but less than 2 Hrs	2 Hrs but less than 4 Hrs	4 Hrs or More	abc	CBS	FOX	NBC	PAX	TELEFUTURA	TELEMUNDO	UNIVISION	UPN	WB	Any Other Stations
Example		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X		X						X			X
MORNING	5-6 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	6-7 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	7-8 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	8-9 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	9-10 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	10-11 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	11 AM-Noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
AFTERNOON	Noon-1 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	1-2 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	2-3 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	3-4 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	4-5 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
EARLY EVENING	5-5:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	5:30-6 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	6-6:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	6:30-7 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	7-7:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	7:30-8 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
EVENING	8-9 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	9-10 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	10-11 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
LATE NIGHT	11 PM-Midnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	Midnight-1 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	1-2 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	2-5 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

If you did not watch any TV in the last 5 Weekdays, please mark the box.

TELEVISION VIEWING LAST WEEKEND (SATURDAY – SUNDAY)

We would like to know about your television viewing **LAST WEEKEND**, whether you watched or listened at home or away from home.

1 Show us when you watched or listened.

Anytime you watched or listened to TV last Saturday or last Sunday, even for just a few minutes, please mark an "X" beside the time period. (Please include all broadcast/ cable/ satellite TV viewing)

2 Show us how much time you watched or listened. Please mark an "X" in the column that represents the **total time** you watched/ listened during that time period last weekend.

3 Show us which stations you watched or listened to.

(Depending on where you live, a bookmark that lists some of the TV stations in your area may be enclosed for your reference.)

- As you fill out your time periods to show when and how much time you watched, mark an "X" in the correct station column to show which stations you watched.
- For any stations not listed here please mark an "X" in the "Any Other Stations" column.

3 Mark in your stations here

LAST WEEKEND VIEWING

																Any Other Stations
						ABC	CBS	FOX	NBC	PAX	TELEFUTURA	TELEMUNDO	UNIVISION	UPN	WB	Any Other Stations
Time Periods Viewed	Viewed last Saturday	Viewed last Sunday	Less than 1/2 Hr	1/2 Hr but less than 1 Hr	1 Hr or More											
Example	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		X		X			X				X
MORNING	7-8 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	8-9 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	9-10 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	10-11 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	11 AM-Noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
AFTERNOON	Noon-1 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	1-2 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	2-3 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	3-4 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	4-5 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
EARLY EVENING	5-6 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	6-7 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	7-8 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
EVENING	8-9 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	9-10 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	10-11 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
LATE NIGHT	11 PM-Midnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	Midnight-1 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	1-7 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

If you did not watch any TV last Weekend, please mark the box.

TELEVISION PROGRAMS – DAILY

For the programs you view, how many times a week do you usually watch these programs?
 Did you watch these programs yesterday, or, if today is Sunday or Monday, did you watch the program on Friday?
 If you watched any of these programs yesterday, how much attention were you paying?

Daily Programs	Number Of Times You View Program In A Week					Viewed Yesterday	How Much Attention If Viewed Yesterday		
	1	2	3	4	5		Full	Most	Some
Early Morning News									
CBS Morning News	<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"/>
Early Today (NBC)	<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"/>
World News This Morning (ABC)	<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"/>
Early Morning Programs									
The Early Show (CBS)	<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"/>
Good Morning America (ABC)	<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"/>
Today Show (NBC)	<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"/>
Daytime									
All My Children (ABC)	<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"/>
As the World Turns (CBS)	<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"/>
The Bold and the Beautiful (CBS)	<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"/>
Days of our Lives (NBC)	<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"/>
General Hospital (ABC)	<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"/>
Guiding Light (CBS)	<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"/>
One Life to Live (ABC)	<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"/>
Passions (NBC)	<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"/>
The Price is Right (CBS)	<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"/>
Today II (NBC)	<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"/>
The View (ABC)	<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"/>
The Young and the Restless (CBS)	<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"/>
Early Evening Weekday News Programs									
ABC World News Tonight with Peter Jennings	<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"/>
CBS Evening News	<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"/>
NBC Nightly News with Brian Williams	<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"/>
The News Hour with Jim Lehrer (PBS)	<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"/>
Nightly Business Report (PBS)	<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"/>
Late Night Shows									
CBS Up To The Minute	<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"/>
Charlie Rose (PBS)	<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"/>
Jimmy Kimmel Live (ABC)	<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"/>
Last Call with Carson Daly (NBC)	<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"/>
Late Late Show with Craig Ferguson (CBS)	<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"/>
Late Night with Conan O'Brien (NBC)	<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"/>
Late Show with David Letterman (CBS)	<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"/>
Nightline (ABC)	<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"/>
The Tonight Show with Jay Leno (NBC)	<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"/>
World News Now (ABC)	<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"/>

TELEVISION PROGRAMS – ONCE A WEEK

For the programs you view, how many times a month do you usually watch these programs?

Did you watch these programs in the last 7 days?

If you watched any of these programs in the last 7 days, how much attention were you paying?

Once a Week Programs	Number Of Times You View Program In A Month				Viewed Last 7 Days	How Much Attention If Viewed in Last 7 Days		
	1	2	3	4		Full	Most	Some
20/20 (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 (FOX)	<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 Hours Investigates (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60 Minutes Sunday (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60 Minutes Wednesday (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7th Heaven (WB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Simple Rules (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC Monday Movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC Monday Night Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC Saturday Movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC Sunday Movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC Thursday Movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access Hollywood (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
According to Jim (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alan Alda in Scientific American Frontiers (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alias (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alias (Other Stations, Not ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All of Us (UPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Amazing Race (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Dad (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Dreams (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Experience (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Idol (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Princess (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
America's Funniest Home Videos (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
America's Funniest Home Videos (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
America's Most Talented Kids (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
America's Most Wanted (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
America's Next Top Model (UPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Andromeda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angel (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal Atlas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal Tails (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiques Roadshow (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Apprentice (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrested Development (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athens (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average Joe: Makeover (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Bachelor (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Bachelorette (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad Girl's Guide (UPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Bernie Mac Show (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Big Brother (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind Date (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind Justice (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blue Collar TV (WB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bob Vila's Home Again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boss Swap (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boston Legal (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brat Camp (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buffy The Vampire Slayer (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on next page

Once a Week Programs	Number Of Times You View Program In A Month				Viewed Last 7 Days	How Much Attention If Viewed in Last 7 Days		
	1	2	3	4		Full	Most	Some
Candid Camera (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBS Sunday Movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Celebrity Justice (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charmed (WB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Chris Matthews Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Case (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Turkey (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Turkey 2 (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committed (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Contender (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPS (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPS 2 (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime Time Saturday (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crossing Jordan (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSI: Crime Scene Investigation (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSI: Crime Scene Investigation (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSI: Miami (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSI: New York (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Cut with Tommy Hilfiger (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts (UPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dateline NBC Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dateline NBC Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desperate Housewives (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dharma & Greg (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis Murder (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis Murder Movie (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOC (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Edition (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ebert & Roeper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elimidate (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment Tonight (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ER (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ER (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eve (UPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everwood (WB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everybody Loves Raymond (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everybody Loves Raymond (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Fakeover (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Makeover (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Makeover: Home Edition (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Makeover: Home Edition How'd They Do That? (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith Under Fire (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Guy (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Famous Homes and Hideaways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear Factor (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frontline (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
George Lopez (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
George Michael's Sports Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gilmore Girls (WB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Girlfriends (UPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Great Performances (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grey's Anatomy (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on next page

Once a Week Programs	Number Of Times You View Program In A Month				Viewed Last 7 Days	How Much Attention If Viewed in Last 7 Days		
	1	2	3	4		Full	Most	Some
Half & Half (UPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hells Kitchen (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hometime (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hope & Faith (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House Quest (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Husband Swap (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I Want to Be a Hilton (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Inside (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inside Edition (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Insider (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's a Miracle (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jack & Bobby (WB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jack Hanna's Animal Adventure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JAG (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jake in Progress (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joan of Arcadia (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joey (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jonny Zero (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judging Amy (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Just Shoot Me (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kelsey Grammer Sketch Show (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kevin Hill (UPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The King of Queens (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The King of Queens (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
King of the Hill (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kojak (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Larry Sanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Las Vegas (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law & Order (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law & Order: Criminal Intent (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law & Order: Special Victims Unit (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law & Order: Trial By Jury (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Law Firm (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less Than Perfect (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lie Detector (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life on a Stick (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen Up (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living With Fran (WB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lost (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malcolm in the Middle (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MarketWatch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mary Higgins Clark Mystery Movie (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masterpiece Theatre (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximum Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Investigation (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet Mr. Mom (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MGM Movie Night (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miracle Pets (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Model Citizens (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Week (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutant X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Wife and Kids (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mystery! (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Once a Week Programs	Number Of Times You View Program In A Month				Viewed Last 7 Days	How Much Attention If Viewed in Last 7 Days		
	1	2	3	4		Full	Most	Some
Nature (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBC Sports Special	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBC Sportsworld Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBC Sportsworld Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NCIS (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The New This Old House Hour (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Yankee Workshop (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Shore (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOVA (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOW (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUMB3RS (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NYPD Blue (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The O.C. (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Office (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One on One (UPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One Tree Hill (WB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Outer Limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet Keeping with Marc Marrone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Point Pleasant (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Practice (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primetime Live (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyramid (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quintuplets (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reba (WB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rebecca's Garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion & Ethics Newsweekly (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarkable Journey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renovate My Family (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revelations (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road to Stardom with Missy Elliott (UPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodney (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ron Hazelton's House Calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safari Tracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Scholar (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scrubs (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Verdict (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seinfeld (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
She Spies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showtime at the Apollo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simple Life 3 (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Simpsons (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smallville (WB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soul Train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Star Trek: Enterprise (UPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stargate: Atlantis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stargate: SG-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"/>
Steve Harvey's Big Time (WB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Still Standing (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sue Thomas: F.B. Eye (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summerland (WB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supernanny (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survivor (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Once a Week Programs	Number Of Times You View Program In A Month				Viewed Last 7 Days	How Much Attention If Viewed in Last 7 Days		
	1	2	3	4		Full	Most	Some
That '70s Show (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That '70s Show (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Watch (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This Old House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To the Contrary (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tommy Lee Goes to College (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tony Brown's Journal (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trading Spouses (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twilight Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two and a Half Men (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained Mysteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Universal Family Movie (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
US Farm Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veronica Mars (UPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victory Garden (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walker, Texas Ranger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Wall Street Journal Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Street Week with FORTUNE (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washington Week (PBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The WB Thursday Movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The West Wing (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The West Wing (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What I Like About You (WB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheel of Fortune (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wife Swap (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will & Grace (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will & Grace (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Without a Trace (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Wonderful World of Disney (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
World Cup Comedy (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WWE Smackdown! (UPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The X-Files (Weekend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Dear (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young Blades (PAX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Total Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Once a Week Programs	Number Of Times You View Program In A Month				Viewed Last 7 Days	How Much Attention If Viewed in Last 7 Days		
	1	2	3	4		Full	Most	Some
Early Evening Weekend News Programs								
ABC World News – Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC World News – Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBS Saturday News	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBS Evening News – Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBC Nightly News – Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBC Nightly News – Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend News/ Information Programs								
CBS Face the Nation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBS Saturday Early Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBS Sunday Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOX News Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Morning America: Weekend Edition (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet the Press (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This Week with George Stephanopoulos (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday Today (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday Today (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Late Night Weekend Programs								
MADtv (FOX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday Night Live (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TELEVISION PROGRAMS – MONDAY - FRIDAY

For the programs you view, how many times a week do you usually watch the following programs?
 Did you watch the program yesterday (or, if today is Sunday or Monday, did you watch the program on Friday)?
 If you watched the program yesterday, how much attention were you paying?

Monday Through Friday Programs	Number Of Times You View Program In A Week					Viewed Yesterday	How Much Attention If Viewed Yesterday		
	1	2	3	4	5		Full	Most	Some
The 700 Club	<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"/>
A Different World	<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"/>
Access Hollywood	<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"/>
Ambush Makeover	<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"/>
America's Funniest Home Videos (PAX)	<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"/>
Balderdash (PAX)	<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"/>
Becker	<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"/>
Blind Date	<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"/>
Celebrity Justice	<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"/>
COPS	<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"/>
Cosby	<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"/>
The Cosby Show	<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"/>
Dharma & Greg	<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"/>
Divorce Court	<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"/>
Dr. Phil	<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"/>
The Drew Carey Show	<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"/>
Elimidate	<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"/>
Ellen	<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"/>
Entertainment Tonight	<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"/>
Everybody Loves Raymond	<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"/>
Extra	<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"/>

Continued on next page

Monday Through Friday Programs	Number Of Times You View Program In A Week					Viewed Yesterday	How Much Attention If Viewed Yesterday		
	1	2	3	4	5		Full	Most	Some
Family Feud (PAX)	<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"/>
Family Feud (Other Stations, Not PAX)	<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"/>
Family Matters	<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"/>
Fear Factor	<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"/>
The Fifth Wheel	<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"/>
Frasier	<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"/>
Fresh Prince of Bel-Air	<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"/>
Friends	<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"/>
Girlfriends	<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"/>
Good Day Live	<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"/>
Grace Under Fire	<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"/>
Home Delivery	<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"/>
Home Improvement	<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"/>
Inside Edition	<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"/>
The Insider	<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"/>
Jamie Foxx	<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"/>
The Jane Pauley Show	<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"/>
Jeopardy!	<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"/>
The Jerry Springer Show	<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"/>
Judge Hatchett	<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"/>
Judge Joe Brown	<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"/>
Judge Judy	<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"/>
Judge Mathis	<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"/>
Just Shoot Me	<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"/>
The King of Queens	<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"/>
King of the Hill	<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"/>
Larry Elder	<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"/>
Life and Style	<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"/>
Live with Regis and Kelly	<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"/>
M*A*S*H	<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"/>
Mad About You	<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"/>
Malcolm & Eddie	<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"/>
Malcolm in the Middle	<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"/>
Married With Children	<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"/>
Martin	<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"/>
Maury	<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"/>
The Montel Williams Show	<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"/>
My Wife and Kids	<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"/>
The Nanny	<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"/>
The New Shop 'Til You Drop (PAX)	<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"/>
On The Cover (PAX)	<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"/>
The Oprah Winfrey Show	<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"/>
The Parkers	<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"/>
Pat Croce: Moving In	<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"/>
People's Court	<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"/>
Pyramid (PAX)	<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"/>
Pyramid (Other Stations, Not PAX)	<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"/>

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Monday Through Friday Programs	Number Of Times You View Program In A Week					Viewed Yesterday	How Much Attention If Viewed Yesterday			
	1	2	3	4	5		Full	Most	Some	
Ricki Lake	<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"/>	
Ripley's Believe It Or Not	<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"/>	
Roseanne	<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"/>	
Sabrina: The Teenage Witch	<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"/>	
Seinfeld	<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"/>	
The Simpsons	<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"/>	
Spin City	<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"/>	
Starting Over	<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"/>	
The Steve Harvey Show	<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"/>	
Street Smarts	<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"/>	
Texas Justice	<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"/>	
That '70s Show	<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"/>	
The Tony Danza Show	<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"/>	
The Wayans Bros.	<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"/>	
Wheel of Fortune	<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"/>	
Who Wants to be a Millionaire?	<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"/>	
Will & Grace	<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"/>	
Yes, Dear	<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"/>	
If you did not watch TV in the last 7 days, please mark this box			<input type="checkbox"/>							

SPECIAL PROGRAMS AND EVENTS ON TELEVISION

For each of the following special programs and special events on television, please mark if you watched it the last time it was shown on television.

For the next time it is shown, please mark whether you plan to watch it.

	Watched the Last Time it Was Shown	Plan to Watch Next Time Shown
A Home for the Holidays (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
A Scooby-Doo Christmas (WB)	<input type="checkbox"/>	<input type="checkbox"/>
A Scooby-Doo Halloween (WB)	<input type="checkbox"/>	<input type="checkbox"/>
Academy of Country Music Awards (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
American Film Institute (AFI) Specials (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
American Music Awards (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
The Annual Academy Awards (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
The Bachelor: Women Tell All Special (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
The Bachelorette: After The Final Rose Special (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
Barbara Walters Specials (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
Billboard Music Awards (FOX)	<input type="checkbox"/>	<input type="checkbox"/>
CBS Kennedy Center Awards	<input type="checkbox"/>	<input type="checkbox"/>
CBS Thanksgiving Day Parade	<input type="checkbox"/>	<input type="checkbox"/>
CBS Tournament of Roses Parade	<input type="checkbox"/>	<input type="checkbox"/>
A Celebration for the Troops at Ford's Theater (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
Celebrity A-List Bloopers (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
Charlie Brown Specials (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
Christmas in Rockefeller Center (NBC)	<input type="checkbox"/>	<input type="checkbox"/>
The Christmas Secret (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
Coming Up Roses (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
Countdown to the Oscars (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
Country Music Association Awards (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
The Critics Choice Awards (WB)	<input type="checkbox"/>	<input type="checkbox"/>
Daytime Emmy Awards (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
Dick Clark's New Years Rockin' Eve (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Seuss' How The Grinch Stole Christmas (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
The Eagles in Australia (NBC)	<input type="checkbox"/>	<input type="checkbox"/>
Essence Awards (FOX)	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Makeover: Wedding Edition (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
Fiesta Bowl Parade	<input type="checkbox"/>	<input type="checkbox"/>
Frosty Returns (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
Frosty the Snowman (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
Golden Globe Awards (NBC)	<input type="checkbox"/>	<input type="checkbox"/>
Grammy Awards (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
Grandma Got Run Over by a Reindeer (WB)	<input type="checkbox"/>	<input type="checkbox"/>
The Grinch Who Stole Christmas (WB)	<input type="checkbox"/>	<input type="checkbox"/>
Hallmark Hall of Fame (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
Harry Potter (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
Ice Wars (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
InStyle Weddings (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
John Stossel Specials (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
Katie at Night (NBC)	<input type="checkbox"/>	<input type="checkbox"/>
Latin Grammy Awards (CBS)	<input type="checkbox"/>	<input type="checkbox"/>

	Watched the Last Time it Was Shown	Plan to Watch Next Time Shown
Macy's 4th of July Fireworks (NBC)	<input type="checkbox"/>	<input type="checkbox"/>
Macy's Thanksgiving Day Parade (NBC)	<input type="checkbox"/>	<input type="checkbox"/>
Mickey's Christmas Carol (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
Miss Teen USA Pageant (NBC)	<input type="checkbox"/>	<input type="checkbox"/>
Miss Universe Pageant (NBC)	<input type="checkbox"/>	<input type="checkbox"/>
Miss USA Pageant (NBC)	<input type="checkbox"/>	<input type="checkbox"/>
MTV Movie Awards	<input type="checkbox"/>	<input type="checkbox"/>
MTV Video Music Awards	<input type="checkbox"/>	<input type="checkbox"/>
NAACP Image Awards (FOX)	<input type="checkbox"/>	<input type="checkbox"/>
New Year's Special (FOX)	<input type="checkbox"/>	<input type="checkbox"/>
Nick & Jessica Specials (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
Nick-At-Nite Holiday Special	<input type="checkbox"/>	<input type="checkbox"/>
Oprah Winfrey Presents (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
People's Choice Awards (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
Peter Jennings Reporting (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
Price is Right Primetime Specials (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
Primetime Emmy Awards	<input type="checkbox"/>	<input type="checkbox"/>
Rudolph the Red-Nosed Reindeer (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
Samantha: An American Girl Holiday (WB)	<input type="checkbox"/>	<input type="checkbox"/>
Saturday Night Live Specials (NBC)	<input type="checkbox"/>	<input type="checkbox"/>
Smucker's Stars on Ice (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
Snowden's Christmas (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
Soap Opera Digest Awards	<input type="checkbox"/>	<input type="checkbox"/>
The Story of Santa Claus (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
Survivor: The Reunion (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
Teen Choice Awards (FOX)	<input type="checkbox"/>	<input type="checkbox"/>
Teen Choice Presents Summer Music Mania (FOX)	<input type="checkbox"/>	<input type="checkbox"/>
The Ten Commandments (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
Tony Awards (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
Tournament of Roses Parade (NBC)	<input type="checkbox"/>	<input type="checkbox"/>
Town Without Christmas (CBS)	<input type="checkbox"/>	<input type="checkbox"/>
TV Guide: Greatest Moments (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
TV Land Awards Show	<input type="checkbox"/>	<input type="checkbox"/>
Walt Disney Specials (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
Walt Disney World Christmas Day Parade (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
The WB's Halloween Outtakes	<input type="checkbox"/>	<input type="checkbox"/>
The WB's Outrageous Outtakes 2	<input type="checkbox"/>	<input type="checkbox"/>
Westminster Dog Show (USA Network)	<input type="checkbox"/>	<input type="checkbox"/>
Winnie the Pooh Specials (ABC)	<input type="checkbox"/>	<input type="checkbox"/>
The Wizard of Oz (WB)	<input type="checkbox"/>	<input type="checkbox"/>
World Ice Challenge (CBS)	<input type="checkbox"/>	<input type="checkbox"/>

SPORTS WATCHED – REGULAR/ SEASONAL

Which of the following programs have you viewed in the last 12 months?

For the programs you view, how many times in the last 12 months did you watch these programs?

	Viewed in Last 12 Months	Number of Times Viewed in Last 12 Months			
		1	2	3	4 or more
Auto/ Motor Racing					
CART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drag Racing NHRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDY – IRL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor/ Arena Cross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASCAR Busch Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASCAR Craftsman Truck Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASCAR NEXTEL Cup Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASCAR NEXTEL Cup Series Happy Hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASCAR NEXTEL Cup Series Qualifying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASCAR TV on Speed Channel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball					
ESPN MLB Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN2 MLB Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOX MLB Saturday Baseball Pre-Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOX MLB Saturday Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOX MLB Saturday Baseball Post-Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other MLB Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This Week in Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball					
ABC Men's College Basketball Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBS Men's College Basketball Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN Men's College Basketball Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN2 Men's College Basketball Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Men's College Basketball Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN/ ESPN2 Women's College Basketball Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Women's College Basketball Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACC College Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEC College Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBA Inside Stuff (ABC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC NBA Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN/ ESPN2 NBA Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TNT NBA Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La NBA en Telemundo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other NBA Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WNBA Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Viewed in Last 12 Months	Number of Times Viewed in Last 12 Months			
		1	2	3	4 or more
Football					
ABC College Football Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBS College Football Today (Pre-Game Show)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBS SEC College Football Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN/ ESPN2 College Football Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBC Notre Dame Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other College Football Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACC College Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEC College Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC NFL Pre-Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBS NFL Pre-Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN NFL Pre-Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOX NFL Pre-Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBS NFL Today (Pre-Game Show)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN NFL Countdown (Pre-Game Show)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN NFL Primetime (Pre-Game Show)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOX NFL Sunday Pre-Game Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC NFL Monday Night Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBS NFL Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN NFL Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOX NFL Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBC AFL Arena Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf					
PGA Tour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPGA Tour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Champions Tour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hockey					
ABC NHL Hockey Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN/ ESPN2 NHL Hockey Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other NHL Regular Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Sports					
Bicycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Figure Skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse Racing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MLS Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodeo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pro Bull Riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track & Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pro Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WWE on Spike TV (Raw)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WWE on UPN (Smackdown!)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other WWE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL SPORTS PROGRAMS AND EVENTS ON TELEVISION

For each of the following special sports programs and events on television, please mark if you watched it the last time it was shown and if so, if you watched it at home or outside your home.

For each of the following special sports programs and events, do you plan to watch it the next time it is shown?

	The Last Time It Was Shown		Plan to Watch Next Time Shown
	I Watched At Home	I Watched Outside My Home	
Auto Racing			
Brickyard 400 – NASCAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bud Shootout – NASCAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daytona 500 – NASCAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pepsi 400 (Daytona) – NASCAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASCAR NEXTEL All-Star Challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indy 500 – IRL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marlboro 500 – CART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UAW Daimler Chrysler 400 – NASCAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Samsung/ Radio Shack 500 – NASCAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto Club 500 – NASCAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aaron's 499 – NASCAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tropicana 400 – NASCAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sirius 400 – NASCAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball			
ABC Little League World Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NCAA College World Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOX MLB All-Star Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN MLB Divisional Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOX MLB Divisional Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOX MLB American League Championship Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOX MLB National League Championship Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOX MLB World Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball			
CBS NCAA Men's Basketball Tournament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN/ ESPN2 NCAA Women's Basketball Tournament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBS NCAA Men's Basketball Championship Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN NCAA Women's Basketball Championship Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN/ ESPN2 Men's Conference Basketball Championship Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Men's Conference Basketball Championship Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TNT NBA All-Star Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC WNBA All-Star Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TNT NBA All-Star Skills Competition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACC Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEC Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC NBA Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN/ ESPN2 NBA Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TNT NBA Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESPN/ ESPN2 WNBA Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC NBA Finals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC WNBA Finals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football			
ABC Big 12 Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC Florida Citrus Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC Fiesta Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC Orange Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC Rose Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC Sugar Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBC Bayou Classic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOX Cotton Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	The Last Time It Was Shown		Plan to Watch Next Time Shown
	I Watched At Home	I Watched Outside My Home	
Football (continued)			
NBC Gator Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBS Sun Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBC AFL Arena Football Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBC AFL Arena Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC NFL Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBS NFL Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOX NFL Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other NFL Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABC NFL Pro Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NFL Super Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACC Championship Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEC Championship Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf			
The President's Cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skins Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ryder Cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
British Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PGA Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPGA Tour Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Players Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Masters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
US Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
US Women's Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse Racing			
Belmont Stakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kentucky Derby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preakness Stakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis			
French Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
US Open (USA Network)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
US Open Men's (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
US Open Women's (CBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wimbledon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer			
MLS Cup Playoffs/ Finals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's World Cup – Soccer (Copa Mundial)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's World Cup – Soccer (Copa Mundial)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copa América (Telefutura/ Univision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copa de Oro (Telefutura/ Univision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copa Sudamérica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copa Libertadores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rumbo al Mundial (Telemundo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Sports			
Championship Boxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Olympics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter Olympics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wide World of Sports Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tour de France	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NCAA Outdoor Track & Field Championships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBS Sports Spectacular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NCAA Women's Gymnastics Championships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
US Gymnastics Championships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poker Championships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPORTS EVENTS

For each of the following sports, please mark if you watch it on television occasionally or frequently, if you have ever listened to it on the radio, or if you have ever attended that type of sporting event.

	Watch on Television		Listen on Radio	Attend
	Occasionally	Frequently		
Bowling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Boxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Basketball Regular Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Basketball Post Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBA Basketball Regular Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBA Basketball Post Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WNBA Basketball Regular Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WNBA Basketball Post Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arena Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Football Regular Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Football Post Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NFL Football Regular Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NFL Football Post Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
College Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MLB Baseball Regular Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MLB Baseball Post Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MLS Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
World Cup Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHL Hockey Regular Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHL Hockey Post Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Olympics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter Olympics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Figure Skating	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
PGA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
LPGA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Champions Tour	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Horse Racing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
CART Racing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Indy Racing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monster Truck Racing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Tractor and Truck Pulling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
NASCAR NEXTEL Cup Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASCAR Busch Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASCAR Craftsman Truck Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arenacross	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Supercross	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Open Wheel Racing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Rodeo	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Skiing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Men's Tennis	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Women's Tennis	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Track & Field	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Weightlifting	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
WWE	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
X-Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Games	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
National Dog Show	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

SPORTS INTEREST

Check how interested you are right now in the following sports:

	Very	Somewhat	A Little Bit	Not at All
Arena Football League (AFL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CART Racing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse Racing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDY Racing (IRL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major League Baseball (MLB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major League Soccer (MLS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASCAR Racing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASCAR NEXTEL Cup Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASCAR Busch Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASCAR Craftsman Truck Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Basketball Association (NBA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's National Basketball Association (WNBA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Football League (NFL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Hockey League (NHL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Olympics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter Olympics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PGA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPGA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodeo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pro Bull Riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poker Championships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WWE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOVIE ATTENDANCE

Did you attend the movies in the last 6 months? **Yes** **No**

IF YES

About how many times did you go to the movies in the last 90 days and about how many times did you go in the last 30 days?

	Last 90 Days	Last 30 Days
6 or more	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

IF ATTENDED MOVIES IN LAST 6 MONTHS

Names of Movie Theaters Visited:

	Most Often	Also Visited
AMC	<input type="checkbox"/>	<input type="checkbox"/>
Carmike	<input type="checkbox"/>	<input type="checkbox"/>
Century	<input type="checkbox"/>	<input type="checkbox"/>
Cinemark	<input type="checkbox"/>	<input type="checkbox"/>
Cineplex Odeon	<input type="checkbox"/>	<input type="checkbox"/>
General Cinema	<input type="checkbox"/>	<input type="checkbox"/>
Hoyts	<input type="checkbox"/>	<input type="checkbox"/>
Loews	<input type="checkbox"/>	<input type="checkbox"/>
Magic Johnson Theatres	<input type="checkbox"/>	<input type="checkbox"/>
Muvico	<input type="checkbox"/>	<input type="checkbox"/>
National Amusements	<input type="checkbox"/>	<input type="checkbox"/>
Pacific	<input type="checkbox"/>	<input type="checkbox"/>
Regal Cinemas	<input type="checkbox"/>	<input type="checkbox"/>
United Artists (UA)	<input type="checkbox"/>	<input type="checkbox"/>
Other Movie Theater	<input type="checkbox"/>	<input type="checkbox"/>

Do you usually pay attention to the name of the movie theaters you visit?

Yes **No**

Do you usually see a new movie:

Opening weekend
 After opening weekend but within the first two weeks
 After the second week

What type of movie do you usually see:

Action/ Adventure
 Comedy
 Documentary
 Drama
 Family
 Foreign Language/ Independent
 Horror
 Mystery/ Suspense/ Thriller
 Romantic Comedy
 Science Fiction
 Other

MOVIE VIEWING

Have you seen any of the following movies either at a movie theater, on rented/ purchased video cassettes, DVDs or Pay-Per-View/ Video-On-Demand?

Movie Title	Saw at Movie Theater	Have Rented/ Purchased on VHS	Have Rented on DVD	Have Purchased on DVD	Saw on Pay-Per-View/ Video-On-Demand
The Amityville Horror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Aviator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batman Begins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be Cool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beauty Shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Bourne Supremacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cinderella Man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dodgeball: A True Underdog Story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fantastic Four	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fat Albert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Forgotten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday Night Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guess Who	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I, Robot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Princess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Incredibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Interpreter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kingdom of Heaven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lemony Snicket's A Series of Unfortunate Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little Black Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Longest Yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Madagascar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet the Fockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. 3000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miss Congeniality 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monster in Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. & Mrs. Smith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ocean's Twelve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Pacifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Phantom of the Opera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Polar Express	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Princess Diaries 2: Royal Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raise Your Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ring 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shall We Dance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shark Tale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sin City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sky Captain & World of Tomorrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spider-Man 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The SpongeBob SquarePants Movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Star Wars: Episode III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Super Babies: Baby Geniuses 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Weather Man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wimbledon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XXX: State of the Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RADIO LISTENING – LAST 7 DAYS

We would like to know about the radio stations that you heard in the last 7 days, even for just a few minutes. This includes listening at home, in a car, at work, or some other place.

Please write in: Call Letters or Dial Position or Slogan ↓	AM Radio	FM Radio	Last 5 Weekdays (Monday-Friday)					Last Weekend (Saturday-Sunday)				
			6 AM - 10 AM	10 AM - 3 PM	3 PM - 7 PM	7 PM - Midnight	Midnight 6 AM	6 AM - 10 AM	10 AM - 3 PM	3 PM - 7 PM	7 PM - Midnight	Midnight- 6 AM
<i>WRGH</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>KSAP</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Country 102.3</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>1310</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXAMPLE

PLEASE START HERE. To help you, a bookmark that lists many of the radio stations in your area may be enclosed. Please review it.

- 1** Please write in all of the stations that you heard in the last 7 days, even for just a few minutes. In each blank box, please write in the call letters or dial position or slogan of the station you heard. Mark an "X" for AM Radio or FM Radio.
- 2** For each station, please tell us when you heard that station over the last 5 weekdays (Monday-Friday). Mark an "X" for each time period that you listened, even for just a few minutes.
- 3** For each station, please tell us when you heard that station over the last weekend (Saturday-Sunday). Mark an "X" for each time period that you listened, even for just a few minutes.

Please write in: Call Letters or Dial Position or Slogan ↓	AM Radio	FM Radio	Last 5 Weekdays (Monday-Friday)					Last Weekend (Saturday-Sunday)				
			6 AM - 10 AM	10 AM - 3 PM	3 PM - 7 PM	7 PM - Midnight	Midnight- 6 AM	6 AM - 10 AM	10 AM - 3 PM	3 PM - 7 PM	7 PM - Midnight	Midnight- 6 AM
	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I did not listen to any radio: in the last 5 weekdays (Monday-Friday) last weekend (Saturday-Sunday)

RADIO LISTENING – (continued)

What is the total time you listened to radio during each of the following time periods over the last 5 weekdays (Monday-Friday) and also over the last weekend (Saturday-Sunday)?

Total Time Spent Listening – by Time Period

	<u>Last 5 Weekdays (Monday-Friday)</u>					<u>Last Weekend (Saturday-Sunday)</u>				
	6 AM - 10 AM	10 AM - 3 PM	3 PM - 7 PM	7 PM - Midnight	Midnight- 6 AM	6 AM - 10 AM	10 AM - 3 PM	3 PM - 7 PM	7 PM - Midnight	Midnight- 6 AM
Less than 1/2 Hour	<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"/>
1/2 Hour but less than 1 Hour	<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"/>
1 Hour but less than 2 Hours	<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"/>
2 Hours but less than 4 Hours	<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"/>
4 Hours but less than 6 Hours	<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"/>
6 Hours but less than 8 Hours	<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"/>
8 Hours or More	<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"/>

Of all the radio stations that you listened to in the last 7 days, which radio station is your favorite?

AM Radio FM Radio

(Please write in call letters or slogan or dial position)

SATELLITE RADIO

Do you personally own or plan to buy a satellite radio system in the next 12 months?

	Own	Plan to Buy in Next 12 Months
Sirius	<input type="checkbox"/>	<input type="checkbox"/>
XM	<input type="checkbox"/>	<input type="checkbox"/>

IF OWN

Where do you listen to satellite radio?

	Most Often	Also Listen
Car/ Vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Home	<input type="checkbox"/>	<input type="checkbox"/>
Work	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

MUSIC CHOICE

Music Choice is a service available through cable or satellite TV. Music Choice provides more than 50 channels of commercial free music 24 hours a day. Listeners can select from a wide variety of formats such as rock, rap, country, gospel, blues, jazz, classical and more.



Your Music. Your Choice.™

Have you listened to or watched a Music Choice channel on cable or satellite TV in the last 30 days?

Yes No

Have you listened to or watched a Music Choice channel on cable or satellite TV in the last 7 days?

Yes No



TRAVEL

TRAVEL AGENT SERVICES

Did you use a travel agent in the last 12 months? **Yes** **No**

PASSPORTS

Do you own a valid passport (issued or reissued within the last 10 years)? **Yes** **No**

FOREIGN TRAVEL IN LAST 3 YEARS

Have you taken any trips outside the United States in the last 3 years? (Count trips to Canada or Mexico only if you stayed overnight. Do not count any travel for military purposes while in the military service.)

Yes **No**

IF YES

How many round trips did you take, in total, in the last 3 years and of these, how many were made by plane:

	Total Round Trips All Types	Total Round Trips by Plane
4 or more	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>

Of the total round trips made by plane, how many were for business and how many were for vacation/ personal reasons?

	Number of Round Trips by Plane	
	Business	Vacation/ Personal
4 or more	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

To answer the following questions think about all foreign round trips taken in the last 3 years.

Places visited on each trip: **Last 3 Years**
Last Trip Other Trips

Central or South America

Argentina	<input type="checkbox"/>	<input type="checkbox"/>
Bolivia	<input type="checkbox"/>	<input type="checkbox"/>
Brazil	<input type="checkbox"/>	<input type="checkbox"/>
Chile	<input type="checkbox"/>	<input type="checkbox"/>
Colombia	<input type="checkbox"/>	<input type="checkbox"/>
Costa Rica	<input type="checkbox"/>	<input type="checkbox"/>
Ecuador	<input type="checkbox"/>	<input type="checkbox"/>
El Salvador	<input type="checkbox"/>	<input type="checkbox"/>
Guatemala	<input type="checkbox"/>	<input type="checkbox"/>
Honduras	<input type="checkbox"/>	<input type="checkbox"/>
Nicaragua	<input type="checkbox"/>	<input type="checkbox"/>
Panama	<input type="checkbox"/>	<input type="checkbox"/>

Places visited on each trip: **Last 3 Years**
Last Trip Other Trips

Central or South America

Paraguay	<input type="checkbox"/>	<input type="checkbox"/>
Peru	<input type="checkbox"/>	<input type="checkbox"/>
Uruguay	<input type="checkbox"/>	<input type="checkbox"/>
Venezuela	<input type="checkbox"/>	<input type="checkbox"/>
Other Central & South American Countries	<input type="checkbox"/>	<input type="checkbox"/>
Europe		
Belgium	<input type="checkbox"/>	<input type="checkbox"/>
France	<input type="checkbox"/>	<input type="checkbox"/>
Germany	<input type="checkbox"/>	<input type="checkbox"/>
Greece	<input type="checkbox"/>	<input type="checkbox"/>
Holland/ The Netherlands	<input type="checkbox"/>	<input type="checkbox"/>
Ireland	<input type="checkbox"/>	<input type="checkbox"/>
Italy	<input type="checkbox"/>	<input type="checkbox"/>
Portugal	<input type="checkbox"/>	<input type="checkbox"/>
Russia	<input type="checkbox"/>	<input type="checkbox"/>
Scandinavia (Norway, Sweden, Denmark, Finland)	<input type="checkbox"/>	<input type="checkbox"/>
Spain	<input type="checkbox"/>	<input type="checkbox"/>
Switzerland	<input type="checkbox"/>	<input type="checkbox"/>
United Kingdom (England, Scotland, Wales)	<input type="checkbox"/>	<input type="checkbox"/>
Other Western European Countries	<input type="checkbox"/>	<input type="checkbox"/>
Other Eastern European Countries	<input type="checkbox"/>	<input type="checkbox"/>

Mexico/ Caribbean

Bahamas	<input type="checkbox"/>	<input type="checkbox"/>
Bermuda	<input type="checkbox"/>	<input type="checkbox"/>
Cuba	<input type="checkbox"/>	<input type="checkbox"/>
Dominican Republic	<input type="checkbox"/>	<input type="checkbox"/>
Jamaica	<input type="checkbox"/>	<input type="checkbox"/>
Mexico	<input type="checkbox"/>	<input type="checkbox"/>
Puerto Rico	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Virgin Islands	<input type="checkbox"/>	<input type="checkbox"/>
Other Caribbean Countries	<input type="checkbox"/>	<input type="checkbox"/>

Other Countries

Canada	<input type="checkbox"/>	<input type="checkbox"/>
Israel	<input type="checkbox"/>	<input type="checkbox"/>
Other Middle East	<input type="checkbox"/>	<input type="checkbox"/>
China	<input type="checkbox"/>	<input type="checkbox"/>
Hong Kong	<input type="checkbox"/>	<input type="checkbox"/>
India	<input type="checkbox"/>	<input type="checkbox"/>
Japan	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian Countries	<input type="checkbox"/>	<input type="checkbox"/>
Australia/ New Zealand	<input type="checkbox"/>	<input type="checkbox"/>
African Countries	<input type="checkbox"/>	<input type="checkbox"/>

Was each trip primarily for business (paid for by company), or vacation/ personal reasons?

Business Only	<input type="checkbox"/>	<input type="checkbox"/>
Business & Pleasure	<input type="checkbox"/>	<input type="checkbox"/>
Accompanying Spouse on Business	<input type="checkbox"/>	<input type="checkbox"/>
Vacation	<input type="checkbox"/>	<input type="checkbox"/>
Personal (Excluding Vacation)	<input type="checkbox"/>	<input type="checkbox"/>

Where did you stay overnight? **Last 3 Years**
Last Trip Other Trips

Hotel, Motel or Similar Paid Accommodation	<input type="checkbox"/>	<input type="checkbox"/>
All-Inclusive Resort	<input type="checkbox"/>	<input type="checkbox"/>
Friends and Relatives	<input type="checkbox"/>	<input type="checkbox"/>
Other Place	<input type="checkbox"/>	<input type="checkbox"/>

Year of each trip:

2005	<input type="checkbox"/>	<input type="checkbox"/>
2004	<input type="checkbox"/>	<input type="checkbox"/>
2003	<input type="checkbox"/>	<input type="checkbox"/>
2002	<input type="checkbox"/>	<input type="checkbox"/>
2001 or earlier	<input type="checkbox"/>	<input type="checkbox"/>

Amount you spent in total on each trip:

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

How did you travel?
(Please mark all types of transport used.)

Car	<input type="checkbox"/>	<input type="checkbox"/>
Boat/ Ship	<input type="checkbox"/>	<input type="checkbox"/>
Bus	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>
Plane	<input type="checkbox"/>	<input type="checkbox"/>
Railroad	<input type="checkbox"/>	<input type="checkbox"/>
Recreational Vehicle	<input type="checkbox"/>	<input type="checkbox"/>

If by plane, on which airline(s) did you fly?

Aeroméxico	<input type="checkbox"/>	<input type="checkbox"/>
Air Canada	<input type="checkbox"/>	<input type="checkbox"/>
Air France	<input type="checkbox"/>	<input type="checkbox"/>
Alitalia	<input type="checkbox"/>	<input type="checkbox"/>
American Airlines	<input type="checkbox"/>	<input type="checkbox"/>
British Airways	<input type="checkbox"/>	<input type="checkbox"/>
Cathay Pacific	<input type="checkbox"/>	<input type="checkbox"/>
Continental Airlines	<input type="checkbox"/>	<input type="checkbox"/>
Delta	<input type="checkbox"/>	<input type="checkbox"/>
El Al	<input type="checkbox"/>	<input type="checkbox"/>
Frontier	<input type="checkbox"/>	<input type="checkbox"/>
Japan (JAL)	<input type="checkbox"/>	<input type="checkbox"/>
Korean Air	<input type="checkbox"/>	<input type="checkbox"/>
Lufthansa	<input type="checkbox"/>	<input type="checkbox"/>
Mexicana	<input type="checkbox"/>	<input type="checkbox"/>
Northwest Airlines	<input type="checkbox"/>	<input type="checkbox"/>
Quantas Airways	<input type="checkbox"/>	<input type="checkbox"/>
Singapore Airlines	<input type="checkbox"/>	<input type="checkbox"/>
United Airlines	<input type="checkbox"/>	<input type="checkbox"/>
US Airways	<input type="checkbox"/>	<input type="checkbox"/>
Virgin Atlantic	<input type="checkbox"/>	<input type="checkbox"/>
Other Airlines	<input type="checkbox"/>	<input type="checkbox"/>

DOMESTIC TRAVEL IN LAST 12 MONTHS

Have you taken any trips over 100 miles (one way) within the 50 states in the last 12 months? (Do not include travel to work each day or travel for military purposes while in the military service.)

Yes No

IF YES

How many round trips did you take, in total, in the last 12 months, and how many of these were made by plane? Of the total round trips taken, how many did you stay overnight?

	Total Round Trips All Types	Total Round Trips by Plane	Stayed Overnight All Types
11 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 - 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Of the total round trips made by plane, how many were for business and how many for vacation/ personal reasons?

	Number of Round Trips by Plane	
	Business	Vacation/ Personal
11 or more	<input type="checkbox"/>	<input type="checkbox"/>
6 - 10	<input type="checkbox"/>	<input type="checkbox"/>
3 - 5	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

For the following questions, include all domestic round trips taken in the last 12 months, not just airline trips.

Was each trip, primarily for business (paid for by company), or vacation/ personal reasons?

	Last 12 Months	
	Last Trip	Other Trips
Business Only	<input type="checkbox"/>	<input type="checkbox"/>
Business & Pleasure	<input type="checkbox"/>	<input type="checkbox"/>
Accompanying Spouse on Business	<input type="checkbox"/>	<input type="checkbox"/>
Vacation	<input type="checkbox"/>	<input type="checkbox"/>
Personal (Excluding Vacation)	<input type="checkbox"/>	<input type="checkbox"/>

Number of nights spent away from home on each trip:

11 or more	<input type="checkbox"/>	<input type="checkbox"/>
6 - 10	<input type="checkbox"/>	<input type="checkbox"/>
3 - 5	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

Where did you stay overnight?

	Last 12 Months	
	Last Trip	Other Trips
Hotel, Motel or Similar Paid Accommodation	<input type="checkbox"/>	<input type="checkbox"/>
All-Inclusive Resort	<input type="checkbox"/>	<input type="checkbox"/>
Public or Private Campground	<input type="checkbox"/>	<input type="checkbox"/>
Friends & Relatives	<input type="checkbox"/>	<input type="checkbox"/>
Other Place	<input type="checkbox"/>	<input type="checkbox"/>

Amount spent in total on each trip:

\$1,000 or more	<input type="checkbox"/>	<input type="checkbox"/>
\$500 - \$999	<input type="checkbox"/>	<input type="checkbox"/>
\$300 - \$499	<input type="checkbox"/>	<input type="checkbox"/>
Less than \$300	<input type="checkbox"/>	<input type="checkbox"/>

What state was the primary destination of the trip?

Alabama (AL)	<input type="checkbox"/>	<input type="checkbox"/>
Alaska (AK)	<input type="checkbox"/>	<input type="checkbox"/>
Arizona (AZ)	<input type="checkbox"/>	<input type="checkbox"/>
Arkansas (AR)	<input type="checkbox"/>	<input type="checkbox"/>
California (CA)	<input type="checkbox"/>	<input type="checkbox"/>
Colorado (CO)	<input type="checkbox"/>	<input type="checkbox"/>
Connecticut (CT)	<input type="checkbox"/>	<input type="checkbox"/>
Delaware (DE)	<input type="checkbox"/>	<input type="checkbox"/>
District of Columbia (DC)	<input type="checkbox"/>	<input type="checkbox"/>
Florida (FL)	<input type="checkbox"/>	<input type="checkbox"/>
Georgia (GA)	<input type="checkbox"/>	<input type="checkbox"/>
Hawaii (HI)	<input type="checkbox"/>	<input type="checkbox"/>
Idaho (ID)	<input type="checkbox"/>	<input type="checkbox"/>
Illinois (IL)	<input type="checkbox"/>	<input type="checkbox"/>
Indiana (IN)	<input type="checkbox"/>	<input type="checkbox"/>
Iowa (IA)	<input type="checkbox"/>	<input type="checkbox"/>
Kansas (KS)	<input type="checkbox"/>	<input type="checkbox"/>
Kentucky (KY)	<input type="checkbox"/>	<input type="checkbox"/>
Louisiana (LA)	<input type="checkbox"/>	<input type="checkbox"/>
Maine (ME)	<input type="checkbox"/>	<input type="checkbox"/>
Maryland (MD)	<input type="checkbox"/>	<input type="checkbox"/>
Massachusetts (MA)	<input type="checkbox"/>	<input type="checkbox"/>
Michigan (MI)	<input type="checkbox"/>	<input type="checkbox"/>
Minnesota (MN)	<input type="checkbox"/>	<input type="checkbox"/>
Mississippi (MS)	<input type="checkbox"/>	<input type="checkbox"/>
Missouri (MO)	<input type="checkbox"/>	<input type="checkbox"/>
Montana (MT)	<input type="checkbox"/>	<input type="checkbox"/>
Nebraska (NE)	<input type="checkbox"/>	<input type="checkbox"/>
Nevada (NV)	<input type="checkbox"/>	<input type="checkbox"/>
New Hampshire (NH)	<input type="checkbox"/>	<input type="checkbox"/>
New Jersey (NJ)	<input type="checkbox"/>	<input type="checkbox"/>
New Mexico (NM)	<input type="checkbox"/>	<input type="checkbox"/>
New York (NY)	<input type="checkbox"/>	<input type="checkbox"/>
North Carolina (NC)	<input type="checkbox"/>	<input type="checkbox"/>
North Dakota (ND)	<input type="checkbox"/>	<input type="checkbox"/>
Ohio (OH)	<input type="checkbox"/>	<input type="checkbox"/>
Oklahoma (OK)	<input type="checkbox"/>	<input type="checkbox"/>
Oregon (OR)	<input type="checkbox"/>	<input type="checkbox"/>
Pennsylvania (PA)	<input type="checkbox"/>	<input type="checkbox"/>
Rhode Island (RI)	<input type="checkbox"/>	<input type="checkbox"/>
South Carolina (SC)	<input type="checkbox"/>	<input type="checkbox"/>
South Dakota (SD)	<input type="checkbox"/>	<input type="checkbox"/>

What state was the primary destination of the trip?

	Last 12 Months	
	Last Trip	Other Trips
Tennessee (TN)	<input type="checkbox"/>	<input type="checkbox"/>
Texas (TX)	<input type="checkbox"/>	<input type="checkbox"/>
Utah (UT)	<input type="checkbox"/>	<input type="checkbox"/>
Vermont (VT)	<input type="checkbox"/>	<input type="checkbox"/>
Virginia (VA)	<input type="checkbox"/>	<input type="checkbox"/>
Washington (WA)	<input type="checkbox"/>	<input type="checkbox"/>
West Virginia (WV)	<input type="checkbox"/>	<input type="checkbox"/>
Wisconsin (WI)	<input type="checkbox"/>	<input type="checkbox"/>
Wyoming (WY)	<input type="checkbox"/>	<input type="checkbox"/>

How did you travel?

(Please mark all types of transport used.)

Car	<input type="checkbox"/>	<input type="checkbox"/>
Boat/ Ship	<input type="checkbox"/>	<input type="checkbox"/>
Bus	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>
Plane	<input type="checkbox"/>	<input type="checkbox"/>
Railroad	<input type="checkbox"/>	<input type="checkbox"/>
Recreational Vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Other Truck	<input type="checkbox"/>	<input type="checkbox"/>

If by plane, on which airline(s) did you fly?

AirTran Airways	<input type="checkbox"/>	<input type="checkbox"/>
Alaska	<input type="checkbox"/>	<input type="checkbox"/>
America West	<input type="checkbox"/>	<input type="checkbox"/>
American Airlines	<input type="checkbox"/>	<input type="checkbox"/>
ATA	<input type="checkbox"/>	<input type="checkbox"/>
Continental Airlines	<input type="checkbox"/>	<input type="checkbox"/>
Delta	<input type="checkbox"/>	<input type="checkbox"/>
Frontier	<input type="checkbox"/>	<input type="checkbox"/>
JetBlue Airways	<input type="checkbox"/>	<input type="checkbox"/>
Northwest Airlines	<input type="checkbox"/>	<input type="checkbox"/>
Southwest Airlines	<input type="checkbox"/>	<input type="checkbox"/>
Spirit Airlines	<input type="checkbox"/>	<input type="checkbox"/>
United Airlines	<input type="checkbox"/>	<input type="checkbox"/>
US Airways	<input type="checkbox"/>	<input type="checkbox"/>
Other Airlines	<input type="checkbox"/>	<input type="checkbox"/>

FREQUENT FLYER PROGRAMS

Are you currently enrolled in any frequent flyer programs? Yes No

IF YES

Which frequent flyer programs are you currently enrolled in?

Alaska	<input type="checkbox"/>
America West	<input type="checkbox"/>
American Airlines	<input type="checkbox"/>
Continental Airlines	<input type="checkbox"/>
Delta	<input type="checkbox"/>
Northwest Airlines	<input type="checkbox"/>
Southwest Airlines	<input type="checkbox"/>
United Airlines	<input type="checkbox"/>
US Airways	<input type="checkbox"/>
Other	<input type="checkbox"/>

CRUISE SHIP VACATION

Have you taken one or more within the last 3 years? **Yes** **No**

IF YES

To what area(s) did the cruise ship(s) travel?

- Alaska
- Bahamas
- Other Caribbean Destination(s)
- Hawaii
- Mediterranean
- Other European Destination(s)
- Mexico
- South America/ Panama Canal
- Other

Cruise lines used:

- Carnival
- Celebrity
- Crystal
- Cunard Cruises
- Disney
- Holland America
- Norwegian
- Orient Lines
- Princess
- Radisson Seven Seas
- Royal Caribbean
- Other

Number of cruises taken in the last 3 years:

- 3 or more
- 2
- 1

RESORT VISITS

Have you stayed at any of the following types of resorts in the last 12 months? (Please mark as many as apply)

- Golf/ Tennis
- Skiing/ Winter Sports
- Spa/ Exercise/ Weight Loss
- Water Sports/ Beach Activities
- Other Type of Resort
- None

THEME PARKS (INCLUDING WATER PARKS)

Did you visit any in the last 12 months? **Yes** **No**

IF YES

Number of times visited in last 12 months:

	6 or More	3-5	1-2
Adventure Island (FL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Astroworld (TX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Busch Gardens (FL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Busch Gardens (VA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cedar Point (OH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dollywood (TN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of times visited in last 12 months:

	6 or More	3-5	1-2
Disney World (FL)			
Animal Kingdom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epcot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic Kingdom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MGM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disneyland (CA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dorney Park & Wild Water Kingdom (PA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Great America (CA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knott's Berry Farm (CA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nickelodeon Studios (FL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paramount Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sea World	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver Dollar City (MO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Six Flags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Universal Studios (CA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Universal Studios (FL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Country USA (VA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waterworld (TX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wet N'Wild (FL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOTELS & MOTELS

Have you stayed overnight at a hotel or motel in the United States for business or for vacation/ personal reasons in the last 12 months? **Yes** **No**

IF YES

Are you currently enrolled in any hotel frequent guest programs? **Yes** **No**

How many nights did you stay in a hotel or motel for business in the last 12 months? How many nights did you stay for vacation/ personal reasons?

	For Business	For Vacation/ Personal
11 or more	<input type="checkbox"/>	<input type="checkbox"/>
6 - 10	<input type="checkbox"/>	<input type="checkbox"/>
3 - 5	<input type="checkbox"/>	<input type="checkbox"/>
1 - 2	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

For each hotel/ motel you stayed at in the last 12 months, please mark if you stayed for business and if you stayed for personal/ vacation reasons.

	For Business	For Vacation/ Personal
Baymont Inn & Suites	<input type="checkbox"/>	<input type="checkbox"/>
Best Western	<input type="checkbox"/>	<input type="checkbox"/>
Comfort Inn	<input type="checkbox"/>	<input type="checkbox"/>
Country Inns & Suites	<input type="checkbox"/>	<input type="checkbox"/>
Courtyard by Marriott	<input type="checkbox"/>	<input type="checkbox"/>
Crowne Plaza Hotels	<input type="checkbox"/>	<input type="checkbox"/>
Days Inn	<input type="checkbox"/>	<input type="checkbox"/>
Doubletree	<input type="checkbox"/>	<input type="checkbox"/>
Econo Lodge	<input type="checkbox"/>	<input type="checkbox"/>
Embassy Suites	<input type="checkbox"/>	<input type="checkbox"/>
Fairfield Inn	<input type="checkbox"/>	<input type="checkbox"/>
Fairmont Hotels	<input type="checkbox"/>	<input type="checkbox"/>

	For Business	For Vacation/ Personal
Hampton Inn	<input type="checkbox"/>	<input type="checkbox"/>
Hilton	<input type="checkbox"/>	<input type="checkbox"/>
Hilton Garden Inn	<input type="checkbox"/>	<input type="checkbox"/>
Holiday Inn	<input type="checkbox"/>	<input type="checkbox"/>
Holiday Inn Express	<input type="checkbox"/>	<input type="checkbox"/>
Howard Johnson's	<input type="checkbox"/>	<input type="checkbox"/>
Hyatt	<input type="checkbox"/>	<input type="checkbox"/>
InterContinental Hotels	<input type="checkbox"/>	<input type="checkbox"/>
La Quinta	<input type="checkbox"/>	<input type="checkbox"/>
Marriott	<input type="checkbox"/>	<input type="checkbox"/>
Marriott Residence Inn	<input type="checkbox"/>	<input type="checkbox"/>
Motel 6	<input type="checkbox"/>	<input type="checkbox"/>
Quality Inn	<input type="checkbox"/>	<input type="checkbox"/>
Radisson	<input type="checkbox"/>	<input type="checkbox"/>
Ramada	<input type="checkbox"/>	<input type="checkbox"/>
Red Roof Inns	<input type="checkbox"/>	<input type="checkbox"/>
Renaissance	<input type="checkbox"/>	<input type="checkbox"/>
Ritz - Carlton	<input type="checkbox"/>	<input type="checkbox"/>
Sheraton	<input type="checkbox"/>	<input type="checkbox"/>
SpringHill Suites	<input type="checkbox"/>	<input type="checkbox"/>
Super 8 Motels	<input type="checkbox"/>	<input type="checkbox"/>
Travelodge	<input type="checkbox"/>	<input type="checkbox"/>
W Hotels	<input type="checkbox"/>	<input type="checkbox"/>
Westin	<input type="checkbox"/>	<input type="checkbox"/>
Wyndham Hotels	<input type="checkbox"/>	<input type="checkbox"/>
Other hotels or motels	<input type="checkbox"/>	<input type="checkbox"/>

VEHICLE RENTAL

Do you rent vehicles for business or personal reasons?

Yes **No**

IF YES

Number of times you rented a vehicle for business or personal use in last 12 months:

	Business	Personal
12 or more	<input type="checkbox"/>	<input type="checkbox"/>
5 - 11	<input type="checkbox"/>	<input type="checkbox"/>
3 - 4	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

For each of the following car rental companies, please mark the number of times you rented a car in the last 12 months. Also please indicate if you belong to any car rental priority privilege programs/ clubs for the companies listed:

	Times in Last 12 Months				Belong to Privilege Program/ Club
	5 or More	3-4	1-2	0	
Alamo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dollar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enterprise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hertz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thrifty	<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"/>



FOOD & DRINKS

CHEWING GUM/ BUBBLE GUM

	Yes	No
Do you chew it?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES Types you chew:	Most Often	Also Chew
Sugarless	<input type="checkbox"/>	<input type="checkbox"/>
Regular	<input type="checkbox"/>	<input type="checkbox"/>
Dental Gum	<input type="checkbox"/>	<input type="checkbox"/>

Flavors you chew:		
Cinnamon	<input type="checkbox"/>	<input type="checkbox"/>
Fruit Flavors	<input type="checkbox"/>	<input type="checkbox"/>
Original/ Bubble Gum	<input type="checkbox"/>	<input type="checkbox"/>
Peppermint	<input type="checkbox"/>	<input type="checkbox"/>
Spearmint	<input type="checkbox"/>	<input type="checkbox"/>
Wintergreen/ Winterfresh	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of pieces you chewed in the last 7 days (Only for each brand you chew).

	8 or more	4-7	1-3	None
Altoids Chewing Gum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aquafresh Dental Gum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm & Hammer Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bazooka	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Big League Chew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bubble Tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bubble Yum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bubblicious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carefree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carefree Koolerz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiclets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cinn*A*Burst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clorets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentyne Ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Dentyne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FreshenUp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Breakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rain-Blo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trident White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Trident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrigley's Big Red	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrigley's Doublemint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrigley's Eclipse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrigley's Extra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrigley's Extra Polar Ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrigley's Freedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrigley's Juicy Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrigley's Orbit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrigley's Spearmint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrigley's Winterfresh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BREATH MINTS/ STRIPS

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES Types you use:	Most Often	Also Use
Sugarless	<input type="checkbox"/>	<input type="checkbox"/>
Regular	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of rolls or packs used in the last 30 days (Only for each brand you use).

	5 or more	3-4	1-2	None
Altoids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breath Savers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eclipse Breath Mints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eclipse Flash Strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Breakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Savers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listerine Cool Mint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skittles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tic Tac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Velamints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHOCOLATE & HARD ROLL CANDY

	Yes	No
Do you eat them?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES
Mark the number of servings (bars, individual size packs, portions) you ate in the last 30 days. (Only for each brand you eat).

	5 or more	3-4	1-2	None
100 Grand Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Musketeers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th Avenue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Almond Joy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Altoids Sours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby Ruth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bit-O-Honey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brach's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butterfinger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cadbury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charleston Chew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chunky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crema Savers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dove Chocolate Promises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ferrero Rocher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Godiva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good & Plenty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heath Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hershey's Almond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hershey's Bites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hershey's Cookies 'n' Crème	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hershey's Hugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hershey's Kisses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of servings (bars, individual size packs, portions) you ate in the last 30 days. (Only for each brand you eat).

	5 or more	3-4	1-2	None
Hershey's Krackel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hershey's Milk Chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hershey's Mr. Goodbar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hershey's Nuggets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hershey's Pot of Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hershey's S'mores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Hershey's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jolly Ranchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junior Mints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kit Kat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laffy Taffy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Savers Candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M&M's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mars Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk Duds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milky Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nestlé Crunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nestlé Toll House Candy Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nestlé Treasures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NutRageous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raisinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reese's Fast Break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reese's Peanut Butter Cups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reese's Pieces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reese's Reese Sticks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riesen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rolo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skittles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snickers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snickers Cruncher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starburst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugar Babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugar Daddy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweetarts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tootsie Rolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trolli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twizzlers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Werther's Original	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whatchamacallit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whoppers Malted Milk Balls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
York Peppermint Patties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zero	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOGURT

Do you eat or drink it? **Yes** **No**

IF YES
Types you eat or drink:

	Most Often	Also Eat/ Drink
Drinkable	<input type="checkbox"/>	<input type="checkbox"/>
Low Fat	<input type="checkbox"/>	<input type="checkbox"/>
Non-Fat	<input type="checkbox"/>	<input type="checkbox"/>
Light/ Sugar-Free	<input type="checkbox"/>	<input type="checkbox"/>
Regular	<input type="checkbox"/>	<input type="checkbox"/>

Kinds you eat or drink:

With Fruit Premixed	<input type="checkbox"/>	<input type="checkbox"/>
With Fruit Not Premixed	<input type="checkbox"/>	<input type="checkbox"/>
With Stir-in Crunchies	<input type="checkbox"/>	<input type="checkbox"/>
Flavored Without Fruit	<input type="checkbox"/>	<input type="checkbox"/>
Plain (Unflavored)	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of servings you ate or drank in the last 30 days (Only for each brand you eat or drink).

	8 or more	4-7	1-3	None
Breyers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colombo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dannon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La Yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light'n Lively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lucerne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stonyfield Farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suncrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tropicana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yo Crunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoplait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FROZEN YOGURT

Do you eat it? **Yes** **No**

IF YES
Types you eat:

	Most Often	Also Eat
Low Fat	<input type="checkbox"/>	<input type="checkbox"/>
Non-Fat/ Fat-Free	<input type="checkbox"/>	<input type="checkbox"/>
Regular	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of servings eaten in the last 30 days (Only for each brand you eat).

	8 or more	4-7	1-3	None
Ben & Jerry's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breyers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colombo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dannon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dreyers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edy's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Häagen-Dazs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I Can't Believe It's Yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kemps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of servings eaten in the last 30 days (Only for each brand you eat).

	8 or more	4-7	1-3	None
Sealtest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TCBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkey Hill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoplait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIQUID/ POWDERED NUTRITIONAL SUPPLEMENTS OR LIQUID BREAKFASTS

Do you use them? **Yes** **No**

IF YES
Mark the most important reason for use:

Meal Supplement	<input type="checkbox"/>
Vitamin/ Mineral Supplement	<input type="checkbox"/>
Energy Supplement	<input type="checkbox"/>
Weight Loss	<input type="checkbox"/>
Other	<input type="checkbox"/>

Brands used:	Most Often	Also Used
Atkins	<input type="checkbox"/>	<input type="checkbox"/>
Boost	<input type="checkbox"/>	<input type="checkbox"/>
Carb Solutions	<input type="checkbox"/>	<input type="checkbox"/>
Carnation Instant Breakfast	<input type="checkbox"/>	<input type="checkbox"/>
EAS AdvantEdge	<input type="checkbox"/>	<input type="checkbox"/>
Ensure	<input type="checkbox"/>	<input type="checkbox"/>
Glucerna	<input type="checkbox"/>	<input type="checkbox"/>
Metabolife	<input type="checkbox"/>	<input type="checkbox"/>
Slim-Fast	<input type="checkbox"/>	<input type="checkbox"/>
Ultra Slim-Fast	<input type="checkbox"/>	<input type="checkbox"/>
Sport Shake	<input type="checkbox"/>	<input type="checkbox"/>
Zone Perfect	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

Number of cans/ servings drank in last:

	30 days	7 days
11 or more	<input type="checkbox"/>	<input type="checkbox"/>
7 - 10	<input type="checkbox"/>	<input type="checkbox"/>
5 - 6	<input type="checkbox"/>	<input type="checkbox"/>
3 - 4	<input type="checkbox"/>	<input type="checkbox"/>
1 - 2	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

NUTRITIONAL SNACKS (GRANOLA, FRUIT, ETC.)

Do you eat them? **Yes** **No**

IF YES
Types you eat:

	Most Often	Also Eat
Cereal Bars	<input type="checkbox"/>	<input type="checkbox"/>
Chewy Granola	<input type="checkbox"/>	<input type="checkbox"/>
Fruit	<input type="checkbox"/>	<input type="checkbox"/>
Granola	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of packages you ate in the last 30 days. (Only for each brand you eat).

	5 or more	3-4	1-2	None
Betty Crocker Fruit by the Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betty Crocker Fruit Roll-Ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betty Crocker Gushers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Del Monte Mixed Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farley's Fruit Snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit Corners Fruit Roll-Ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Mills Milk & Cereal Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kellogg's Nutri-Grain Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kellogg's Rice Krispies Treats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kudos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nabisco Fruit Snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature Valley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quaker Chewy Granola Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quaker Fruit and Oatmeal Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skippy Snack Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SnackWell's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunbelt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunkist Fun Fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENERGY/ DIET SNACKS AND BARS

Do you eat them? **Yes** **No**

IF YES
Mark the number of packages you ate in the last 30 days. (Only for each brand you eat).

	5 or more	3-4	1-2	None
Atkins Advantage Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carb Solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clif	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAS AdvantEdge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gatorade Energy Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucerna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jenny Craig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kashi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Luna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Bar (Original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pria by Power Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pure Protein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slim-Fast Snack Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiger's Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zone Perfect	<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"/>

FAST FOOD & DRIVE-IN RESTAURANTS

Do you go to them? **Yes** **No**

IF YES

With whom do you usually go to these restaurants?

	Breakfast	Lunch	Dinner	Snack
Alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With Other Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With Children Under 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With Teens 12-17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With Friends/ Co-workers	<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"/>

Mark the number of times visited in last 30 days

(Only for each of the restaurants you use or go to).

	14 or More	6-13	1-5	0
A & W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arby's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthur Treacher's Fish & Chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blimpie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bojangles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boston Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burger King	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Captain D's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carl's Jr.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checker's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chick-Fil-A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipotle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church's Fried Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CiCi's Pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dairy Queen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Del Taco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domino's Pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donato's Pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dunkin' Donuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
El Pollo Loco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fazoli's Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Godfather's Pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardee's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot 'N Now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kentucky Fried Chicken (KFC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Krispy Kreme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Krystal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jack-in-the-Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lee's Famous Recipe Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little Caesar's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long John Silver's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mazzio's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
McDonald's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miami Subs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panera Bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Papa Gino's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Papa John's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pizza Hut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pizza Inn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Popeyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quiznos Sub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rallys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Round Table Pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of times visited in last 30 days

(Only for each of the restaurants you use or go to).

	14 or More	6-13	1-5	0
Rubio's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sbarro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schlotzsky's Deli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shakey's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sonic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starbucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steak 'N Shake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taco Bell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taco Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wendy's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whataburger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Castle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wienerschnitzel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Fast Food Restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY RESTAURANTS & STEAK HOUSES

Do you go to them? **Yes** **No**

IF YES

With whom do you usually go to these restaurants?

	Breakfast	Lunch	Dinner	Snack
Alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With Other Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With Children Under 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With Teens 12-17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With Friends/ Co-workers	<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"/>

Mark the number of times visited in last 30 days

(Only for each of the restaurants you go to).

	5 or More	3-4	1-2	0
Applebee's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bennigan's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bertucci's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Big Boy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black Angus Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bob Evans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chevy's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chili's Grill & Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chuck E Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cracker Barrel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denny's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don Pablo's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuddrucker's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golden Corral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hometown Buffet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IHOP (International House of Pancakes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joe's Crab Shack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lone Star Steakhouse & Saloon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Longhorn Steakhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Luby's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of times visited in last 30 days

(Only for each of the restaurants you go to).

	5 or More	3-4	1-2	0
Marie Callenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O'Charley's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Country Buffet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Olive Garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the Border	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outback Steakhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Papa Murphy's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perkins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piccadilly Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ponderosa Steakhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red Lobster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romano's Macaroni Grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ruby Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoney's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sizzler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TGI Friday's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Family Restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THIRST QUENCHER AND SPORTS/ ACTIVITY DRINKS

Do you drink them? **Yes** **No**

IF YES

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	3-4	1-2	0
10-K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capri Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everlast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gatorade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POWERade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snapple Elements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squincher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ICED TEA (READY-TO-DRINK)

Do you drink it? **Yes** **No**

IF YES
Types you drink: **Most Often** **Also Drink**

Diet

Regular

Brands you drink:

Arizona

Celestial Seasonings

Crystal Light

Lipton

Mad River

Mistic

Nestea

Snapple

Store Brand

Other Brands

ENERGY DRINKS

Do you drink them? Yes No

IF YES

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or more	3-4	1-2	0
180	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arizona Extreme Energy Shot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bawls Guarana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dark Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hansen's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KMX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lipovitan B3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red Bull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rockstar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SoBe Adrenaline Rush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whoop Ass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REGULAR COLA DRINKS (CARBONATED, NOT-DIET)

Do you drink them? Yes No

IF YES

Mark the number of drinks/ glasses you drank in the last 7 days (Only for each brand you drink).

	5 or More	3-4	1-2	0
Coca-Cola Classic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caffeine-Free Coca-Cola Classic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cherry Coke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vanilla Coke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faygo Cola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pepsi-Cola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caffeine Free Pepsi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pepsi Blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pepsi Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pepsi Vanilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wild Cherry Pepsi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RC Cola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cherry RC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RC Edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shasta Cola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER REGULAR CARBONATED (NON-COLA) SOFT DRINKS (NON-DIET)

Do you drink them? Yes No

IF YES

Mark the number of drinks/ glasses you drank in the last 7 days (Only for each brand you drink).

	5 or More	3-4	1-2	0
7-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cherry 7-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A & W Cream Soda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A & W Root Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barq's Root Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barrilitos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canada Dry Club Soda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canada Dry Ginger Ale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canada Dry Tonic Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerwine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dad's Root Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr Pepper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red Fusion (Dr Pepper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fanta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faygo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hires Root Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IBC Root Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jarritos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mello Yello	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mountain Dew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mountain Dew LiveWire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Code Red Mountain Dew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minute Maid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Pibb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mug Root Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peñafiel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sangria Señorial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schweppes Bitter Lemon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schweppes Club Soda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schweppes Ginger Ale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schweppes Tonic Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seagram's Club Soda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seagram's Ginger Ale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seagram's Tonic Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sidral Mundet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sierra Mist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprite Remix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun Drop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunkist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vernors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welch's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIET OR SUGAR-FREE COLA DRINKS (CARBONATED)

Do you drink them? Yes No

IF YES

Mark the number of drinks/ glasses you drank in the last 7 days (Only for each brand you drink).

	5 or More	3-4	1-2	0
Diet Coke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caffeine-Free Diet Coke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coca-Cola C2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Cherry Coke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Vanilla Coke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Coke with Lemon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Coke with Lime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Pepsi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caffeine Free Diet Pepsi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pepsi Edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pepsi One	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Pepsi Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Pepsi Vanilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Rite Cola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER CARBONATED (NON-COLA) DIET, SUGAR-FREE SOFT DRINKS

Do you drink them? Yes No

IF YES

Mark the number of drinks/ glasses you drank in the last 7 days (Only for each brand you drink).

	5 or More	3-4	1-2	0
Diet 7-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Cherry 7-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A & W Diet Root Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Barq's Root Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canada Dry Diet Ginger Ale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Dr Pepper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Faygo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Minute Maid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Mountain Dew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Code Red Mountain Dew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Shasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Slice Orange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Sprite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Squirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Sunkist Orange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Vernors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SPARKLING WATER/
SELTZERS/ NATURAL SODAS**

Do you drink them? **Yes** **No**

IF YES
Types you drink:

	Most Often	Also Drink
Unflavored (Plain)	<input type="checkbox"/>	<input type="checkbox"/>
Lightly Flavored	<input type="checkbox"/>	<input type="checkbox"/>
Flavored	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of drinks/ glasses you drank in the last 7 days (Only for each brand you drink).

	5 or More	3-4	1-2	0
Calistoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canada Dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cascadia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clearly Canadian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crystal Bay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dannon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hansen's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Mountain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La Croix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mistic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nordic Mist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orangina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ozarka	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peñafiel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poland Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S.Pellegrino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schweppes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seagram's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snapple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vintage Seltzer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NON-CARBONATED
BOTTLED SPRING WATERS**

Do you drink them? **Yes** **No**

IF YES
Mark the number of drinks/ glasses you drank in the last 7 days (Only for each brand you drink).

	5 or More	3-4	1-2	0
Aberfoyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aqua Vie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aquafina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrowhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calistoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crystal Geyser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dannon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dasani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deer Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Great Bear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of drinks/ glasses you drank in the last 7 days (Only for each brand you drink).

	5 or More	3-4	1-2	0
Ice Mountain Spring Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mineragua de Jarritos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mountain Valley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naya	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ozarka	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peñafiel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poland Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S.Pellegrino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sparklett's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zephyrhills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Domestic Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Imported Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NO ALCOHOL/ LOW ALCOHOL BEER
(LESS THAN 2% ALCOHOL)**

Do you drink them? **Yes** **No**

IF YES
Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or more	3-4	1-2	0
Buckler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Busch NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clausthaler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coors NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaliber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kingsbury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O'Doul's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Milwaukee NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pabst NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharp's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HARD CIDER

Do you drink it? **Yes** **No**

IF YES
Brands you drink:

	Most Often	Also Drink
Ciderjack	<input type="checkbox"/>	<input type="checkbox"/>
Hornsby	<input type="checkbox"/>	<input type="checkbox"/>
Magners	<input type="checkbox"/>	<input type="checkbox"/>
Woodpecker	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

**FLAVORED ALCOHOLIC BEVERAGES —
NON-COOLERS (READY-TO-DRINK)**

Do you drink them? **Yes** **No**

IF YES
Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	3-4	1-2	0
Bacardi Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jack Daniel's Country Cocktails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kahlua Combos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mike's Hard Lemonade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mike's Hard Cranberry Lemonade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mike's Hard Lime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sky Blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smirnoff Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smirnoff Ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smirnoff Twisted V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stolichnaya Citrona	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tequila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zima XXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MALT LIQUOR

Do you drink it? **Yes** **No**

IF YES
Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	3-4	1-2	0
Champale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colt 45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hurricane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
King Cobra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Michelob Malt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mickey's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Olde English 800	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schlitz Malt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
St. Ides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTED BEER (CANS OR BOTTLES)

Do you drink it?

IF YES
Types you drink: **Most** **Also**
Often **Drink**

Light/ Low Calorie
Regular

Mark the number of drinks/ glasses you drank
in the last 30 days (Only for each brand you drink).

	5 or More	3-4	1-2	0
Bass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beck's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beck's Dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brahma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carlsberg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carta Blanca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corona	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dos Equis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster's Lager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grolsch Lager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guinness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heineken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heineken Special Dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labatt's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lowenbrau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modelo Especial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molson Canadian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molson Golden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Molson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moosehead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacifico Clara	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red Stripe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sapporo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spaten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
St. Pauli Girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stella Artois	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tecate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuborg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warsteiner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIGHT/ LOW CALORIE BEER
(CANS OR BOTTLES)

Do you drink it?

IF YES
Mark the number of drinks/ glasses you drank
in the last 30 days (Only for each brand you drink).

	5 or More	3-4	1-2	0
Amstel Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aspen Edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beck's Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bud Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Busch Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coors Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corona Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keystone Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of drinks/ glasses you drank
in the last 30 days (Only for each brand you drink).

	5 or More	3-4	1-2	0
Labatt Blue Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Michelob Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Michelob Ultra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miller Genuine Draft Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miller High Life Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miller Lite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milwaukee's Best Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Milwaukee Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Style Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pabst Blue Ribbon Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sam Adams Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schlitz Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroh Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REGULAR DOMESTIC BEER (CANS OR BOTTLES) (NOT LIGHT/ LOW CALORIE)

Do you drink it?

IF YES
Mark the number of drinks/ glasses you drank
in the last 30 days (Only for each brand you drink).

	5 or More	3-4	1-2	0
Bud Dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budweiser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Busch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coors Extra Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genesee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamm's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Henry Weinhard's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.W. Dundee's Honey Brown Lager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keystone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Killarney's Red Lager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Killian's Irish Red	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leinenkugel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lone Star	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Michelob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Michelob Amber Bock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miller Genuine Draft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miller High Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milwaukee's Best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Milwaukee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pabst Blue Ribbon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red Wolf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rolling Rock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Samuel Adams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schaefer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schlitz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schmidt's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroh's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ICE BEER

Do you drink it?

IF YES
Mark the number of drinks/ glasses you drank
in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Bud Ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Busch Ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colt Ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genny Ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Icehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labatt Ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miller High Life Ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miller Lite Ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molson Ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pabst Ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MICRO BREWED BEER

Do you drink it?

IF YES
Mark the number of drinks/ glasses you drank
in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Anchor Steam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catamount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Celis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Sail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Amsterdam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oregon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pete's Wicked Ale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyramid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redhook Ale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saranac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shiner Bock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sierra Nevada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Widmer Brothers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yeungling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COOLERS

Do you drink them? Yes No

IF YES
Types you drink:

	Most Often	Also Drink
--	-------------------	-------------------

Full Calorie	<input type="checkbox"/>	<input type="checkbox"/>
Light/ Reduced Calorie	<input type="checkbox"/>	<input type="checkbox"/>

Flavors you drink:

Berry/ Berry Combinations	<input type="checkbox"/>	<input type="checkbox"/>
Blackberry	<input type="checkbox"/>	<input type="checkbox"/>
Cherry/ Black Cherry	<input type="checkbox"/>	<input type="checkbox"/>
Cranberry	<input type="checkbox"/>	<input type="checkbox"/>
Fuzzy Navel	<input type="checkbox"/>	<input type="checkbox"/>
Kiwi Strawberry	<input type="checkbox"/>	<input type="checkbox"/>
Lemonade/ Lemon	<input type="checkbox"/>	<input type="checkbox"/>
Lime	<input type="checkbox"/>	<input type="checkbox"/>
Margarita/ Margarita Combinations	<input type="checkbox"/>	<input type="checkbox"/>
Orange	<input type="checkbox"/>	<input type="checkbox"/>
Peach	<input type="checkbox"/>	<input type="checkbox"/>
Pina Colada/ Colada Combinations	<input type="checkbox"/>	<input type="checkbox"/>
Pineapple	<input type="checkbox"/>	<input type="checkbox"/>
Pink Lemonade	<input type="checkbox"/>	<input type="checkbox"/>
Raspberry Lemonade	<input type="checkbox"/>	<input type="checkbox"/>
Sangria	<input type="checkbox"/>	<input type="checkbox"/>
Strawberry Banana	<input type="checkbox"/>	<input type="checkbox"/>
Strawberry Daiquiri/ Daiquiri Combinations	<input type="checkbox"/>	<input type="checkbox"/>
Tropical/ Tropical Combinations	<input type="checkbox"/>	<input type="checkbox"/>
Watermelon	<input type="checkbox"/>	<input type="checkbox"/>
Other Flavors	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	3-4	1-2	0
Arbor Mist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacardi Breezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bartles & Jaymes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seagram's Coolers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOMESTIC DINNER/ TABLE WINES (EXCLUDING VERMOUTH)

Do you drink them? Yes No

IF YES
Types you drink:

	Most Often	Also Drink
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Burgundy	<input type="checkbox"/>	<input type="checkbox"/>
Cabernet Sauvignon	<input type="checkbox"/>	<input type="checkbox"/>
Chablis	<input type="checkbox"/>	<input type="checkbox"/>
Chardonnay	<input type="checkbox"/>	<input type="checkbox"/>
Merlot	<input type="checkbox"/>	<input type="checkbox"/>
Pinot Noir	<input type="checkbox"/>	<input type="checkbox"/>
Sauvignon Blanc	<input type="checkbox"/>	<input type="checkbox"/>
Zinfandel	<input type="checkbox"/>	<input type="checkbox"/>
Other Red	<input type="checkbox"/>	<input type="checkbox"/>
Other Rosé	<input type="checkbox"/>	<input type="checkbox"/>
Other White	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Almaden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arbor Mist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beaulieu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beringer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black Swan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blossom Hill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BV (Beaulieu Vineyard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Callaway Coastal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carlo Rossi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charles Krug/ CK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Brothers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clos du Bois	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetzer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Franzia Brothers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gallo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glen Ellen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inglenook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kendall Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manischewitz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meridian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mogen David	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Monterey Vineyard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Napa Ridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paul Masson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redwood Creek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robert Mondavi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ste. Michelle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sebastiani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sonoma Vineyards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sutter Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taylor California Cellars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taylor Lake Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Taylor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trinity Oaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turning Leaf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wente Brothers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wild Vines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woodbridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTED DINNER/ TABLE WINES (EXCLUDING VERMOUTH)

Do you drink them? Yes No

IF YES
Kinds you drink:

	Most Often	Also Drink
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Australian Red	<input type="checkbox"/>	<input type="checkbox"/>
Australian White	<input type="checkbox"/>	<input type="checkbox"/>
French Red	<input type="checkbox"/>	<input type="checkbox"/>
French Rosé	<input type="checkbox"/>	<input type="checkbox"/>
French White	<input type="checkbox"/>	<input type="checkbox"/>
German White	<input type="checkbox"/>	<input type="checkbox"/>
Greek Red	<input type="checkbox"/>	<input type="checkbox"/>
Greek White	<input type="checkbox"/>	<input type="checkbox"/>
Italian Red	<input type="checkbox"/>	<input type="checkbox"/>

Kinds you drink:

	Most Often	Also Drink
--	-------------------	-------------------

Italian Rosé	<input type="checkbox"/>	<input type="checkbox"/>
Italian White	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese Red	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese Rosé	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese White	<input type="checkbox"/>	<input type="checkbox"/>
Spanish Red	<input type="checkbox"/>	<input type="checkbox"/>
Spanish White	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Austin Vale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barton & Guestier (B&G)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bella Sera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black Tower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blue Nun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bolla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brollo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canei	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cavit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concha y Toro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corbett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Folonari	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fortant de France	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freixenet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Georges Du Boeuf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacob's Creek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keller Geister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lancers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lindeman's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Louis Jadot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Luna di Luna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marcus James	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martini & Rossi Blanco de Costoza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouton Cadet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rene Junot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reserve St. Martin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riunite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rosemount Estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ruffino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Santa Margherita	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PORT, SHERRY & DESSERT WINES

Do you drink them?

IF YES

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Almaden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Brothers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cockburn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry Sack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fonseca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gallo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harvey's Bristol Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manischewitz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paul Masson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandeman Port	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandeman Sherry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taylor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W&J Graham's Port	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHAMPAGNE & SPARKLING WINES

Do you drink them?

IF YES

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Almaden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Andre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ballatore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Champagne Krug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Brothers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cinzano Asti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dom Perignon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domaine Chandon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freixenet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Roget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Korbel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La Grande Dame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martini & Rossi Asti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moet & Chandon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mumm Cordon Rouge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mumm Cuvee Napa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mumm Extra Dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paul Masson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perrier Jouet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piper Heidsieck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roederer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taittinger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taylor California Cellars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taylor New York State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tosti Asti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tott's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veuve Cliquot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wild Vines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TEQUILA

Do you drink it?

IF YES

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
1800 Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinaco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conmemorativo (Sauza)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don Julio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
El Jimador	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
El Tesoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
El Toro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herradura	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hornitos (Sauza)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juárez	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
José Cuervo Añejo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
José Cuervo Especial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
José Cuervo Reserva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
José Cuervo Tradicional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Margaritaville	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Montezuma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patrón	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pepe López	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porfidio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sauza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tres Generaciones (Sauza)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two Fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COGNAC

Do you drink it?

IF YES

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Alizé	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courvoisier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hennessy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hpnotiq	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remy Martin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remy Red	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RUM

Do you drink it?

IF YES

Kinds you drink:

	Most Often	Also Drink
Dark	<input type="checkbox"/>	<input type="checkbox"/>
Gold/ Amber	<input type="checkbox"/>	<input type="checkbox"/>
Light/ White/ Clear	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Appleton Estate Jamaican Rum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacardi Añejo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacardi Coco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacardi Limón	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacardi O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacardi Razz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacardi Superior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacardi Vanilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Bacardi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Captain Morgan's Original Spiced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Captain Morgan's Parrot Bay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Captain Morgan's Private Stock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cruzan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malibu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mount Gay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myers's Original Dark Jamaican	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ron Castillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ronrico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BRANDY & ARMAGNAC

Do you drink them?

IF YES

Kinds you drink:

	Most Often	Also Drink
Domestic Brandy Fruit Flavored	<input type="checkbox"/>	<input type="checkbox"/>
Other Domestic Brandy	<input type="checkbox"/>	<input type="checkbox"/>
Imported Brandy Fruit Flavored	<input type="checkbox"/>	<input type="checkbox"/>
Other Imported Brandy	<input type="checkbox"/>	<input type="checkbox"/>
Armagnac	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Almaden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Brothers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DeKuyper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don Pedro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E & J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiram Walker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Korbel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leroux	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metaxa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paul Masson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presidente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raynal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREPARED COCKTAIL MIXES WITH LIQUOR (BOTTLED OR CANNED)

Do you drink them? Yes No

IF YES

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	3-4	1-2	0
Beam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ChiChi's Margarita	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocktails for Two	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heublein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
José Cuervo Authentics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seagram's Gin & Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TGI Friday's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREPARED COCKTAIL MIXES WITHOUT LIQUOR (EXCLUDING CLUB SODA, TONIC, ETC.)

Do you drink them? Yes No

IF YES

Types you drink: Most Often Also Drink
 Frozen Concentrate
 Liquid

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	3-4	1-2	0
Bacardi Mixers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coco Casa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holland House Cocktail Mix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
José Cuervo Margarita Mix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La Paz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major Peter's Bloody Mary Mix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. & Mrs. T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rosa's Lime Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tabasco Bloody Mary Mix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CORDIALS & LIQUEURS

Do you drink them? Yes No

IF YES Types you drink:

Domestic
 Imported

Forms you drink:

Cream Liqueurs
 Non-cream Liqueurs

Kinds you drink:

Anisette
 Apricot
 Blackberry
 Chocolate
 Coffee
 Creme de Cacao
 Creme de Menthe
 Hazelnut
 Sambuca
 Apple Schnapps
 Orange Schnapps
 Peach Schnapps
 Peppermint Schnapps
 Other Schnapps
 Sloe Gin
 Triple Sec
 Other

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Aftershock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amaretto Del Orso	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amaretto Di Amore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amaretto Di Saronno	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B & B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baileys Original Irish Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benedictine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campari	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carolans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chambord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cherry Herring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cointreau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DeKuyper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disaronno	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drambuie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emmets Irish Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frangelico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galliano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Godiva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goldschlager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grand Marnier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiram Walker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irish Mist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jagermeister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kahlua	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Kamora	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leroux	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marie Brizard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phillips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rumple Minze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sambuca Romana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheridan's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Southern Comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Southern Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tia Maria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandermint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vermeer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wild Turkey Liqueur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yukon Jack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CANADIAN WHISKEY

Do you drink it? Yes No

IF YES

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Black Velvet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Club Classic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Hunter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canadian LTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Mist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Rich and Rare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crown Royal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crown Royal Special Reserve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harwood Canadian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lord Calvert Canadian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seagram's VO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seagram's VO Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windsor Canadian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BOURBON WHISKEY

Do you drink it? Yes No

IF YES

Types you drink: Most Often Also Drink
 Kentucky Whiskey
 Sour Mash
 Straight Bourbon
 Tennessee Whiskey
 Don't know

Continued on next page

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Ancient Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basil Hayden's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blanton's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Booker's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulleit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evan Williams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentleman Jack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
George Dickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jack Daniel's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jack Daniel's Single Barrel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jim Beam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.W. Dant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knob Creek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labrot & Graham Woodford Reserve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maker's Mark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Charter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Crow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Forester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old GrandDad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ten High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wild Turkey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCOTCH WHISKEY

	Yes	No
Do you drink it?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Ballantine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balvenie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black & White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buchanan's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chivas Regal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clan MacGregor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cutty Sark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dewar's White Label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doublewood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glenfiddich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Glenlivet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glenmorangie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grant's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J & B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Johnnie Walker Black Label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Johnnie Walker Blue Label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Johnnie Walker Red Label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Macallan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old St. Andrews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinch (Haig)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Scoresby Rare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speyside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ushers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Horse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BLENDED WHISKEY OR RYE

	Yes	No
Do you drink it?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Calvert Extra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fleischmann's Preferred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imperial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kessler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seagram's 7 Crown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IRISH WHISKEY

	Yes	No
Do you drink it?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Bushmills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jameson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
John Powers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tullamore Dew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GIN

	Yes	No
Do you drink it?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Barton's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beefeater (Original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wet by Beefeater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bombay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bombay Sapphire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calvert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fleischmann's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gilbey's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gordon's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seagram's Extra Dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seagram's Lime Twisted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tanqueray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tanqueray 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VODKA

	Yes	No
Do you drink it?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES

Mark the number of drinks/ glasses you drank in the last 30 days (Only for each brand you drink).

	5 or More	2-4	1	0
Absolut (Regular)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absolut Citron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absolut Kurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absolut Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absolut Peppar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Belvedere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chopin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finlandia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fleischmann's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gilbey's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gordon's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grey Goose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kamchatka	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketel One	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Boston	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Popov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seagram's Extra Smooth Vodka	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seagram's Flavor Vodka	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skyy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smirnoff (Regular)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smirnoff Citrus Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smirnoff Cranberry Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smirnoff Green Apple Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smirnoff Orange Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smirnoff Raspberry Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smirnoff Vanilla Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Smirnoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stolichnaya (Regular)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stolichnaya Cranberi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stolichnaya Citros	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stolichnaya Ohranj	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stolichnaya Razberi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stolichnaya Strasberi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stolichnaya Vanil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tanqueray Sterling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three Olives Vodka	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wolfschmidt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wyborowa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTITUDES/ OPINIONS ABOUT FOOD

Food is an interesting topic for many people. We are interested in your attitudes and opinions about food. Please tell us the extent to which you agree or disagree with each statement by marking one box opposite each statement. If you are not sure, please mark "Neither Agree Nor Disagree" and go on to the next statement.

	Agree A Lot	Agree A Little	Neither Agree Nor Disagree	Disagree A Little	Disagree A Lot
I try to include plenty of fiber in my diet these days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often snack between meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most frozen dinners have little nutritional value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel guilty when I eat sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch is more important than breakfast or dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I normally count the calories of the foods I eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy eating foreign foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer food that is presented as an art form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional value is the most important factor in what foods I eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of the time I am trying to lose weight by dieting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer foods cooked with lots of spices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually refer to recipes when cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I frequently eat sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to eat gourmet food whenever I can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most snack foods people eat these days are not healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to try out new food products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I really enjoy cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel I over-eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The point of drinking is to get drunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salted snacks are my favorite snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simple, easy to prepare foods are my favorites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast is more important than lunch or dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often I can be swayed by coupons to try new food products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat the foods I like regardless of calories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to try new recipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to try new drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often eat frozen dinners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating fattening foods makes me feel guilty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usually I am quick to try a new nutritional product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The kitchen is the most important room in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually the first among my friends to try new food products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually look for the freshest ingredients when I cook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat several small meals throughout the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often eat store-made, pre-cooked meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually only snack on healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner is more important than breakfast or lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is nothing wrong with indulging in eating fattening foods from time to time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am currently dieting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer the taste of food without a lot of spices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fast food fits my busy lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like the trend towards healthier fast food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer fast food to home cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating fast food helps me stay in my budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



APPAREL & ACCESSORIES



SNEAKERS/ ATHLETIC SHOES/ SPORTS SHOES

Have you bought any for yourself or anyone else in the last 12 months? **Yes** **No**

IF YES

Please mark the number of pairs bought of each type in the last 12 months.

	5 or more	4	3	2	1
Aerobic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casual Sneakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jogging or Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<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"/>

Brands bought in last 12 months:

- Adidas
- Airwalk
- And 1
- Asics
- Avia
- Brooks
- Converse
- Fila
- Keds
- K Swiss
- L.A. Gear
- New Balance
- Nike
- Puma
- Reebok
- Rockport
- Saucony
- Skechers
- Vans
- Wilson
- Other Brands

JEANS

Have you bought any for yourself or anyone else in the last 12 months? **Yes** **No**

IF YES

Brands bought in last 12 months:

- Anchor Blue
- Arizona
- Banana Republic
- Bongo
- Bugle Boy
- Calvin Klein
- Cherokee
- DKNY
- Eddie Bauer
- Express
- Faded Glory

Brands bought in last 12 months:

- Fubu
- Gap
- Gitano
- Glo
- Gloria Vanderbilt
- Guess?
- Jordache
- Just My Size
- Lands' End
- Lane Bryant
- Lee
- L.E.I.
- Levi's
- The Limited
- Liz Claiborne
- Lucky
- MUDD
- Nautica
- Old Navy
- Paris Blues
- Ralph Lauren
- Riders
- Sears/ Canyon River Blues
- Tommy Hilfiger
- Union Bay
- Wrangler
- Zana-Di
- Other Brands

LICENSED SPORTS CLOTHING

Have you bought any licensed sports clothing with team/ league/ player logos in the last 12 months?

Yes **No**

IF YES

Brands bought in the last 12 months:

- College sports
- MLB (Major League Baseball)
- MLS (Major League Soccer)
- NASCAR
- NBA (National Basketball Association)
- NFL (National Football League)
- NHL (National Hockey League)
- PGA Tour
- Other

Types bought in last 12 months:

- Fleece Bottoms (Sweatpants)
- Fleece Tops (Sweatshirts)
- Hats/ Caps
- Jackets
- Knits/ Shirts
- Shorts
- Team Uniform (Top or Bottoms)
- Tee Shirts
- Other

WATCHES

Have you bought a watch for yourself or anyone else in the last 12 months?

For Self **For Someone Else**

Yes No

IF YES

How much did the last one bought (for each) cost?

For Self **For Someone Else**

\$500 or more

\$300 - \$499

\$200 - \$299

\$100 - \$199

\$75 - \$99

\$50 - \$74

\$20 - \$49

Under \$20

What brand was the last one bought (for each)?

For Self **For Someone Else**

Anne Klein

Armitron

Bedat

Bulova

Cartier

Casio

Citizen

Concord

Fossil

Gucci

Guess

Lorus

Movado

Omega

Patek Phillippe

Pulsar

Raymond Weil

Rolex

Seiko

Swatch

Swiss Army

Tag Heuer

Timex

Tissot

Tommy Hilfiger

Other Brands

MEN'S APPAREL & ACCESSORIES

Have you bought any of the following articles of men's clothing or accessories for yourself or anyone else in the last 12 months? **Yes** **No**

IF YES

Please mark each item you have bought in the last 12 months and the number of items purchased in the last 12 months.

	Bought in Last 12 Months	Number of Items Bought In Last 12 Months		
		4 or More	2-3	1
Overcoat/ Topcoat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leather Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raincoat or All Weather Coat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport Coat or Blazer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slacks/ Pants (Not Jeans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular or Dress Shirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Necktie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunglasses (Non-Prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scarf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wallet	<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"/>
Other Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boots (Excluding Work Boots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slippers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport Shirt (All Types)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T-Shirt (Outerwear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Gym/ Jogging/ Workout Clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ski Clothes (Not Boots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swim Suit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility/ Work Clothes/ Work Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightwear/ Pajamas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WOMEN'S APPAREL & ACCESSORIES

Have you bought any of the following articles of women's clothing or accessories for yourself or anyone else in the last 12 months? **Yes** **No**

IF YES

Please mark each item you have bought in the last 12 months and the number of items purchased in the last 12 months.

	Bought in Last 12 Months	Number of Items Bought In Last 12 Months		
		4 or More	2-3	1
Overcoat/ Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fur Jacket or Coat (Synthetic/ Fake)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fur Jacket or Coat (Real)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blazer or Jacket (Suit Type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raincoat or All Weather Coat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leather Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy Weight/ Ski Type Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ski Clothes (Not Boots)	<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"/>
Other Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boots (Excluding Work Boots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slacks/ Pants (Not Jeans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunglasses (Non-Prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purse/ Handbag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wallet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scarf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swim Suit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T-Shirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility/ Work Clothes/ Work Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blouse/ Shirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Gym/ Jogging/ Workout clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightwear (Nightgown/ Pajamas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Lingerie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slippers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WOMEN'S LINGERIE

Please mark which of the following types of bras, panties, pantyhose, tights, and socks you have bought for yourself or anyone else in the last 12 months.

Then mark the number of each type purchased. Also please mark the brands you bought in the last 12 months.

	Bought in Last 12 Months	Number of Items Bought In Last 12 Months			
		15 or More	10-14	5-9	1-4
Bras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular Pantyhose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Top Pantyhose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Pantyhose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knee High Hose (Not Socks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of These	<input type="checkbox"/>				

Brands bought in the last 12 months:

	Hosiery/ Panty hose				Hosiery/ Panty hose		
	Bras	Panties	Hosiery/ Panty hose		Bras	Panties	Hosiery/ Panty hose
Bali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Love Pats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barely There	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Nonsense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burlington	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Olga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calvin Klein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Playtex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donna Karan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silkies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit of the Loom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hanes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vanity Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Victoria's Secret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Just My Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liz Claiborne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTITUDES/ OPINIONS ABOUT APPAREL

Selecting apparel is an experience that is a little different for everyone. We would like to give you the opportunity to share some of your opinions and experiences with us. Please tell us the extent to which you agree or disagree with each statement by marking one box opposite each statement. If you are not sure, please mark "Neither Agree Nor Disagree" and go on to the next statement.

	Agree A Lot	Agree A Little	Neither Agree Nor Disagree	Disagree A Little	Disagree A Lot
I stick with clothing styles that have stood the test of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort is the most important factor in what clothes I buy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make my clothes last a long time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to look attractive to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am uncomfortable wearing clothes that are different from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fashion magazines help me determine what clothes to buy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a few favorite clothing brands that I always stick with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to keep up with the latest fashions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often I buy clothes that I don't really need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many similarly priced clothing brands look alike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most everything I wear is of the highest quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to make a unique fashion statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothes sold at discount department stores are just as good as those sold at department stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I no longer wear a lot of the clothes I wore a year ago because they have gone out of style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Top designers make quality clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually the first among my friends to try new clothing styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to spend more than I can really afford, to get the clothes that I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regardless of the type of clothing I'm shopping for, I normally look for my favorite brands first	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a conservative dress style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On several occasions I have surprised myself by buying clothing brands that I normally don't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functionality is the most important factor in what clothes I buy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A designer label improves a person's image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I dress to please myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to experiment with new clothing styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My budget allows for me to buy expensive designer clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Almost every season I buy new clothes in order to keep up with the latest fashions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I really enjoy clothes shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELF IMAGE

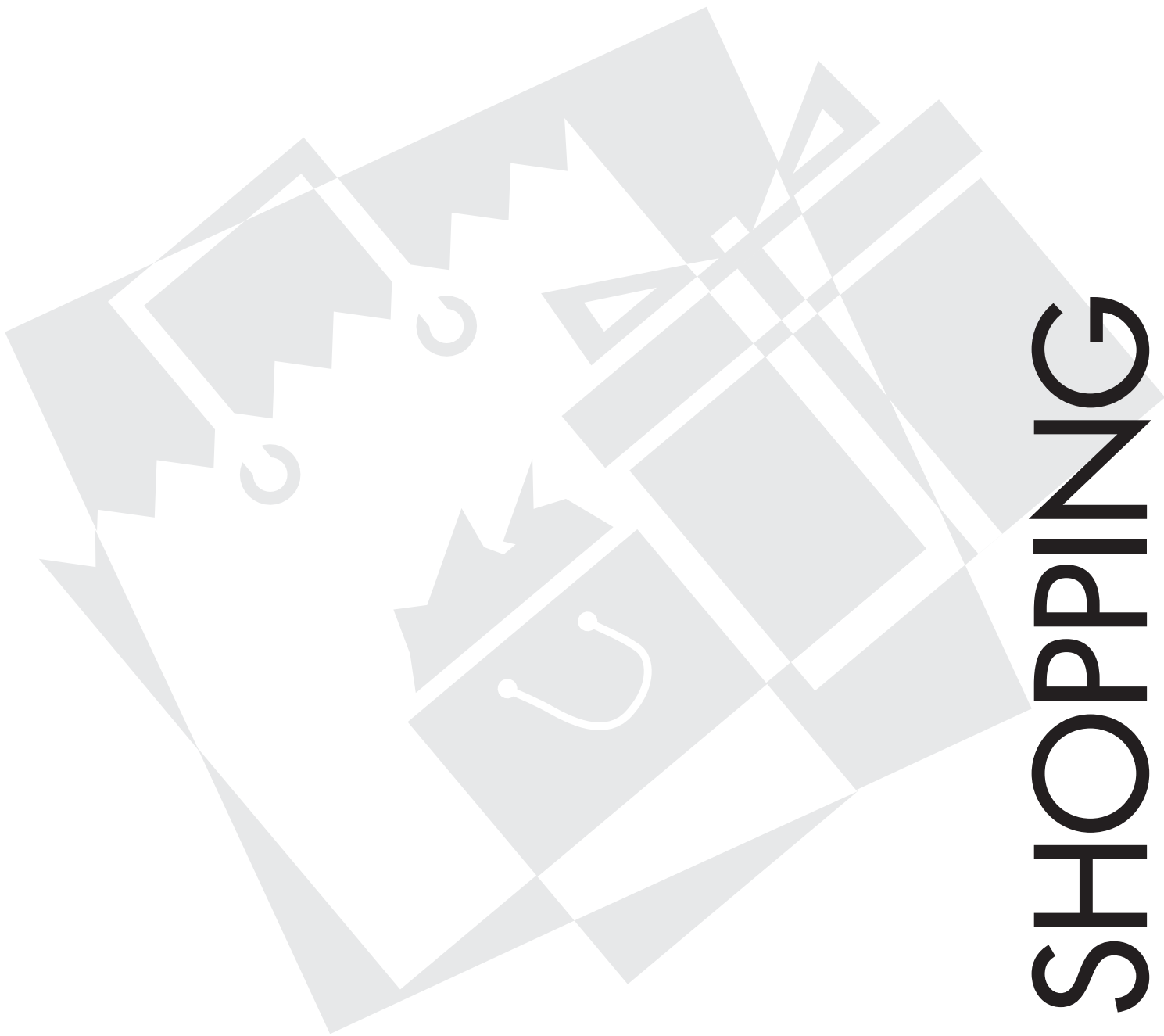
People come in all different shapes and sizes.

Please tell us about yourself. Please indicate your height in feet and inches (or meters):

- | | |
|--|--|
| Under 5' (or under 1.52 meters) <input type="checkbox"/> | 5'8" (or 1.73 meters) <input type="checkbox"/> |
| 5'0" (or 1.52 meters) <input type="checkbox"/> | 5'9" (or 1.75 meters) <input type="checkbox"/> |
| 5'1" (or 1.55 meters) <input type="checkbox"/> | 5'10" (or 1.78 meters) <input type="checkbox"/> |
| 5'2" (or 1.57 meters) <input type="checkbox"/> | 5'11" (or 1.80 meters) <input type="checkbox"/> |
| 5'3" (or 1.60 meters) <input type="checkbox"/> | 6'0" (or 1.83 meters) <input type="checkbox"/> |
| 5'4" (or 1.63 meters) <input type="checkbox"/> | 6'1" (or 1.85 meters) <input type="checkbox"/> |
| 5'5" (or 1.65 meters) <input type="checkbox"/> | 6'2" (or 1.88 meters) <input type="checkbox"/> |
| 5'6" (or 1.68 meters) <input type="checkbox"/> | Over 6'2" (or over 1.88 meters) <input type="checkbox"/> |
| 5'7" (or 1.70 meters) <input type="checkbox"/> | |

Please indicate your weight range:

- Under 100 lbs (or under 45.5 kilograms)
- 100-110 lbs (or 45.5 - 50.0 kilograms)
- 111-120 lbs (or 50.5 - 54.5 kilograms)
- 121-130 lbs (or 55.0 - 59.1 kilograms)
- 131-140 lbs (or 59.5 - 63.6 kilograms)
- 141-150 lbs (or 64.1 - 68.2 kilograms)
- 151-160 lbs (or 68.6 - 72.7 kilograms)
- 161-170 lbs (or 73.2 - 77.3 kilograms)
- 171-180 lbs (or 77.7 - 81.8 kilograms)
- 181-190 lbs (or 82.3 - 86.4 kilograms)
- 191-200 lbs (or 86.8 - 90.9 kilograms)
- 201-210 lbs (or 91.4 - 95.5 kilograms)
- 211-220 lbs (or 95.9 - 100.0 kilograms)
- 221-230 lbs (or 100.5 - 104.5 kilograms)
- 231-240 lbs (or 105.0 - 109.1 kilograms)
- 241-250 lbs (or 109.5 - 113.6 kilograms)
- Over 250 lbs (or over 113.6 kilograms)



SHOPPING

GAMES & TOYS

Have you bought any games or toys for yourself or anyone else in the last 12 months? **Yes** **No**

IF YES

Please mark below each type of game or toy you bought in the last 12 months and for each type bought mark the total amount you spent for that type.

	Bought in Last 12 Months	Amount Spent in Last 12 Months					
		\$200 or More	\$150-\$199	\$100-\$149	\$50-\$99	\$25-\$49	Under \$25
Large/ Baby Dolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fashion Dolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plush Dolls/ Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Dolls/ Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Action Figures/ Robots Accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-school Toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction Toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Educational Toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Educational Toys/ Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play Sports Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cars/ Trucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Books	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

Thinking only of your last game or toy purchase, did you buy it for:

- Yourself
- Other Adult
- Children under 12
- Teens 12-17
- Friends/ Co-Workers
- Other

STEREO, COMPACT DISC & TAPE PLAYING EQUIPMENT & RADIOS

Do you own any of the following? If so, please mark those you own. Also mark those bought in the last 12 months.

	Own	Bought in Last 12 Months
Compact or Console Stereo (Contained in One Unit or Cabinet at Time of Purchase)	<input type="checkbox"/>	<input type="checkbox"/>
Audio Component System (One Brand Rack System)	<input type="checkbox"/>	<input type="checkbox"/>
Stereo Receiver/ Tuner/ Amplifier (All in One)	<input type="checkbox"/>	<input type="checkbox"/>
Boom Box	<input type="checkbox"/>	<input type="checkbox"/>
Clock Radio	<input type="checkbox"/>	<input type="checkbox"/>
Separate Stereo Components	<input type="checkbox"/>	<input type="checkbox"/>
Home Theater Audio System	<input type="checkbox"/>	<input type="checkbox"/>
Surround Sound Decoder	<input type="checkbox"/>	<input type="checkbox"/>
Turntable	<input type="checkbox"/>	<input type="checkbox"/>
Compact Disc (CD) Player	<input type="checkbox"/>	<input type="checkbox"/>
Mini Disc (MD) Player	<input type="checkbox"/>	<input type="checkbox"/>
Digital Compact Cassette (DCC) Player	<input type="checkbox"/>	<input type="checkbox"/>
Digital Audio Tape (DAT) Player	<input type="checkbox"/>	<input type="checkbox"/>
DVD Player	<input type="checkbox"/>	<input type="checkbox"/>
Portable Digital Music/ MP3 Player	<input type="checkbox"/>	<input type="checkbox"/>
Portable/ Cassette Player	<input type="checkbox"/>	<input type="checkbox"/>
Portable/ Radio/ Cassette Player	<input type="checkbox"/>	<input type="checkbox"/>
Portable/ Compact Disc Player	<input type="checkbox"/>	<input type="checkbox"/>
None of These	<input type="checkbox"/>	<input type="checkbox"/>

COMPACT DISC & TAPE CLUBS

Do you currently belong to a compact disc or tape club? **Yes** **No**

IF YES

To which of the following clubs do you belong: (Please mark as many as apply)

- BMG Classical Music Service
- BMG Music Service
- Club Música Latina
- Columbia House
- Columbia House Classical Club
- Play from Columbia House
- Musical Heritage Society
- Ritmo y Pasión
- Sound and Spirit
- Other

How did you happen to join the club(s)?

- Magazine or Newspaper Ad
- Mail or Phone From Radio/ TV Offer
- Through Direct Mail Solicitation
- Through a Friend
- Online
- Other

VCRs

When you view previously recorded television programs, do you use the fast forward control to skip through the commercials?

- All the time
- Most of the time
- Some of the time
- Do not skip through commercials

HAND-HELD VIDEO GAMES

Do you own or use a hand-held video game, which does not attach to a TV?

Yes **No**

IF YES

Brand(s) you own:

- Nintendo DS
- Nintendo Game Boy Advance
- Nintendo Game Boy Advance SP
- Nintendo Game Boy Color
- Nintendo Game Boy (Black & White)
- Sega Game Gear
- Other Brands

Number of hand-held video games bought in the last 12 months.

- 11 or more
- 6 - 10
- 1 - 5
- None

BLANK AUDIO, VIDEO CASSETTE TAPES, CDs OR DVDs FOR RECORDING

Did you purchase any blank audio, video cassette tapes, CDs or DVDs for recording in the last 12 months?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

IF YES Types bought:

Most Often	Also Bought
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Number of blank audio, video cassette tapes, CDs or DVDs bought in the last 12 months:

	Audio	Video	CDs	DVDs
50 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 - 49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 - 39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 - 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 - 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brands bought in last 12 months:

BASF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EmTec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuji	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JVC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kodak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lexar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maxell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panasonic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phillips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PNY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SanDisk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scotch (3M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TDK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If purchased a blank CD in the last 12 months:

Primary reason for using blank CDs:

Recording Music	<input type="checkbox"/>
Recording Videos	<input type="checkbox"/>
Recording Photos	<input type="checkbox"/>
Recording Presentations	<input type="checkbox"/>
Video Gaming	<input type="checkbox"/>
Software Back-up	<input type="checkbox"/>
Data File Back-up	<input type="checkbox"/>

VIDEO CASSETTE TAPES/ DVDs (DIGITAL VIDEO DISC)

Did you buy or rent any video cassette tapes/ DVDs in the last 12 months?

	Video Cassettes		DVDs	
	Bought	Rented	Bought	Rented
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YES

Types bought or rented in the last 12 months:

	Video Cassettes		DVDs	
	Bought	Rented	Bought	Rented
Movies – Hits/ New Releases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movies – Classic/ All Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise/ Aerobics/ Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Help/ Language/ Educational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Instructional/ How-to	<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"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television Series	<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"/>

Where were they bought or rented in the last 12 months:

	Video Cassettes		DVDs	
	Bought	Rented	Bought	Rented
Amazon.com	<input type="checkbox"/>		<input type="checkbox"/>	
Barnesandnoble.com	<input type="checkbox"/>		<input type="checkbox"/>	
Best Buy	<input type="checkbox"/>		<input type="checkbox"/>	
BJ's Wholesale Club	<input type="checkbox"/>		<input type="checkbox"/>	
Blockbuster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BMG	<input type="checkbox"/>		<input type="checkbox"/>	
Borders	<input type="checkbox"/>		<input type="checkbox"/>	
Circuit City	<input type="checkbox"/>		<input type="checkbox"/>	
Columbia House	<input type="checkbox"/>		<input type="checkbox"/>	
Costco	<input type="checkbox"/>		<input type="checkbox"/>	
Hollywood Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kmart	<input type="checkbox"/>		<input type="checkbox"/>	
Movie Gallery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Netflix				<input type="checkbox"/>
Sam Goody/ Music Land	<input type="checkbox"/>		<input type="checkbox"/>	
Sam's Club	<input type="checkbox"/>		<input type="checkbox"/>	
Sun Coast Video	<input type="checkbox"/>		<input type="checkbox"/>	
Target	<input type="checkbox"/>		<input type="checkbox"/>	
Tower Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wal-Mart	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Grocery Store/ Supermarket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Mail Order Video Tape/ DVD Club	<input type="checkbox"/>		<input type="checkbox"/>	
Other Online Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Retail Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of video cassette tapes or DVDs bought or rented in the last 3 months?

	Video Cassettes		DVDs	
	Bought	Rented	Bought	Rented
31 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 - 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 - 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 - 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BOOKS

Have you bought any in the last 12 months?

IF YES

First mark the types of books you bought in the last 12 months. Then, for each type of book bought, mark the number you bought in the last 12 months.

	Bought in Last 12 Months	20 or more	Number Bought in Last 12 Months		
			10-19	6-9	1-5
Paperback Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardcover Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audiobook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where bought in the last 12 months:

- Book Club
- Bookstore
- Online
- Other

Please mark below each type of book you bought in the last 12 months

Types you bought:

- Biography/ Autobiography
- Children
- Cookbooks
- General Fiction
- History
- Mystery
- Personal/ Business/ Self Help
- Religious
- Romance
- Science Fiction
- Sports
- Travel
- Other

Did you buy any books as gifts for someone else in the last 12 months?

MUSIC

Please indicate the types of music you like to listen to most. Also indicate the types of music you bought and those that you downloaded, burned or recorded in the last 12 months.

Types of Music:	Types Like Most	Last 12 Months		
		Bought Most Often	Also Bought	Downloaded, Burned or Recorded
1940s to 1950s Pop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60s to 70s Pop Classic Rock (Beatles, Eagles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80s Pop/ Rock (Madonna, Bryan Adams)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Album Oriented Rock (Guns & Roses, AC/DC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Rock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grunge (Pearl Jam, Nirvana)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage Rock (Strokes, Hives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard Alternative (Incubus, Papa Roach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard Rock (Disturbed, System Of A Down)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhythmic Pop Alternative (Moby, Daft Punk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative (Weezer, Cake)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modern AC (Staind, Nickelback)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pop Alternative (Jewel, Sheryl Crow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Pop (Celine Dion, Elton John)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Types of Music:	Types Like Most	Last 12 Months		
		Bought Most Often	Also Bought	Downloaded, Burned or Recorded
Pure Pop (No Doubt, Pink)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen Pop (Britney Spears, 'N Sync)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pop R&B Tempo (Ashanti, Usher, Brandy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pop Hip Hop (Nelly, Ja Rule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip Hop (Nas, DMX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80s Old School (Run DMC, Public Enemy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neo Soul (Musiq, Jill Scott)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early 90s Hip Hop (Tupac, Biggie)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Country (Tim McGraw, Chris Cogle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mainstream Country (Faith Hill, Garth Brooks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broadway Cast, Movie or TV Soundtracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latin Rock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latin Rap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latin Jazz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latin Ballads/ Romantic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salsa/ Merengue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tejano/ Banda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mexican (regional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Techno	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reggae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gospel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jazz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Soul, Rhythm and Blues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bluegrass (Alison Krauss, Ricky Skaggs)	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark the number of each item that you bought in the last 12 months.

Types Bought:	Number bought in last 12 months		
	20 or more	10-19	1-9
Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compact Disc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downloads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Recorded Audio Cassette Tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where bought in the last 12 Months:	Types Like Most	Last 12 Months	
		Bought Most Often	Also Bought
Audio/ Video Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discount Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Book Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variety Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record, Compact Disc or Tape Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supermarkets/ Drugstores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious Article Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By Mail or Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record, Compact Disc or Tape clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CIGARETTES

Do you smoke them? **Yes** **No**

IF YES
Types you smoke:

	Most Often	Also Smoke
Regular	<input type="checkbox"/>	<input type="checkbox"/>
Menthol	<input type="checkbox"/>	<input type="checkbox"/>
Lights 100s Regular	<input type="checkbox"/>	<input type="checkbox"/>
Lights, Regular	<input type="checkbox"/>	<input type="checkbox"/>
Lights 100s Menthol	<input type="checkbox"/>	<input type="checkbox"/>
Lights, Menthol	<input type="checkbox"/>	<input type="checkbox"/>
King Size Regular	<input type="checkbox"/>	<input type="checkbox"/>
King Size Menthol	<input type="checkbox"/>	<input type="checkbox"/>
100s Regular	<input type="checkbox"/>	<input type="checkbox"/>
100s Menthol	<input type="checkbox"/>	<input type="checkbox"/>

Brands you smoke:

American Spirit	<input type="checkbox"/>	<input type="checkbox"/>
Basic	<input type="checkbox"/>	<input type="checkbox"/>
Benson & Hedges	<input type="checkbox"/>	<input type="checkbox"/>
Camel	<input type="checkbox"/>	<input type="checkbox"/>
Capri	<input type="checkbox"/>	<input type="checkbox"/>
Doral	<input type="checkbox"/>	<input type="checkbox"/>
Dunhill	<input type="checkbox"/>	<input type="checkbox"/>
Kool	<input type="checkbox"/>	<input type="checkbox"/>
Marlboro	<input type="checkbox"/>	<input type="checkbox"/>
Merit	<input type="checkbox"/>	<input type="checkbox"/>
Newport	<input type="checkbox"/>	<input type="checkbox"/>
Pall Mall	<input type="checkbox"/>	<input type="checkbox"/>
Parliament	<input type="checkbox"/>	<input type="checkbox"/>
Quest	<input type="checkbox"/>	<input type="checkbox"/>
Salem	<input type="checkbox"/>	<input type="checkbox"/>
Virginia Slims	<input type="checkbox"/>	<input type="checkbox"/>
Winston	<input type="checkbox"/>	<input type="checkbox"/>
Other Generic/ Store/ No-name	<input type="checkbox"/>	<input type="checkbox"/>
Other Brand Name Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>

Number you smoke each day, on average:

40 or more	<input type="checkbox"/>
30 - 39	<input type="checkbox"/>
20 - 29	<input type="checkbox"/>
10 - 19	<input type="checkbox"/>
5 - 9	<input type="checkbox"/>
Less than 5	<input type="checkbox"/>

OTHER TOBACCO PRODUCTS

Do you use any of the following tobacco products? **Yes** **No**

IF YES
Types you use:

Moist Smokeless/ Snuf	<input type="checkbox"/>
Pouch	<input type="checkbox"/>
Dissolvable Tobacco Packs/ Pieces	<input type="checkbox"/>
Cigarillos	<input type="checkbox"/>
Small Cigars	<input type="checkbox"/>
Cigars (Regular Size)	<input type="checkbox"/>
Pipe Tobacco	<input type="checkbox"/>
Roll-your-own Tobacco	<input type="checkbox"/>

ANTI-SMOKING PRODUCTS

Have you tried to stop smoking in the last 12 months? **Yes** **No**

IF YES
Methods you used in last 12 months:

Acupuncture	<input type="checkbox"/>
"Cold Turkey"	<input type="checkbox"/>
Gradual Reduction	<input type="checkbox"/>
Gum	<input type="checkbox"/>
Hypnosis Program	<input type="checkbox"/>
Nicotine Patch	<input type="checkbox"/>
"Quit Smoking" Program	<input type="checkbox"/>
Other Method	<input type="checkbox"/>

Brands you used in the last 12 months:

Commit Lozenges	<input type="checkbox"/>
Habitrol	<input type="checkbox"/>
Nicoderm	<input type="checkbox"/>
Nicorette	<input type="checkbox"/>
Nicotine Water	<input type="checkbox"/>
Nicotrol	<input type="checkbox"/>
Prostep	<input type="checkbox"/>
Zyban (Prescription)	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>

GASOLINE & DIESEL FUEL

Do you buy gasoline or diesel fuel? **Yes** **No**

IF YES

Types and grades bought:	Most Often	Also Use
Super Premium Unleaded (92 Octane or Higher)	<input type="checkbox"/>	<input type="checkbox"/>
Premium (Mid-Grade) Unleaded (89/ 91 Octane)	<input type="checkbox"/>	<input type="checkbox"/>
Regular Unleaded (87/ 88 Octane)	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>

Kinds of service used:

Full Service	<input type="checkbox"/>	<input type="checkbox"/>
Self Service	<input type="checkbox"/>	<input type="checkbox"/>

Types of stations used:

Gasoline Only	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline and Other Automotive Services	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline and Convenience Store	<input type="checkbox"/>	<input type="checkbox"/>

Brands used:

Arco	<input type="checkbox"/>	<input type="checkbox"/>
BP	<input type="checkbox"/>	<input type="checkbox"/>
Chevron	<input type="checkbox"/>	<input type="checkbox"/>
Citgo	<input type="checkbox"/>	<input type="checkbox"/>
Clark	<input type="checkbox"/>	<input type="checkbox"/>
Conoco	<input type="checkbox"/>	<input type="checkbox"/>
Diamond Shamrock	<input type="checkbox"/>	<input type="checkbox"/>
Exxon	<input type="checkbox"/>	<input type="checkbox"/>

Brands used:	Most Often	Also Use
Getty	<input type="checkbox"/>	<input type="checkbox"/>
Gulf	<input type="checkbox"/>	<input type="checkbox"/>
Hess	<input type="checkbox"/>	<input type="checkbox"/>
Marathon	<input type="checkbox"/>	<input type="checkbox"/>
Mobil	<input type="checkbox"/>	<input type="checkbox"/>
Phillips 66	<input type="checkbox"/>	<input type="checkbox"/>
Shell	<input type="checkbox"/>	<input type="checkbox"/>
Sinclair	<input type="checkbox"/>	<input type="checkbox"/>
Speedway	<input type="checkbox"/>	<input type="checkbox"/>
Sunoco	<input type="checkbox"/>	<input type="checkbox"/>
SuperAmerica	<input type="checkbox"/>	<input type="checkbox"/>
Texaco	<input type="checkbox"/>	<input type="checkbox"/>
Union 76/ Unocal 76	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

Number of gallons you buy each week, on average:

45 or more	<input type="checkbox"/>
35 - 44	<input type="checkbox"/>
25 - 34	<input type="checkbox"/>
20 - 24	<input type="checkbox"/>
15 - 19	<input type="checkbox"/>
10 - 14	<input type="checkbox"/>
7 - 9	<input type="checkbox"/>
6 or less	<input type="checkbox"/>

YELLOW PAGES

Have you referred to the "Yellow Pages" when considering the purchase or use of any items or services in the last 12 months?

Yes **No**

IF YES
 For which items or services did you refer to the "Yellow Pages" in the last 12 months? For each item marked, was a purchase made at any of the businesses referred to in the "Yellow Pages"?

Apparel & Accessories:	Last 12 Months Referred To	Purchase Made
Formal Wear	<input type="checkbox"/>	<input type="checkbox"/>
Jewelers/ Jewelry	<input type="checkbox"/>	<input type="checkbox"/>

Automotive - Supplies & Services, Vehicles:	Last 12 Months Referred To	Purchase Made
Auto Dealers	<input type="checkbox"/>	<input type="checkbox"/>
Auto Parts	<input type="checkbox"/>	<input type="checkbox"/>
Auto Repair	<input type="checkbox"/>	<input type="checkbox"/>
Auto Body Repair	<input type="checkbox"/>	<input type="checkbox"/>
Auto Rentals/ Leasing	<input type="checkbox"/>	<input type="checkbox"/>
Brake Service and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Glass Auto, Plate, Windows	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycles & Motor Scooters	<input type="checkbox"/>	<input type="checkbox"/>
Mufflers	<input type="checkbox"/>	<input type="checkbox"/>
Tire Dealers	<input type="checkbox"/>	<input type="checkbox"/>
Towing Auto	<input type="checkbox"/>	<input type="checkbox"/>
Transmissions	<input type="checkbox"/>	<input type="checkbox"/>

Continued on next page

	Last 12 Months			Last 12 Months			Last 12 Months	
	Referred To	Purchase Made		Referred To	Purchase Made		Referred To	Purchase Made
Banking, Finance, Insurance & Real Estate:			Household Furnishings:			Other Services:		
Apartments	<input type="checkbox"/>	<input type="checkbox"/>	Carpets & Rugs	<input type="checkbox"/>	<input type="checkbox"/>	Accounting/ Tax Preparation	<input type="checkbox"/>	<input type="checkbox"/>
Bail Bonds	<input type="checkbox"/>	<input type="checkbox"/>	Draperies & Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	Attorneys/ Lawyers	<input type="checkbox"/>	<input type="checkbox"/>
Banks/ Savings & Loan	<input type="checkbox"/>	<input type="checkbox"/>	Floor Materials	<input type="checkbox"/>	<input type="checkbox"/>	Bridal Shop	<input type="checkbox"/>	<input type="checkbox"/>
Financial/ Investment Services	<input type="checkbox"/>	<input type="checkbox"/>	Furnaces	<input type="checkbox"/>	<input type="checkbox"/>	Child Care & Preschool	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Furniture Stores	<input type="checkbox"/>	<input type="checkbox"/>	Chiropractors	<input type="checkbox"/>	<input type="checkbox"/>
Loans	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Cabinets & Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Dentists	<input type="checkbox"/>	<input type="checkbox"/>
Mortgages	<input type="checkbox"/>	<input type="checkbox"/>	Mattresses	<input type="checkbox"/>	<input type="checkbox"/>	Employment & Temporary Agencies	<input type="checkbox"/>	<input type="checkbox"/>
Pawn Brokers	<input type="checkbox"/>	<input type="checkbox"/>	Picture Frames	<input type="checkbox"/>	<input type="checkbox"/>	Funeral Directors	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	Home Health Service	<input type="checkbox"/>	<input type="checkbox"/>
Dining Out/ Entertainment:			Household Supplies & Services:			Hospital/ Clinics		
Banquet Facilities	<input type="checkbox"/>	<input type="checkbox"/>	Carpet Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	Marriage & Family Counselors/ Psychologists	<input type="checkbox"/>	<input type="checkbox"/>
Caterers	<input type="checkbox"/>	<input type="checkbox"/>	Exterminators/ Pest Control	<input type="checkbox"/>	<input type="checkbox"/>	Nurses & Physical Therapists	<input type="checkbox"/>	<input type="checkbox"/>
Pizza	<input type="checkbox"/>	<input type="checkbox"/>	Garbage Removal	<input type="checkbox"/>	<input type="checkbox"/>	Nursing Home/ Assisted Living	<input type="checkbox"/>	<input type="checkbox"/>
Restaurants - Delivery	<input type="checkbox"/>	<input type="checkbox"/>	Garden/ Lawn Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Optometrists/ Opticians	<input type="checkbox"/>	<input type="checkbox"/>
Restaurants & Eating Out	<input type="checkbox"/>	<input type="checkbox"/>	Hardware Stores	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacies	<input type="checkbox"/>	<input type="checkbox"/>
Theaters & Amusements	<input type="checkbox"/>	<input type="checkbox"/>	House Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	Photographers	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Equipment & Supplies/ Services:			Lawn Care/ Maintenance			Physicians/ Surgeons		
Cable/ Satellite TV Service	<input type="checkbox"/>	<input type="checkbox"/>	Landscaping/ Garden/ Tree Service	<input type="checkbox"/>	<input type="checkbox"/>	Retirement Communities	<input type="checkbox"/>	<input type="checkbox"/>
Cellular/ Wireless Telephones	<input type="checkbox"/>	<input type="checkbox"/>	Moving & Storage	<input type="checkbox"/>	<input type="checkbox"/>	Veterinarians	<input type="checkbox"/>	<input type="checkbox"/>
Internet Services	<input type="checkbox"/>	<input type="checkbox"/>	Nurseries (Plants & Trees)	<input type="checkbox"/>	<input type="checkbox"/>	Home or Place of Business:		
Stereo Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Septic Tank Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	Computer Service/ Rental/ Supplies	<input type="checkbox"/>	<input type="checkbox"/>
Telecommunications Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Personal Care Products & Personal Services:			Computer Software	<input type="checkbox"/>	<input type="checkbox"/>
Television Sets/ VCRs	<input type="checkbox"/>	<input type="checkbox"/>	Beauty Salons	<input type="checkbox"/>	<input type="checkbox"/>	Computers	<input type="checkbox"/>	<input type="checkbox"/>
VHS/ DVD Sales & Rentals	<input type="checkbox"/>	<input type="checkbox"/>	Books	<input type="checkbox"/>	<input type="checkbox"/>	Copiers	<input type="checkbox"/>	<input type="checkbox"/>
Food:			Churches	<input type="checkbox"/>	<input type="checkbox"/>	Delivery/ Courier Service	<input type="checkbox"/>	<input type="checkbox"/>
Bakeries	<input type="checkbox"/>	<input type="checkbox"/>	Dry Cleaners/ Laundry	<input type="checkbox"/>	<input type="checkbox"/>	Janitorial Services	<input type="checkbox"/>	<input type="checkbox"/>
Supermarkets/ Grocers	<input type="checkbox"/>	<input type="checkbox"/>	Florists/ Flower Shops	<input type="checkbox"/>	<input type="checkbox"/>	Office Furniture	<input type="checkbox"/>	<input type="checkbox"/>
Home Improvements & Repairs:			Hearing Aid	<input type="checkbox"/>	<input type="checkbox"/>	Quick Printing/ Copying Services	<input type="checkbox"/>	<input type="checkbox"/>
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	Medical Equipment & Supplies	<input type="checkbox"/>	<input type="checkbox"/>	Printing Companies	<input type="checkbox"/>	<input type="checkbox"/>
Building/ Construction Materials	<input type="checkbox"/>	<input type="checkbox"/>	Pet Shops/ Kennels	<input type="checkbox"/>	<input type="checkbox"/>	Rental Centers	<input type="checkbox"/>	<input type="checkbox"/>
Doors & Windows	<input type="checkbox"/>	<input type="checkbox"/>	Schools – Academic	<input type="checkbox"/>	<input type="checkbox"/>	Signs	<input type="checkbox"/>	<input type="checkbox"/>
Electricians	<input type="checkbox"/>	<input type="checkbox"/>	Schools – Vocational	<input type="checkbox"/>	<input type="checkbox"/>	Stationery/ Office Supplies	<input type="checkbox"/>	<input type="checkbox"/>
Fences	<input type="checkbox"/>	<input type="checkbox"/>	Shopping:			Other Items/ Services	<input type="checkbox"/>	<input type="checkbox"/>
General Contractors	<input type="checkbox"/>	<input type="checkbox"/>	Department/ Discount Stores	<input type="checkbox"/>	<input type="checkbox"/>	CATALOGS		
Gutters & Down Spouts	<input type="checkbox"/>	<input type="checkbox"/>	Hardware Stores	<input type="checkbox"/>	<input type="checkbox"/>	Have you bought any merchandise from a catalog in the last 12 months?		
Hardware Stores	<input type="checkbox"/>	<input type="checkbox"/>	Shopping Centers	<input type="checkbox"/>	<input type="checkbox"/>	Yes No		
Insulation Contractors	<input type="checkbox"/>	<input type="checkbox"/>	Sports, Leisure Activities & Equipment:			<input type="checkbox"/> <input type="checkbox"/>		
Locks/ Locksmiths	<input type="checkbox"/>	<input type="checkbox"/>	Bicycles/ Bicycle Repairs	<input type="checkbox"/>	<input type="checkbox"/>	IF YES		
Lumber	<input type="checkbox"/>	<input type="checkbox"/>	Boats/ Personal Watercraft	<input type="checkbox"/>	<input type="checkbox"/>	How did you buy the merchandise?		
Paint & Wallpaper	<input type="checkbox"/>	<input type="checkbox"/>	Golf/ Miniature Golf	<input type="checkbox"/>	<input type="checkbox"/>	By Fax <input type="checkbox"/>		
Painters	<input type="checkbox"/>	<input type="checkbox"/>	Guns/ Gunsmiths	<input type="checkbox"/>	<input type="checkbox"/>	By Mail <input type="checkbox"/>		
Paving Contractors	<input type="checkbox"/>	<input type="checkbox"/>	Health Clubs	<input type="checkbox"/>	<input type="checkbox"/>	By Phone <input type="checkbox"/>		
Plumbers	<input type="checkbox"/>	<input type="checkbox"/>	Musical Instruments	<input type="checkbox"/>	<input type="checkbox"/>	At Catalog Store <input type="checkbox"/>		
Roofers	<input type="checkbox"/>	<input type="checkbox"/>	Photographic Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Online <input type="checkbox"/>		
Siding Contractors	<input type="checkbox"/>	<input type="checkbox"/>	Sporting Goods	<input type="checkbox"/>	<input type="checkbox"/>	Number of times bought from a catalog for yourself or as a gift for someone else in last 12 months:		
Swimming Pool Contractors	<input type="checkbox"/>	<input type="checkbox"/>	Toys & Games	<input type="checkbox"/>	<input type="checkbox"/>	For Self As Gift		
TV/ Radio Repair	<input type="checkbox"/>	<input type="checkbox"/>	Travel & Vacation:			12 or more <input type="checkbox"/> <input type="checkbox"/>		
Waterproofing Contractors	<input type="checkbox"/>	<input type="checkbox"/>	Airline/ Airline Tickets	<input type="checkbox"/>	<input type="checkbox"/>	6 - 11 <input type="checkbox"/> <input type="checkbox"/>		
Household Appliances:			Buses	<input type="checkbox"/>	<input type="checkbox"/>	3 - 5 <input type="checkbox"/> <input type="checkbox"/>		
Appliance Repair/ Service	<input type="checkbox"/>	<input type="checkbox"/>	Cruises	<input type="checkbox"/>	<input type="checkbox"/>	1 - 2 <input type="checkbox"/> <input type="checkbox"/>		
Appliances - Large	<input type="checkbox"/>	<input type="checkbox"/>	Hotels/ Motels	<input type="checkbox"/>	<input type="checkbox"/>	None <input type="checkbox"/> <input type="checkbox"/>		
Burglar Alarm/ Security Systems	<input type="checkbox"/>	<input type="checkbox"/>	Taxicabs/ Limousines	<input type="checkbox"/>	<input type="checkbox"/>			
			Trailers Rental	<input type="checkbox"/>	<input type="checkbox"/>			
			Travel Agents	<input type="checkbox"/>	<input type="checkbox"/>			

Continued on next page

Catalogs you bought from in last 12 months:

- 1-800-Flowers
- Alloy
- American Girl
- Appleseed's
- Ballard Design
- Blair Corp.
- Bloomingdale's by Mail
- Brooks Brothers
- Brookstone Collection
- Brownstone Studio
- Cabela's
- Calyx and Corolla
- Chadwick's of Boston
- Coldwater Creek
- Collections
- The Company Store
- Crate & Barrel
- Current
- dELiA's
- Dell
- Eastbay
- Eddie Bauer
- Fingerhut
- Frontgate
- Hammacher Schlemmer
- Harriet Carter
- Harry & David
- J. Crew
- J. Jill
- JC Penney
- L.L. Bean
- Lands' End
- Lane Bryant
- Lerner
- Levenger
- Lillian Vernon
- Marshall Field's Direct
- Miles Kimball
- Neiman Marcus
- Newport News
- Northern Tool & Equipment
- Omaha Steaks
- Oreck
- Oriental Trading Company
- Orvis
- Petsmart
- Pottery Barn
- Recreational Equipment, Inc. (REI)
- Sears
- Smith and Noble
- Spiegel
- The Sportsman's Guide
- Talbots
- Territory Ahead
- Vermont Teddy Bear
- Victoria's Secret
- Williams-Sonoma
- Other Catalogs

Merchandise bought from catalogs in last 12 months:

- Apparel/ Accessories
- Computer Products
- Electronics/ Appliances
- Food/ Perishables
- Footwear
- Gardening
- General Merchandise
- Gifts
- Hardware
- Home Furnishings
- Housewares
- Sporting Goods
- Toys/ Games
- Other

Total amount you spent on merchandise ordered from a catalog in last 12 months:

- \$500 or more
- \$250 - \$499
- \$100 - \$249
- \$50 - \$99
- Less than \$50

How did you usually pay for the merchandise you purchased from a catalog in the last 12 months?

- Cash/ Check/ Money Order
- Credit Card
- Debit Card/ Electronic Funds Transfer
- Other

Have you ordered a catalog to be sent to you in the last 12 months? **Yes** **No**

MAIL, PHONE & INTERNET ORDERS

Have you ordered any merchandise or services by mail, phone, or through the Internet in the last 12 months?

	Mail or Phone	Internet
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

IF YES

Through which offers did you order any merchandise or services in the last 12 months by mail, phone or through the Internet? (Mark as many as apply)

	Mail or Phone	Internet
Catalogs	<input type="checkbox"/>	<input type="checkbox"/>
Direct Mail Pieces (Not Catalogs)	<input type="checkbox"/>	<input type="checkbox"/>
Magazines	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>
Television Infomercials	<input type="checkbox"/>	<input type="checkbox"/>
Other Television	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Items ordered in last 12 months:

	Mail or Phone	Internet
Apparel/ Accessories	<input type="checkbox"/>	<input type="checkbox"/>
Automotive Products	<input type="checkbox"/>	<input type="checkbox"/>
Banking Services	<input type="checkbox"/>	<input type="checkbox"/>
Books/ Music/ Video	<input type="checkbox"/>	<input type="checkbox"/>
Collectibles	<input type="checkbox"/>	<input type="checkbox"/>
Computer Products	<input type="checkbox"/>	<input type="checkbox"/>
Credit Cards	<input type="checkbox"/>	<input type="checkbox"/>
Educational Programs	<input type="checkbox"/>	<input type="checkbox"/>
Electronics/ Appliances	<input type="checkbox"/>	<input type="checkbox"/>
Food/ Perishables	<input type="checkbox"/>	<input type="checkbox"/>
Footwear	<input type="checkbox"/>	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	<input type="checkbox"/>
Giftware	<input type="checkbox"/>	<input type="checkbox"/>
Hardware	<input type="checkbox"/>	<input type="checkbox"/>
Home Furnishings	<input type="checkbox"/>	<input type="checkbox"/>
Housewares	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Office Supplies	<input type="checkbox"/>	<input type="checkbox"/>
Other Health/ Medical Items	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate/ Real Estate Services	<input type="checkbox"/>	<input type="checkbox"/>
Religious Products	<input type="checkbox"/>	<input type="checkbox"/>
Sporting Goods/ Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Stocks/ Bonds/ Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>
Tickets for Movies	<input type="checkbox"/>	<input type="checkbox"/>
Tickets for Events Other Than Movies	<input type="checkbox"/>	<input type="checkbox"/>
Toys/ Games	<input type="checkbox"/>	<input type="checkbox"/>
Travel Services/ Packages	<input type="checkbox"/>	<input type="checkbox"/>
Other Items	<input type="checkbox"/>	<input type="checkbox"/>

Total amount you spent on items ordered by mail, phone and Internet in the last 12 months:

	Mail or Phone	Internet
\$1,000 or more	<input type="checkbox"/>	<input type="checkbox"/>
\$500 - \$999	<input type="checkbox"/>	<input type="checkbox"/>
\$200 - \$499	<input type="checkbox"/>	<input type="checkbox"/>
\$150 - \$199	<input type="checkbox"/>	<input type="checkbox"/>
\$100 - \$149	<input type="checkbox"/>	<input type="checkbox"/>
\$75 - \$99	<input type="checkbox"/>	<input type="checkbox"/>
\$50 - \$74	<input type="checkbox"/>	<input type="checkbox"/>
\$30 - \$49	<input type="checkbox"/>	<input type="checkbox"/>
\$20 - \$29	<input type="checkbox"/>	<input type="checkbox"/>
Less than \$20	<input type="checkbox"/>	<input type="checkbox"/>

How do you usually pay for the purchases you make by mail/ phone? Through the Internet?

	Mail or Phone	Internet
Cash/ Check/ Money Order	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card	<input type="checkbox"/>	<input type="checkbox"/>
Debit Card/ Electronic Funds Transfer	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

FILM-PACKS, ROLLS, REELS, CARTRIDGES OR DISCS

Please mark each type of film that you used in the last 12 months and for each type of film that you used, the number of rolls used in the last 12 months.

	Used Last 12 Months	Number of Rolls Used In Last 12 Months						Brands you used:	Most Often	Also Used
		20 or More	10-19	5-9	3-4	1-2	Less Than 1			
Instant Developing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agfa	<input type="checkbox"/>	<input type="checkbox"/>
35mm (Black & White)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fuji	<input type="checkbox"/>	<input type="checkbox"/>
35mm (Color Print)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kodak	<input type="checkbox"/>	<input type="checkbox"/>
35mm (Color Slides)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Konica	<input type="checkbox"/>	<input type="checkbox"/>
APS (Advanced Photo System)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polaroid 600 Instant	<input type="checkbox"/>	<input type="checkbox"/>
Other Black & White Film	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polaroid Spectra Instant	<input type="checkbox"/>	<input type="checkbox"/>
Other Color Film	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Polaroid	<input type="checkbox"/>	<input type="checkbox"/>
None of These	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Store Brand	<input type="checkbox"/>	<input type="checkbox"/>
								Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

DISPOSABLE/ THROWAWAY CAMERAS

Did you use any disposable/ throwaway cameras in the last 12 months? **Yes** **No**

IF YES

Brands bought in last 12 months:

- Fuji
- Kodak
- Other

CAMERA OWNERSHIP AND PURCHASE

Do you own a camera? **Yes** **No**

IF YES

Number of still cameras you own:

- 3 or more
- 2
- 1

Types owned:

- 35mm
- APS (Advanced Photo System)
- Digital
- Instant
- Other

Brands owned:

- Canon
- Fuji
- HP Photosmart
- Kodak
- Konica
- Kyocera
- Mamiya
- Minolta
- Nikon
- Olympus
- Panasonic
- Pentax
- Polaroid I-Zone
- Other Polaroid

Brands owned:

- Ricoh
- Sigma
- Sony
- Toshiba
- Vivitar
- Yashica
- Other brands

How much did the (newest) camera cost?

- \$500 or more
- \$300 - 499
- \$100 - 299
- \$50 - 99
- Under \$50

IF OWNED A DIGITAL CAMERA

Please mark how many digital pictures you have taken in the last 12 months.

- 500 or more
- 100 - 499
- 50 - 99
- 25 - 49
- 1 - 24
- None

SPORTING GOODS

For each of the sporting goods listed, please mark those you own. Then for each item you own, please mark those you bought in the last 12 months.

	Own	Bought in Last 12 Months
Fishing Rod	<input type="checkbox"/>	<input type="checkbox"/>
Fishing Reel	<input type="checkbox"/>	<input type="checkbox"/>
Rifle for Hunting	<input type="checkbox"/>	<input type="checkbox"/>
Shotgun for Hunting	<input type="checkbox"/>	<input type="checkbox"/>
Factory Loaded Ammunition	<input type="checkbox"/>	<input type="checkbox"/>
Airguns	<input type="checkbox"/>	<input type="checkbox"/>
Hunting Clothes	<input type="checkbox"/>	<input type="checkbox"/>
Bowling Ball	<input type="checkbox"/>	<input type="checkbox"/>
Tennis Racquet	<input type="checkbox"/>	<input type="checkbox"/>
Tennis Balls	<input type="checkbox"/>	<input type="checkbox"/>

Brands you used:

- Agfa
- Fuji
- Kodak
- Konica
- Polaroid 600 Instant
- Polaroid Spectra Instant
- Other Polaroid
- Store Brand
- Other Brands

Bought in Last 12 Months

	Own	Bought in Last 12 Months
Racquetball Racquet	<input type="checkbox"/>	<input type="checkbox"/>
Racquetball Balls	<input type="checkbox"/>	<input type="checkbox"/>
Baseball/ Softball Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Soccer Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Snow Skis	<input type="checkbox"/>	<input type="checkbox"/>
Ski Poles	<input type="checkbox"/>	<input type="checkbox"/>
Snowboard	<input type="checkbox"/>	<input type="checkbox"/>
Ski Boots	<input type="checkbox"/>	<input type="checkbox"/>
Personal Watercraft (i.e. Jet Ski)	<input type="checkbox"/>	<input type="checkbox"/>
Waterbike	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	<input type="checkbox"/>
Home Gym Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Gym Bags	<input type="checkbox"/>	<input type="checkbox"/>
Free Weights/ Dumbbells	<input type="checkbox"/>	<input type="checkbox"/>
Rowing Machine	<input type="checkbox"/>	<input type="checkbox"/>
Stationary Bicycle	<input type="checkbox"/>	<input type="checkbox"/>
Treadmill	<input type="checkbox"/>	<input type="checkbox"/>
Stair Climbing Machine	<input type="checkbox"/>	<input type="checkbox"/>
Cross Country Ski Exerciser	<input type="checkbox"/>	<input type="checkbox"/>
Backpacking Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Coolers	<input type="checkbox"/>	<input type="checkbox"/>
Camping Tents	<input type="checkbox"/>	<input type="checkbox"/>
Camping Lanterns	<input type="checkbox"/>	<input type="checkbox"/>
Other Camping Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Basketball(s)	<input type="checkbox"/>	<input type="checkbox"/>
Football(s)	<input type="checkbox"/>	<input type="checkbox"/>
Golf Clubs	<input type="checkbox"/>	<input type="checkbox"/>
Golf Balls	<input type="checkbox"/>	<input type="checkbox"/>
Golf Gloves	<input type="checkbox"/>	<input type="checkbox"/>
Skateboard	<input type="checkbox"/>	<input type="checkbox"/>
None of These	<input type="checkbox"/>	<input type="checkbox"/>

GREETING CARDS

Did you purchase any greeting cards in the last 3 months? **Yes** **No**

FOOD SHOPPING

When you shop for food, how often do you refer to each of the following for finding and choosing the items you buy?

	Always	Sometimes	Never
Advertising on the Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising on Shopping Cart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Announcements in Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computerized Information/ Coupon Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Store Demonstrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Store Samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Message/ Offers at the Shelf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead Aisle Markers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio/ Public Address Announcements in Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video Monitor Displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER SHOPPING (EXCLUDING FOOD)

When you shop for non-food items, how often do you refer to each of the following for finding and choosing the items you buy?

	Always	Sometimes	Never
Advertising on the Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising on Shopping Cart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Departmental Signs or Aisle Markers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighted Merchandise Graphics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio/ Public Address Announcements in Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs on Merchandise Racks or Shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store Brochures/ Flyers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video Monitor Displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STRIP MALLS

Have you gone to a strip mall in the last 4 weeks? Yes No

IF YES

About how many times did you go to a strip mall in the last 4 weeks?

- 10 or more
- 8 - 9
- 6 - 7
- 4 - 5
- 1 - 3

SHOPPING MALLS

Have you gone to a shopping mall in the last 4 weeks? Yes No

IF YES

About how many times did you go to a mall in the last 4 weeks?

- 10 or more
- 8 - 9
- 6 - 7
- 4 - 5
- 1 - 3

SHOPPING DISTANCE

On a typical shopping trip, how far are you willing to travel to each of these types of stores?

	Number of Miles Willing to Travel									
	Less than 1	1	2	3-4	5-9	10-15	16-20	21-30	31 or more	
Arts and Crafts Store	<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"/>	
Clothing Store	<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"/>	
Convenience Store	<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"/>	
Discount Department Store	<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"/>	
Drugstore	<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"/>	
Footwear Store	<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"/>	
Full Department Store	<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"/>	
Home Electronics Store	<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"/>	
Home Furniture Store	<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"/>	
Home Improvement Store	<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"/>	
Sporting Goods Store	<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"/>	
Supermarket	<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"/>	
Toy Store	<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"/>	
Warehouse Store	<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"/>	
Automotive Parts Store	<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"/>	
Gas Station	<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"/>	
Fast Food 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"/>	
Family 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"/>	
Movie 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"/>	
Car Dealership	<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"/>	
Banks	<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"/>	

SUPERMARKETS AND FOOD STORES

Please mark the supermarkets and food stores you shopped at in the last 4 weeks. Then, for each store shopped at, please mark the number of times you shopped there in the last 4 weeks.

	Number of Times in Last 4 Weeks			
	Shopped in Last 4 Weeks	10 or More	4-9	1-3
A&P Food Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Albertsons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bi-Lo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brookshire Grocery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cub Foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dominick's Finer Foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edward's Superfood Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farmer Jack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Lion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foodtown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fred Meyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giant (PA)/ Martin's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giant Eagle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giant Food Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harris – Teeter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.E.B. Pantry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hy-Vee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IGA Markets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
King Kullen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
King Soopers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kroger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meijer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathmark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick 'N Save	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piggly Wiggly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price Chopper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Publix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raley's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ralph's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Randall's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safeway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Save-A-Lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schnucks Markets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shaw's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ShopRite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smith's Food & Drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spartan Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stater Bros.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop & Shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Super Fresh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Super Valu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tom Thumb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tops Friendly Markets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trader Joe's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Number of Times in Last 4 Weeks			
	Shopped in Last 4 Weeks	10 or More	4-9	1-3
Wal-Mart Super Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waldbaum's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wegman's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weis Markets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole Foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winn-Dixie	<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"/>
None	<input type="checkbox"/>			

CONVENIENCE STORES

Please mark the convenience stores you shopped at in the last 4 weeks. Then, for each store shopped at, please mark the number of times you shopped there in the last 4 weeks.

	Number of Times in Last 4 Weeks			
	Shopped in Last 4 Weeks	10 or More	4-9	1-3
7-Eleven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AM/PM Mini Markets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circle K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citgo Quick Mart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cumberland Farms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dairy Mart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holiday Stationstores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quick Check Food Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quick Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speedway SuperAmerica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop-N-Go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wawa Food Markets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Hen Pantry	<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"/>
None	<input type="checkbox"/>			

DRUGSTORES

Please mark the drugstores you shopped at in the last 4 weeks. Then, for each store shopped at, please mark the number of times you shopped there in the last 4 weeks.

	Number of Times in Last 4 Weeks			
	Shopped in Last 4 Weeks	10 or More	4-9	1-3
CVS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Emporium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eckerd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaiser Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Longs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicine Shoppe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rite-Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sav-On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walgreen's	<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"/>
None	<input type="checkbox"/>			

DEPARTMENT, DISCOUNT, CHILDREN'S TOY, CLOTHING AND FOOTWEAR STORES

Please mark the department, discount, children's toy, clothing and footwear stores where you shopped at in the last 3 months. For each store shopped at, please mark the number of times you shopped there in the last 4 weeks. In addition, please mark those stores that you purchased at, in the last 4 weeks.

	Shopped Last 3 Months	Times Shopped in Last 4 Weeks				Purchased in Last 4 Weeks
		7 or More	3-6	1-2	None	
Abercrombie & Fitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.C. Moore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Eagle Outfitters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anchor Blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ann Taylor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arden B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Athlete's Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Babies "R" Us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banana Republic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bass Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bealls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bebe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Belk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Big 5 Sporting Goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Big Lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BJ's Wholesale Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bloomingdale's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bob's Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bon-Ton (Pomeroy's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boscov's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build-A-Bear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burberry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burlington Coat Factory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carson Pirie Scott	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casual Corner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Champ's Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chico's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dick's Sporting Goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dillard's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Disney Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dollar General Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress Barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dunham's Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EB Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eddie Bauer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder Beerman Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Express	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Express Men's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Dollar Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Famous-Barr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Famous Footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fashion Bug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filene's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filene's Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Shopped Last 3 Months	Times Shopped in Last 4 Weeks				Purchased in Last 4 Weeks
		7 or More	3-6	1-2	None	
Finish Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foley's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kids Foot Locker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lady Foot Locker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot Locker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fortunoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GameStop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goody's Family Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallmark/ Hallmark Crown Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hecht's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herberger's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hobby Lobby Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JC Penney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.Crew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jo-Ann Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaufmann's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KB Toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kmart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kohl's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lane Bryant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'eggs/ Hanes/ Bali Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited Too	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loehmann's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lord & Taylor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Macy's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandee's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marshall Field's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marshalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maurices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
McSports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meier & Frank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meijer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Men's Wearhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mervyn's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Michaels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modell's Sporting Goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturalizer Shoe Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neiman Marcus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New York & Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nine West	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nordstrom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nordstrom Rack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off 5th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oshman's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palais Royal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pamida Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parisian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on next page

	Shopped Last 3 Months	Times Shopped in Last 4 Weeks				Purchased in Last 4 Weeks
		7 or More	3-6	1-2	None	
Payless Shoe Source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rack Room Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ralph Lauren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robinson's May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ross Dress for Less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saks Fifth Avenue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sam's Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopko	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stage Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stein Mart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steve Madden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strawbridge's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talbots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Target	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TJ Maxx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toys "R" Us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victoria's Secret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wal-Mart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wet Seal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Younkers	<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"/>
None	<input type="checkbox"/>					

HOME FURNISHING AND HOUSEWARE STORES

Please mark the home furnishing and houseware stores you shopped at in the last 3 months. For each store shopped at, please mark the number of times you shopped there in the last 4 weeks. In addition, please mark those stores that you purchased at, in the last 4 weeks.

	Shopped Last 3 Months	Times Shopped in Last 4 Weeks				Purchased in Last 4 Weeks
		7 or More	3-6	1-2	None	
Art Van Furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed, Bath & Beyond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost Plus World Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crate & Barrel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethan Allen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expo Design Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garden Ridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haverty's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IKEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levitz Furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linens 'n Things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pier 1 Imports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pottery Barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms to Go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Williams-Sonoma	<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"/>
None	<input type="checkbox"/>					

HOME ELECTRONICS STORES

Please mark the home electronics stores you shopped at in the last 3 months. For each store shopped at, please mark the number of times you shopped there in the last 4 weeks. In addition, please mark those stores that you purchased at, in the last 4 weeks.

	Shopped Last 3 Months	Times Shopped in Last 4 Weeks				Purchased in Last 4 Weeks
		7 or More	3-6	1-2	None	
Best Buy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circuit City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fry's Electronics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Good Guys!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PC Richard & Son	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio Shack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tweeter	<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"/>
None	<input type="checkbox"/>					

HOME IMPROVEMENT STORES

Please mark the home improvement stores you shopped at in the last 3 months. For each store shopped at, please mark the number of times you shopped there in the last 4 weeks. In addition, please mark those stores that you purchased at, in the last 4 weeks.

	Shopped Last 3 Months	Times Shopped in Last 4 Weeks				Purchased in Last 4 Weeks
		7 or More	3-6	1-2	None	
Ace Hardware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Depot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lowe's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lumbermen's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
True Value Hardware	<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"/>
None	<input type="checkbox"/>					

OFFICE SUPPLY/ COMPUTER STORES

Please mark the office supply or computer stores at which you shopped in the last 3 months. For each store shopped at, please mark the number of times you shopped there in the last 4 weeks. In addition, please mark those stores that you purchased at, in the last 4 weeks.

	Shopped Last 3 Months	Times Shopped in Last 4 Weeks				Purchased in Last 4 Weeks
		7 or More	3-6	1-2	None	
CompUSA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinko's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Micro Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Depot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online Store	<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"/>
None	<input type="checkbox"/>					

PURCHASES MADE WITHIN DEPARTMENT/ DISCOUNT STORES

Did you make a purchase at a department store and/ or a discount store in the last 3 months?

Yes **No**

IF YES

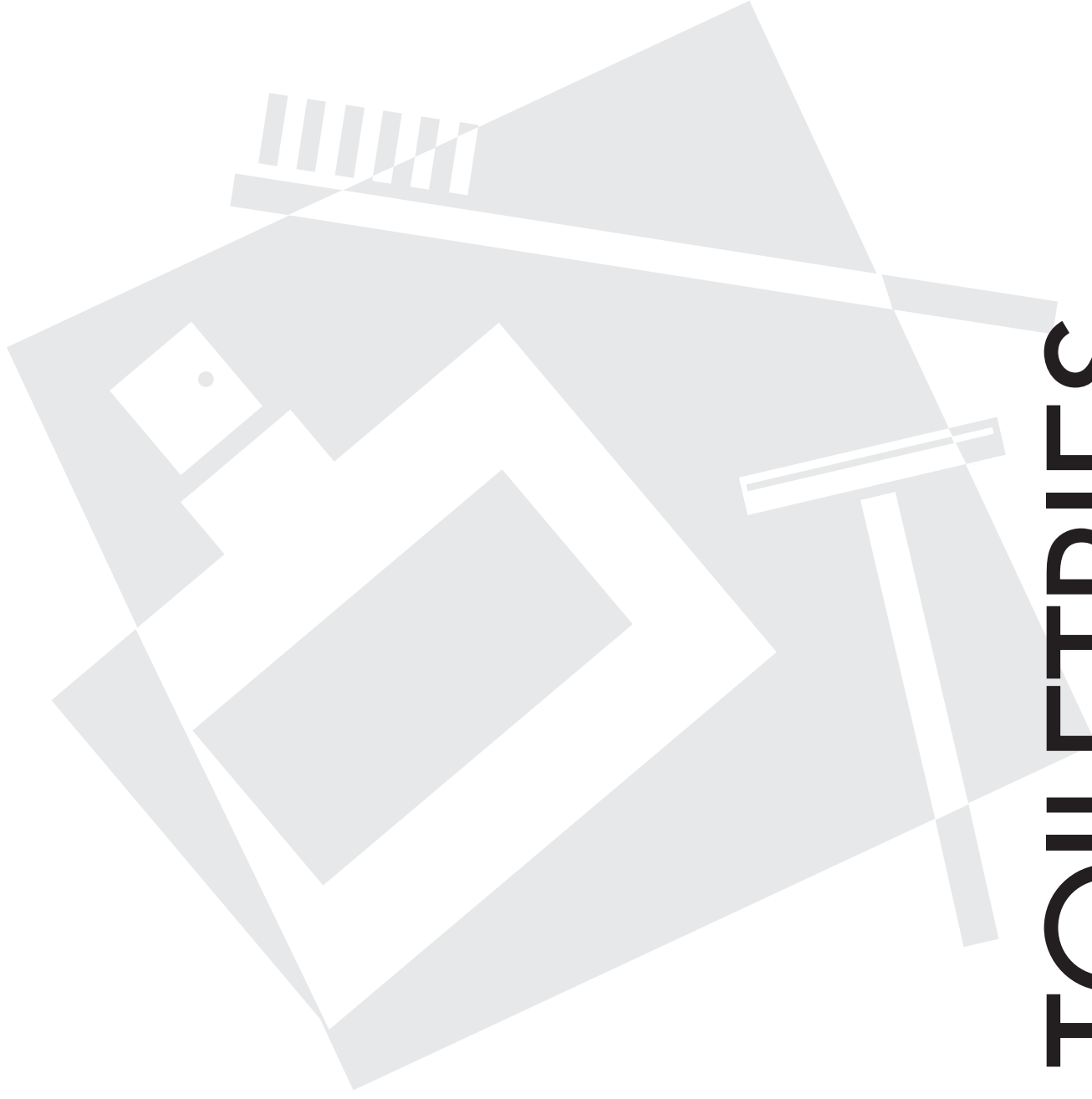
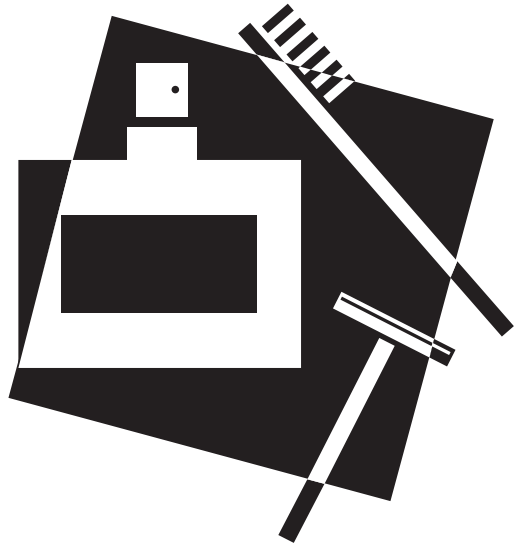
For each department or discount store listed below where you may have made a purchase, please indicate in which department(s) these purchases were made in the last 3 months.

	Clothing/ Accessories	Footwear	Appliances/ Electronics/ Computers	Sporting Goods	Hardware/ Home Improvements	Housewares/ Furniture	Jewelry	Automotive	Cosmetics	Toys	Food/ Drug	Other
BJ's Wholesale Club	<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"/>	<input type="checkbox"/>
Bealls	<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"/>	<input type="checkbox"/>
Bloomingdale's	<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"/>	<input type="checkbox"/>
Bon-Ton (Pomeroy's)	<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"/>	<input type="checkbox"/>
Boscov's	<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"/>	<input type="checkbox"/>
Carson Pirie Scott	<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"/>	<input type="checkbox"/>
Costco	<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"/>	<input type="checkbox"/>
Dillard's	<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"/>	<input type="checkbox"/>
Famous-Barr	<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"/>	<input type="checkbox"/>
Filene's	<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"/>	<input type="checkbox"/>
Foley's	<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"/>	<input type="checkbox"/>
Hecht's	<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"/>	<input type="checkbox"/>
Herberger's	<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"/>	<input type="checkbox"/>
JC Penney	<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"/>	<input type="checkbox"/>
Kaufmann's	<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"/>	<input type="checkbox"/>
Kmart	<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"/>	<input type="checkbox"/>
Kohl's	<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"/>	<input type="checkbox"/>
Lord & Taylor	<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"/>	<input type="checkbox"/>
Macy's	<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"/>	<input type="checkbox"/>
Meijer	<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"/>	<input type="checkbox"/>
Mervyn's	<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"/>	<input type="checkbox"/>
Neiman Marcus	<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"/>	<input type="checkbox"/>
Nordstrom	<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"/>	<input type="checkbox"/>
Off 5th	<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"/>	<input type="checkbox"/>
Parisian	<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"/>	<input type="checkbox"/>
Ross Dress for Less	<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"/>	<input type="checkbox"/>
Saks Fifth Avenue	<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"/>	<input type="checkbox"/>
Sam's Club	<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"/>	<input type="checkbox"/>
Sears	<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"/>	<input type="checkbox"/>
Shopko	<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"/>	<input type="checkbox"/>
Stage Stores	<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"/>	<input type="checkbox"/>
Target	<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"/>	<input type="checkbox"/>
Value City	<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"/>	<input type="checkbox"/>
Wal-Mart	<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"/>	<input type="checkbox"/>
Younkers	<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"/>	<input type="checkbox"/>
Other Department Store	<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"/>	<input type="checkbox"/>
Other Discount Store	<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"/>	<input type="checkbox"/>

ATTITUDES/ OPINIONS ABOUT SHOPPING

Shopping is an activity that most people engage in and often people have different approaches or differing opinions about shopping. Please tell us the extent to which you agree or disagree with each statement by marking one box opposite each statement. If you are not sure, please mark "Neither Agree Nor Disagree" and go on to the next statement.

	Agree A Lot	Agree A Little	Neither Agree Nor Disagree	Disagree A Little	Disagree A Lot
When I shop I usually visit a variety of stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually only shop at my favorite stores because I know they have the brands I like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rarely go shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of a coupon, I'd be drawn to a store I normally don't shop at	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friend's opinion of a store influences whether I shop there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Even when I do not purchase something, I enjoy shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For relatively expensive items, I'll shop at different stores to make certain I get the best price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A store's environment can make a difference in whether I shop there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I normally only shop at stores that are conveniently located nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually only go shopping when I have to buy something I really need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will buy products from stores that don't specialize in those products because of price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer shopping at local stores to shopping at national store chains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually willing to shop at new stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually only shop at my favorite stores because I know what kind of service I will receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer buying a product from a specialty store than a store that doesn't specialize in that product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I go shopping frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I especially enjoy shopping with someone of the opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually the first among my friends to shop at a new store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I generally plan far ahead to buy expensive items such as automobiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer shopping at specialty stores because the employees are knowledgeable of the products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually only shop at my favorite stores because they are conveniently located nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am drawn to stores I normally don't shop at by sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to go shopping alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often use the Internet to help plan my shopping trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tend to spend long periods of time in a store browsing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to travel up to an hour or more to shop at my favorite stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer shopping at specialty stores because they tend to carry the best brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to shop with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually head right for the clearance rack when I enter a store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tend to buy things on the spur of the moment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to travel an hour or more to shop at factory outlet stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When shopping with others, I prefer splitting up so I can do my own shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually only shop at my favorite stores because they have the prices I like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When shopping, I just get what I need and leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often go out of my way to find new stores to shop at	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price isn't the most important factor—it is getting exactly what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer shopping at specialty stores because they tend to carry more brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to shop with my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tend to hold out on buying things I want until they go on sale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I really enjoy any kind of shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I buy goods produced by my own country whenever I can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I spend a lot of money on toiletries and cosmetics for personal use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



TOILETRIES

NOTE: Pages 90-91 are questions to be answered by women only. Page numbers are indicated on the bottom of each page.

MEN: Please skip to Toothpaste on page 92.

FOUNDATION MAKE-UP

Do you use it? **Yes** **No**

IF YES
Types you use: **Most Often** **Also Use**

Cream
Liquid
Powder Cream/ Cream-to-Powder
Dual Purpose (Powder/ Foundation in Compact)

Brands you use:

Almay
Avon
Bobbi Brown
Chanel
Clinique
Cover Girl
Elizabeth Arden
Estee Lauder
Fashion Fair
Lancôme
L'Oréal
M.A.C.
Mary Kay
Max Factor
Maybelline
Merle Norman
Neutrogena
Olay
Prescriptives
Revlon
Ultima II
Wet 'n' Wild
Other Brands

Number of times used in last 7 days:

14 or more
11 - 13
8 - 10
7
4 - 6
2 - 3
1
None

BLUSHER

Do you use it? **Yes** **No**

IF YES
Types you use: **Most Often** **Also Use**

Cream/ Gel/ Liquid
Powder/ Cake
Stick

Brands you use:

Almay
Avon
Bobbi Brown
Bonne Bell
Chanel
Clinique
Cover Girl
Elizabeth Arden
Estee Lauder
Fashion Fair
Lancôme
L'Oréal
M.A.C.
Mary Kay
Max Factor
Maybelline
Merle Norman
Neutrogena
Prescriptives
Revlon
Wet 'n' Wild
Other Brands

Number of times used in last 7 days:

14 or more
11 - 13
8 - 10
7
4 - 6
2 - 3
1
None

MASCARA

Do you use it? **Yes** **No**

IF YES
Kinds you use: **Most Often** **Also Use**

Regular (Not Waterproof/ Resistant)
Water Resistant
Waterproof

Brands you use:

Almay
Avon
Bobbi Brown
Chanel
Christian Dior
Clarins
Clinique

Brands you use: **Most Often** **Also Use**

Cover Girl
Elizabeth Arden
Estee Lauder
Lancôme
L'Oréal
M.A.C.
Mary Kay
Max Factor
Maybelline
Neutrogena
Prescriptives
Revlon
Wet 'n' Wild
Other Brands

Number of times used in last 7 days:

14 or more
8 - 13
7
4 - 6
2 - 3
1
None

EYE SHADOW/ EYE LINER/ EYE BROW PENCIL

Do you use them? **Eye Shadow** **Eye Liner** **Eye Brow Pencil**

Yes
No

IF YES
Kinds you use: **Eye Shadow** **Eye Liner**

Crayon/ Pencil
Cream
Liquid
Powder
Other

Brands you use: **Eye Shadow** **Eye Liner** **Eye Brow Pencil**

Almay
Avon
Bobbi Brown
Bonne Bell
Chanel
Clinique
Cover Girl
Elizabeth Arden
Estee Lauder
Fashion Fair
Jane
Lancôme
L'Oréal
M.A.C.
Mary Kay
Max Factor
Maybelline
Merle Norman
Revlon
Wet 'n' Wild
Other Brands

Continued on next page

Number of times used in last 7 days:

	Eye Shadow	Eye Liner	Eye Brow Pencil
14 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 - 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 - 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIPSTICK & LIP GLOSS

	Yes	No
Do you use it?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES Types you use:

	Most Often	Also Use
Compact Lip Color	<input type="checkbox"/>	<input type="checkbox"/>
Lip Gloss	<input type="checkbox"/>	<input type="checkbox"/>
Lip Pencil	<input type="checkbox"/>	<input type="checkbox"/>
Lip Stain	<input type="checkbox"/>	<input type="checkbox"/>
Lipstick	<input type="checkbox"/>	<input type="checkbox"/>

Brands you use:

	Yes	No
Almay	<input type="checkbox"/>	<input type="checkbox"/>
Avon	<input type="checkbox"/>	<input type="checkbox"/>
Bobbi Brown	<input type="checkbox"/>	<input type="checkbox"/>
Bonne Bell	<input type="checkbox"/>	<input type="checkbox"/>
Chanel	<input type="checkbox"/>	<input type="checkbox"/>
Clarins	<input type="checkbox"/>	<input type="checkbox"/>
Clinique	<input type="checkbox"/>	<input type="checkbox"/>
Cover Girl	<input type="checkbox"/>	<input type="checkbox"/>
Elizabeth Arden	<input type="checkbox"/>	<input type="checkbox"/>
Estee Lauder	<input type="checkbox"/>	<input type="checkbox"/>
Fashion Fair	<input type="checkbox"/>	<input type="checkbox"/>
Jane	<input type="checkbox"/>	<input type="checkbox"/>
Lancôme	<input type="checkbox"/>	<input type="checkbox"/>
L'Oréal	<input type="checkbox"/>	<input type="checkbox"/>
M.A.C.	<input type="checkbox"/>	<input type="checkbox"/>
Mary Kay	<input type="checkbox"/>	<input type="checkbox"/>
Max Factor	<input type="checkbox"/>	<input type="checkbox"/>
Maybelline	<input type="checkbox"/>	<input type="checkbox"/>
Merle Norman	<input type="checkbox"/>	<input type="checkbox"/>
Neutrogena	<input type="checkbox"/>	<input type="checkbox"/>
Olay	<input type="checkbox"/>	<input type="checkbox"/>
O.P.I.	<input type="checkbox"/>	<input type="checkbox"/>
Revlon	<input type="checkbox"/>	<input type="checkbox"/>
Ultima II	<input type="checkbox"/>	<input type="checkbox"/>
Wet 'n' Wild	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

Number of times used in last 7 days:

	Lipstick	Lip Gloss
14 or more	<input type="checkbox"/>	<input type="checkbox"/>
8 - 13	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>
4 - 6	<input type="checkbox"/>	<input type="checkbox"/>
2 - 3	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

NAIL POLISH/ NAIL CARE PRODUCTS

	Yes	No
Do you use it?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES Brands you use:

	Most Often	Also Use
Almay	<input type="checkbox"/>	<input type="checkbox"/>
Avon	<input type="checkbox"/>	<input type="checkbox"/>
Chanel	<input type="checkbox"/>	<input type="checkbox"/>
Clinique	<input type="checkbox"/>	<input type="checkbox"/>
Cover Girl	<input type="checkbox"/>	<input type="checkbox"/>
Cutex	<input type="checkbox"/>	<input type="checkbox"/>
Estee Lauder	<input type="checkbox"/>	<input type="checkbox"/>
Fashion Fair	<input type="checkbox"/>	<input type="checkbox"/>
L'Oréal	<input type="checkbox"/>	<input type="checkbox"/>
Lancôme	<input type="checkbox"/>	<input type="checkbox"/>
Max Factor	<input type="checkbox"/>	<input type="checkbox"/>
Maybelline	<input type="checkbox"/>	<input type="checkbox"/>
Nicole	<input type="checkbox"/>	<input type="checkbox"/>
O.P.I.	<input type="checkbox"/>	<input type="checkbox"/>
Revlon	<input type="checkbox"/>	<input type="checkbox"/>
Sally Hansen	<input type="checkbox"/>	<input type="checkbox"/>
Wet 'n' Wild	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

Number of times used in last 30 days:

10 or more	<input type="checkbox"/>
7 - 9	<input type="checkbox"/>
5 - 6	<input type="checkbox"/>
2 - 4	<input type="checkbox"/>
1	<input type="checkbox"/>
None	<input type="checkbox"/>

TAMPONS

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES Absorbency you use:

	Most Often	Also Use
Regular	<input type="checkbox"/>	<input type="checkbox"/>
Slender	<input type="checkbox"/>	<input type="checkbox"/>
Super	<input type="checkbox"/>	<input type="checkbox"/>
Super Plus	<input type="checkbox"/>	<input type="checkbox"/>

Kinds you use:

Regular/ Non-Deodorant	<input type="checkbox"/>	<input type="checkbox"/>
Deodorant	<input type="checkbox"/>	<input type="checkbox"/>

Brands you use:

Kotex	<input type="checkbox"/>	<input type="checkbox"/>
O. B.	<input type="checkbox"/>	<input type="checkbox"/>
Playtex	<input type="checkbox"/>	<input type="checkbox"/>
Tampax	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

SANITARY PADS & NAPKINS

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES Types you use:

Regular/ Maxi Pads	<input type="checkbox"/>	<input type="checkbox"/>
Ultra Thin Pads	<input type="checkbox"/>	<input type="checkbox"/>

Forms you use:

Pads With Wings	<input type="checkbox"/>	<input type="checkbox"/>
Pads Without Wings	<input type="checkbox"/>	<input type="checkbox"/>

Kinds you use:

Regular/ Non-Deodorant	<input type="checkbox"/>	<input type="checkbox"/>
Deodorant	<input type="checkbox"/>	<input type="checkbox"/>

Brands you use:

Always	<input type="checkbox"/>	<input type="checkbox"/>
Carefree	<input type="checkbox"/>	<input type="checkbox"/>
Kotex	<input type="checkbox"/>	<input type="checkbox"/>
Maxithins	<input type="checkbox"/>	<input type="checkbox"/>
New Freedom	<input type="checkbox"/>	<input type="checkbox"/>
Stayfree	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

PANTILINERS/ SHIELDS

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES Kinds you use:

Regular/ Non-Deodorant	<input type="checkbox"/>	<input type="checkbox"/>
Deodorant	<input type="checkbox"/>	<input type="checkbox"/>

Length you use:

Regular	<input type="checkbox"/>	<input type="checkbox"/>
Long	<input type="checkbox"/>	<input type="checkbox"/>

Brands you use:

Always Alldays	<input type="checkbox"/>	<input type="checkbox"/>
Carefree	<input type="checkbox"/>	<input type="checkbox"/>
Kotex	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

HOME PREGNANCY TESTS

	Yes	No
Have you used a home pregnancy test in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES Brands you used:

Answer	<input type="checkbox"/>	<input type="checkbox"/>
Clearblue Easy	<input type="checkbox"/>	<input type="checkbox"/>
Confirm	<input type="checkbox"/>	<input type="checkbox"/>
EPT	<input type="checkbox"/>	<input type="checkbox"/>
Fact Plus	<input type="checkbox"/>	<input type="checkbox"/>
First Response	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

YEAST INFECTION PRODUCTS

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES	Most	Also
Types you use:	Often	Use
1 Day Treatment	<input type="checkbox"/>	<input type="checkbox"/>
3 Day Treatment	<input type="checkbox"/>	<input type="checkbox"/>
7 Day Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Brands you use:		
Femstat	<input type="checkbox"/>	<input type="checkbox"/>
Gyne-Lotrimin	<input type="checkbox"/>	<input type="checkbox"/>
Monistat	<input type="checkbox"/>	<input type="checkbox"/>
Mycelex	<input type="checkbox"/>	<input type="checkbox"/>
Vaginex	<input type="checkbox"/>	<input type="checkbox"/>
Vagisil	<input type="checkbox"/>	<input type="checkbox"/>
Vagistat	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

MENSTRUAL & PRE-MENSTRUAL PAIN

Have you had menstrual/ period pain or pre-menstrual syndrome (PMS) in the last 12 months?

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

IF YES

Kinds of products used to relieve the pain:

Non-prescription	<input type="checkbox"/>
Prescription	<input type="checkbox"/>
Both	<input type="checkbox"/>
Did not use a product	<input type="checkbox"/>

NOTE: BOTH MEN AND WOMEN CONTINUE HERE

TOOTHPASTE

	Yes	No
Do you use it?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES	Most	Also
Forms you use:	Often	Use
Paste	<input type="checkbox"/>	<input type="checkbox"/>
Paste/ Gel Combination	<input type="checkbox"/>	<input type="checkbox"/>
Gel	<input type="checkbox"/>	<input type="checkbox"/>
Kinds you use:		
Whitening	<input type="checkbox"/>	<input type="checkbox"/>
Tartar Control	<input type="checkbox"/>	<input type="checkbox"/>
Baking Soda/ Peroxide	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive	<input type="checkbox"/>	<input type="checkbox"/>
Regular	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of times you used in average day
(Only for each brand you use).

	3 or More	2	1	0
Aim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aquafresh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm & Hammer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colgate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of times you used in average day
(Only for each brand you use).

	3 or More	2	1	0
Listerine Essential Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentadent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pepsodent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plus + White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rembrandt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensodyne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tom's Of Maine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultra Brite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOOTHBRUSHES (POWER)

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES	Most	Also
Types you use:	Often	Use
Battery Operated	<input type="checkbox"/>	<input type="checkbox"/>
Electric-Rechargeable	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of times you used in average day
(Only for each brand you use).

	3 or More	2	1	0
Colgate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interplak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral-B Powered by Braun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sonicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOOTHBRUSHES (MANUAL)

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES	Most	Also
Types you use:	Often	Use
Firm Bristle	<input type="checkbox"/>	<input type="checkbox"/>
Medium Bristle	<input type="checkbox"/>	<input type="checkbox"/>
Soft/ Extra Soft Bristle	<input type="checkbox"/>	<input type="checkbox"/>

Handle-type you use:

Straight Handle	<input type="checkbox"/>	<input type="checkbox"/>
Angled Handle	<input type="checkbox"/>	<input type="checkbox"/>

Forms you use:

Full Head	<input type="checkbox"/>	<input type="checkbox"/>
Compact Head	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of times you used in average day
(Only for each brand you use).

	3 or More	2	1	0
Aquafresh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butler G-U-M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colgate Active Angle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colgate Massager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colgate Navigator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colgate Total Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of times you used in average day
(Only for each brand you use).

	3 or More	2	1	0
Colgate Wave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Colgate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentadent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral-B Advantage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral-B Cross Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral-B Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Oral-B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sea-Bond Denture Brush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOUTHWASH/ DENTAL RINSE

	Yes	No
Do you use it?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES

Mark the number of times you used in last 7 days
(Only for each brand you use).

	8 or More	6-7	1-5	0
ACT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cepacol Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cepacol Mint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lavoris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listerine Original (Gold)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listerine Cool Mint (Blue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listerine Freshburst (Green)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Listerine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listermint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentadent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plax Original (Red)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plax Soft Mint (Green)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Plax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rembrandt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scope Original Mint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scope Cool Peppermint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Targon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viadent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DENTURE ADHESIVES & FIXATIVES

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES	Most	Also
Brands you use:	Often	Use
Butler Secure	<input type="checkbox"/>	<input type="checkbox"/>
Effergrip	<input type="checkbox"/>	<input type="checkbox"/>
Fixodent	<input type="checkbox"/>	<input type="checkbox"/>
OraFix	<input type="checkbox"/>	<input type="checkbox"/>
Poli-Grip	<input type="checkbox"/>	<input type="checkbox"/>
Sea-Bond	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

DENTURE CLEANERS

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES

Mark the number of times used in last 7 days
(Only for each brand you use).

	8 or More	7	1-6	0
Ban-A-Stain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efferdent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pepsodent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoker's Polident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stain Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOOTH WHITENERS

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES

Types you use:

	Most Often	Also Use
Strips	<input type="checkbox"/>	<input type="checkbox"/>
Gels	<input type="checkbox"/>	<input type="checkbox"/>

Brands you use:

Colgate Simply White	<input type="checkbox"/>	<input type="checkbox"/>
Crest Night Effects	<input type="checkbox"/>	<input type="checkbox"/>
Crest WhiteStrips	<input type="checkbox"/>	<input type="checkbox"/>
Dr. George's	<input type="checkbox"/>	<input type="checkbox"/>
Mentadent	<input type="checkbox"/>	<input type="checkbox"/>
Natural White	<input type="checkbox"/>	<input type="checkbox"/>
Optiwhite	<input type="checkbox"/>	<input type="checkbox"/>
Plus + White	<input type="checkbox"/>	<input type="checkbox"/>
Rembrandt	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

SHAMPOO (FOR USE AT HOME)

	Yes	No
Do you use it?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES

Kinds you use:

	Most Often	Also Use
For Color Treated or Permed Hair	<input type="checkbox"/>	<input type="checkbox"/>
For Damaged Hair	<input type="checkbox"/>	<input type="checkbox"/>
For Dandruff/ Dry Scalp	<input type="checkbox"/>	<input type="checkbox"/>
For Dry Hair	<input type="checkbox"/>	<input type="checkbox"/>
For Extra Body	<input type="checkbox"/>	<input type="checkbox"/>
For Normal Hair	<input type="checkbox"/>	<input type="checkbox"/>
For Oily Hair	<input type="checkbox"/>	<input type="checkbox"/>
For Silver/ Grey Hair	<input type="checkbox"/>	<input type="checkbox"/>
Combination Shampoo/ Conditioner	<input type="checkbox"/>	<input type="checkbox"/>
All-Purpose/ Regular	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of times you used in last 7 days

(Only for each brand you use).

	8 or More	4-7	1-3	0
Agree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alberto V05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aussie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aveda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath & Body Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biolage by Matrix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Matrix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clairol Herbal Essences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dark & Lovely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denorex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finesse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flex (Revlon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frizz Ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garnier Fructis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head & Shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infusium 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
John Frieda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Johnson's Baby Shampoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'Oréal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neutrogena Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neutrogena Shampoo (Original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neutrogena T-Gel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Neutrogena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nexus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nizoral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pantene Pro-V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paul Mitchell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pert Plus (Regular)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pert Plus Dandruff Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salon Selectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selsun-Blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
St. Ives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermasilk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRESemmé	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Rain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAIR CONDITIONER/ TREATMENT (FOR USE AT HOME)

	Yes	No
Do you use it?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES

Types you use:

	Most Often	Also Use
Deep Conditioning	<input type="checkbox"/>	<input type="checkbox"/>
Extra Body	<input type="checkbox"/>	<input type="checkbox"/>
For Color-Treated or Permed Hair	<input type="checkbox"/>	<input type="checkbox"/>
For Dry Hair	<input type="checkbox"/>	<input type="checkbox"/>
For Normal Hair	<input type="checkbox"/>	<input type="checkbox"/>
For Oily Hair	<input type="checkbox"/>	<input type="checkbox"/>

Forms you use:

Leave In	<input type="checkbox"/>	<input type="checkbox"/>
Regular/ Rinse-Out	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of times you used in last 7 days

(Only for each brand you use).

	7 or More	3-6	1-2	0
Agree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alberto V05 Hot Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Alberto V05 Conditioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aussie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aveda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath & Body Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biolage by Matrix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Matrix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clairol Herbal Essences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dark & Lovely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finesse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flex (Revlon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frizz Ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garnier Fructis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head & Shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infusium 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
John Frieda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'Oréal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neutrogena Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neutrogena Conditioner (Original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Neutrogena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nexus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pantene Pro-V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paul Mitchell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salon Selectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
St. Ives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermasilk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRESemmé	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Rain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAIR SPRAY (MEN'S AND WOMEN'S)

Do you use it? Yes No

IF YES
Types you use:

	Most Often	Also Use
Maximum Hold	<input type="checkbox"/>	<input type="checkbox"/>
Regular Hold	<input type="checkbox"/>	<input type="checkbox"/>
Soft Hold	<input type="checkbox"/>	<input type="checkbox"/>
Super Hold	<input type="checkbox"/>	<input type="checkbox"/>

Kinds you use:

Scented	<input type="checkbox"/>	<input type="checkbox"/>
Unscented	<input type="checkbox"/>	<input type="checkbox"/>

Forms you use:

Aerosol Spray	<input type="checkbox"/>	<input type="checkbox"/>
Pump Spray	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of times you used in last 7 days

(Only for each brand you use).

	7 or More	3-6	1-2	0
Alberto V05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aqua-Net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aussie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath & Body Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biologie by Matrix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clairol Condition 3-in-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clairol Final Net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clairol Herbal Essences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finesse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LA Looks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'Oréal Studio Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nexxus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pantene Pro-V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paul Mitchell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Hold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salon Selectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermasilk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRESemmé	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Rain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAIR STYLING MOUSSE, GELS, SPRITZ, CREAMS, LOTIONS, OR TONIC (MEN'S AND WOMEN'S)

Do you use them? Yes No

IF YES
Types you use:

	Most Often	Also Use
Mousse	<input type="checkbox"/>	<input type="checkbox"/>
Gel	<input type="checkbox"/>	<input type="checkbox"/>
Spritz	<input type="checkbox"/>	<input type="checkbox"/>
Cream	<input type="checkbox"/>	<input type="checkbox"/>
Tonic	<input type="checkbox"/>	<input type="checkbox"/>
Lotion/ Liquid	<input type="checkbox"/>	<input type="checkbox"/>

Number of times you used in last 7 days:

(For each product you use).

	Mousse	Gel	Spritz	Cream	Lotion/ Liquid/ Tonic
14 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 - 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 - 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of times you used in last 7 days

(Only for each brand you use).

	7 or More	3-6	1-2	0
Alberto V05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aussie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aveda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath & Body Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biologie by Matrix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clairol Condition 3-in-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clairol Herbal Essences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finesse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frizz Ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garnier Fructis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groom & Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infusium 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
John Frieda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LA Looks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'Oréal Studio Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lusters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nexxus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pantene Pro-V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paul Mitchell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Hold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salon Selectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sebastian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermasilk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRESemmé	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitalis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Rain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAIR COLORING PRODUCTS (FOR USE AT HOME)

Do you use them? Yes No

IF YES
Types you use:

	Most Often	Also Use
Temporary Rinse	<input type="checkbox"/>	<input type="checkbox"/>
Semi-Permanent Color	<input type="checkbox"/>	<input type="checkbox"/>
Permanent Color	<input type="checkbox"/>	<input type="checkbox"/>
Highlighting, Frosting, Tipping, Streaking Kit	<input type="checkbox"/>	<input type="checkbox"/>
Bleach	<input type="checkbox"/>	<input type="checkbox"/>
Lightener	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of times you used in last 12 months (Only for each brand you use).

	4 or More	2-3	1	0
Clairol Balsam Color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clairol Herbal Essences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clairol Hydrience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clairol Lasting Color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clairol Natural Instincts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clairol Nice'n Easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clairol Textures & Tones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clairol Ultress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miss Clairol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Clairol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creme of Nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dark & Lovely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garnier 100% Color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garnier Nutrisse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Garnier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grecian Formula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Just For Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'Oréal Colorspa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'Oréal Couleur Experte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'Oréal Excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'Oréal Féria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'Oréal Preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other L'Oréal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revlon Colorsilk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revlon High Dimension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Revlon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft Sheen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun In	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOME PERMANENTS & RELAXERS

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES		
Types you use:	Most Often	Also Use
Regular	<input type="checkbox"/>	<input type="checkbox"/>
Body/ Wave	<input type="checkbox"/>	<input type="checkbox"/>
Curly	<input type="checkbox"/>	<input type="checkbox"/>
Extra Curly	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Forms you use:

Cream	<input type="checkbox"/>	<input type="checkbox"/>
Foam	<input type="checkbox"/>	<input type="checkbox"/>
Lotion	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of times you used in last 12 months (Only for each brand you use).

	3 or More	2	1	0
Dark & Lovely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentle-Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'Oréal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lusters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ogilvie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optimum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revlon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEODORANTS & ANTI-PERSPIRANTS

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES		
Types you use:	Most Often	Also Use
Clear/ Invisible	<input type="checkbox"/>	<input type="checkbox"/>
Not Clear (White or Colored)	<input type="checkbox"/>	<input type="checkbox"/>

Forms you use:

Roll-on	<input type="checkbox"/>	<input type="checkbox"/>
Aerosol/ Spray	<input type="checkbox"/>	<input type="checkbox"/>
Solid/ Stick	<input type="checkbox"/>	<input type="checkbox"/>
Gel	<input type="checkbox"/>	<input type="checkbox"/>

Kinds you use:

Scented	<input type="checkbox"/>	<input type="checkbox"/>
Unscented	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of times you used in last 7 days (Only for each brand you use).

	8 or More	7	1-6	0
Adidas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Almay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm & Hammer Ultramax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrid XX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Axe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ban Beautifully Smooth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ban Classic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of times you used in last 7 days (Only for each brand you use).

	8 or More	7	1-6	0
Degree Spectrum Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dove Silk Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry Idea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gillette Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lady Mitchum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mitchum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Spice Classic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Spice High Endurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Spice Red Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Guard Sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Guard Xtreme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secret Platinum Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secret Sheer Dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft & Dri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lady Speed Stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed Stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed Stick 24-7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed Stick Power of Nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed Stick Ultimate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suave Naturals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suave Performance Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suave Ultimate Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sure Advantage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACIAL CLEANSING & MEDICATED PRODUCTS

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES		
Types you use:	Most Often	Also Use
Astringent/ Toner/ Freshener	<input type="checkbox"/>	<input type="checkbox"/>
Cleansing Cloths	<input type="checkbox"/>	<input type="checkbox"/>
Cream	<input type="checkbox"/>	<input type="checkbox"/>
Foaming Face Wash	<input type="checkbox"/>	<input type="checkbox"/>
Gel	<input type="checkbox"/>	<input type="checkbox"/>
Lotion	<input type="checkbox"/>	<input type="checkbox"/>
Masks	<input type="checkbox"/>	<input type="checkbox"/>
Medicated Pads	<input type="checkbox"/>	<input type="checkbox"/>
Pore Strips	<input type="checkbox"/>	<input type="checkbox"/>
Scrubs	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Reasons you use:

Acne Care	<input type="checkbox"/>	<input type="checkbox"/>
Anti-Aging	<input type="checkbox"/>	<input type="checkbox"/>
Facial Cleansing	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of times you used in last 7 days (Only for each brand you use).

	7 or More	4-6	1-3	None
Almay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alpha Hydrox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aveeno	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath & Body Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bioré	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cetaphil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean & Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clearasil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elizabeth Arden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estee Lauder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lancôme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'Oréal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mary Kay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature's Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neutrogena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nivea Visage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noxzema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Olay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pHisoDerm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pond's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revlon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sea Breeze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
St. Ives Swiss Formula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stridex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of times used in last 7 days:

	Facial Cleansing Creams/ Lotions Gels/ Scrubs	Acne Care Remedies	Astringents/ Toners/ Fresheners
14 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 - 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 - 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOISTURIZERS/ CREAMS/ LOTIONS

Do you use them? **Yes** **No**

IF YES Types you use:

	Most Often	Also Use
Cream	<input type="checkbox"/>	<input type="checkbox"/>
Lotion	<input type="checkbox"/>	<input type="checkbox"/>
Oil	<input type="checkbox"/>	<input type="checkbox"/>
Spray	<input type="checkbox"/>	<input type="checkbox"/>
Tinted	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Forms you use:

Anti-Bacterial	<input type="checkbox"/>	<input type="checkbox"/>
Regular	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive Skin	<input type="checkbox"/>	<input type="checkbox"/>
With Sunscreen/ Sunblock	<input type="checkbox"/>	<input type="checkbox"/>
Without Sunscreen/ Sunblock	<input type="checkbox"/>	<input type="checkbox"/>

Brands you use:

Almay	<input type="checkbox"/>	<input type="checkbox"/>
Alpha Hydrox	<input type="checkbox"/>	<input type="checkbox"/>
Aquaphor	<input type="checkbox"/>	<input type="checkbox"/>
Aveeno	<input type="checkbox"/>	<input type="checkbox"/>
Avon	<input type="checkbox"/>	<input type="checkbox"/>
Bath & Body Works	<input type="checkbox"/>	<input type="checkbox"/>
Biore	<input type="checkbox"/>	<input type="checkbox"/>
The Body Shop	<input type="checkbox"/>	<input type="checkbox"/>
Burt's Bees	<input type="checkbox"/>	<input type="checkbox"/>
Caress	<input type="checkbox"/>	<input type="checkbox"/>
Cetaphil	<input type="checkbox"/>	<input type="checkbox"/>
Clarins	<input type="checkbox"/>	<input type="checkbox"/>
Clean & Clear	<input type="checkbox"/>	<input type="checkbox"/>
Clinique	<input type="checkbox"/>	<input type="checkbox"/>
Curel	<input type="checkbox"/>	<input type="checkbox"/>
Dove	<input type="checkbox"/>	<input type="checkbox"/>
Elizabeth Arden	<input type="checkbox"/>	<input type="checkbox"/>
Estee Lauder	<input type="checkbox"/>	<input type="checkbox"/>
Eucerin	<input type="checkbox"/>	<input type="checkbox"/>
Fruit of the Earth	<input type="checkbox"/>	<input type="checkbox"/>
Jergens	<input type="checkbox"/>	<input type="checkbox"/>
Johnson & Johnson	<input type="checkbox"/>	<input type="checkbox"/>
Keri	<input type="checkbox"/>	<input type="checkbox"/>
Lancôme	<input type="checkbox"/>	<input type="checkbox"/>
L'Oréal	<input type="checkbox"/>	<input type="checkbox"/>
Lubriderm	<input type="checkbox"/>	<input type="checkbox"/>
Mary Kay	<input type="checkbox"/>	<input type="checkbox"/>
Neutrogena	<input type="checkbox"/>	<input type="checkbox"/>
Nivea	<input type="checkbox"/>	<input type="checkbox"/>
Olay	<input type="checkbox"/>	<input type="checkbox"/>
Pond's	<input type="checkbox"/>	<input type="checkbox"/>
Purpose	<input type="checkbox"/>	<input type="checkbox"/>
Revlon	<input type="checkbox"/>	<input type="checkbox"/>
Roc	<input type="checkbox"/>	<input type="checkbox"/>
Shiseido	<input type="checkbox"/>	<input type="checkbox"/>
St. Ives Swiss Formula	<input type="checkbox"/>	<input type="checkbox"/>
Suave	<input type="checkbox"/>	<input type="checkbox"/>
Vaseline Intensive Care	<input type="checkbox"/>	<input type="checkbox"/>
Vaseline Petroleum Jelly	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

Number of times used in last 7 days:

14 or more
 8 - 13
 7
 4 - 6
 2 - 3
 1
 None

CONDOMS

Do you use them? **Yes** **No**

IF YES Types you use:

	Most Often	Also Use
Latex	<input type="checkbox"/>	<input type="checkbox"/>
Natural Skin	<input type="checkbox"/>	<input type="checkbox"/>

Brands you use:

Class Act	<input type="checkbox"/>	<input type="checkbox"/>
Durex (Gold Coin, Ramses, Sheik)	<input type="checkbox"/>	<input type="checkbox"/>
Lifestyles	<input type="checkbox"/>	<input type="checkbox"/>
NaturalLamb	<input type="checkbox"/>	<input type="checkbox"/>
Trojan Her Pleasure	<input type="checkbox"/>	<input type="checkbox"/>
Trojan Magnum	<input type="checkbox"/>	<input type="checkbox"/>
Other Trojan	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

HAIR REMOVAL (BLEACH, DEPILATORIES, WAXING)

Do you use them? **Yes** **No**

IF YES Types you use:

	Most Often	Also Use
Bleach	<input type="checkbox"/>	<input type="checkbox"/>
Cream	<input type="checkbox"/>	<input type="checkbox"/>
Gel	<input type="checkbox"/>	<input type="checkbox"/>
Lotion	<input type="checkbox"/>	<input type="checkbox"/>
Wax	<input type="checkbox"/>	<input type="checkbox"/>

Brands you use:

Aussie Nad's	<input type="checkbox"/>	<input type="checkbox"/>
Epil-Stop	<input type="checkbox"/>	<input type="checkbox"/>
Hair-Off	<input type="checkbox"/>	<input type="checkbox"/>
Jolen	<input type="checkbox"/>	<input type="checkbox"/>
Nair	<input type="checkbox"/>	<input type="checkbox"/>
One Touch	<input type="checkbox"/>	<input type="checkbox"/>
Sally Hansen	<input type="checkbox"/>	<input type="checkbox"/>
Surgi-Wax/ Surgi-Cream/ Surgi-Lotion	<input type="checkbox"/>	<input type="checkbox"/>
Veet	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

SHAVING CREAM OR GEL

Do you use it? **Yes** **No**

IF YES Types you use:

	Most Often	Also Use
Regular	<input type="checkbox"/>	<input type="checkbox"/>
Medicated	<input type="checkbox"/>	<input type="checkbox"/>
Moisturizing/ Conditioning	<input type="checkbox"/>	<input type="checkbox"/>
For Sensitive Skin	<input type="checkbox"/>	<input type="checkbox"/>
For Tough Beards	<input type="checkbox"/>	<input type="checkbox"/>

Kinds you use:

Aloe/ Lanolin	<input type="checkbox"/>	<input type="checkbox"/>
Lemon/ Lime	<input type="checkbox"/>	<input type="checkbox"/>
Menthol	<input type="checkbox"/>	<input type="checkbox"/>
Musk	<input type="checkbox"/>	<input type="checkbox"/>
Spice	<input type="checkbox"/>	<input type="checkbox"/>
Unscented	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Forms you use:

Aerosol - Foam	<input type="checkbox"/>	<input type="checkbox"/>
Aerosol - Gel	<input type="checkbox"/>	<input type="checkbox"/>
Mug	<input type="checkbox"/>	<input type="checkbox"/>
Tube	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Brands you use:

Aveeno	<input type="checkbox"/>	<input type="checkbox"/>
Barbasol	<input type="checkbox"/>	<input type="checkbox"/>
Colgate	<input type="checkbox"/>	<input type="checkbox"/>
Edge Gel	<input type="checkbox"/>	<input type="checkbox"/>
Gillette Foamy	<input type="checkbox"/>	<input type="checkbox"/>
Gillette Satin Care	<input type="checkbox"/>	<input type="checkbox"/>
Gillette Series	<input type="checkbox"/>	<input type="checkbox"/>
Other Gillette	<input type="checkbox"/>	<input type="checkbox"/>
Neutrogena	<input type="checkbox"/>	<input type="checkbox"/>
Noxzema	<input type="checkbox"/>	<input type="checkbox"/>
Old Spice	<input type="checkbox"/>	<input type="checkbox"/>
Skintimate	<input type="checkbox"/>	<input type="checkbox"/>
Soft Shave	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

Number of times used in last 7 days:

14 or more
 8 - 13
 7
 6
 4 - 5
 2 - 3
 1
 None

**RAZOR BLADES
(FOR NON-DISPOSABLE SHAVERS)**

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES	Most	Also
Types you use:	Often	Use
Single	<input type="checkbox"/>	<input type="checkbox"/>
Double	<input type="checkbox"/>	<input type="checkbox"/>
Triple	<input type="checkbox"/>	<input type="checkbox"/>
Quad	<input type="checkbox"/>	<input type="checkbox"/>

Mark the number of times you shaved with a blade shaver in the last 7 days (Only for each brand you use).

	5 or more	3-4	1-2	None
Gillette Atra/ Atra Plus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gillette MACH 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gillette MACH 3 Turbo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gillette M3 Power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gillette Sensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gillette Sensor 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gillette Sensor For Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gillette Sensor Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gillette Sensor Excel for Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gillette Trac II/ Trac II Plus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gillette Venus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gillette Venus Divine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Gillette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noxzema Skin Fitness K-3 Triple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Spice High Endurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personna Acti-Flexxx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personna Tri-Flexxx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schick Fx/ Diamond/ Sports/ Track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schick Personal Touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schick Protector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schick Silk Effects/ Silk Effects Plus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schick Tracer Fx Sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schick Xtreme3 Refillable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schick Intuition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schick Quattro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Schick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISPOSABLE RAZORS/ SHAVERS

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES
Mark the number of times you shaved with a disposable shaver in the last 7 days (Only for each brand you use).

	5 or more	3-4	1-2	None
Bic Comfort Twin/ Softwin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bic Comfort 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bic Soleil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Bic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gillette Agility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gillette Custom Plus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gillette Daisy/ Daisy Plus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gillette Good News	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gillette Sensor 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noxzema Skin Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Spice High Endurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personna Flicker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schick ST Disposable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schick Xtreme3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ELECTRIC & BATTERY SHAVERS

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES	Most	Also
Types you use:	Often	Use
Foil	<input type="checkbox"/>	<input type="checkbox"/>
Rotary	<input type="checkbox"/>	<input type="checkbox"/>

Brands you use:

Braun	<input type="checkbox"/>	<input type="checkbox"/>
Conair	<input type="checkbox"/>	<input type="checkbox"/>
EpiLady	<input type="checkbox"/>	<input type="checkbox"/>
Norelco	<input type="checkbox"/>	<input type="checkbox"/>
Panasonic	<input type="checkbox"/>	<input type="checkbox"/>
Remington	<input type="checkbox"/>	<input type="checkbox"/>
Wahl	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

Number of times shaved with electric or battery shaver in last 7 days:

14 or more	<input type="checkbox"/>
8 - 13	<input type="checkbox"/>
7	<input type="checkbox"/>
6	<input type="checkbox"/>
5	<input type="checkbox"/>
4	<input type="checkbox"/>
3	<input type="checkbox"/>
2	<input type="checkbox"/>
1	<input type="checkbox"/>
None	<input type="checkbox"/>

**SUNTAN/ SUNSCREEN, AFTER SUN
AND SUNLESS TANNING PRODUCTS
(APPLIED TO THE SKIN)**

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES
Types you use:

	Most	Also
	Often	Use
Sun Block (SPF 15+)	<input type="checkbox"/>	<input type="checkbox"/>
Tan Accelerator	<input type="checkbox"/>	<input type="checkbox"/>
Sun Screen (SPF 5-14)	<input type="checkbox"/>	<input type="checkbox"/>
Tan Magnifier	<input type="checkbox"/>	<input type="checkbox"/>
Sun Tan (SPF 0-4)	<input type="checkbox"/>	<input type="checkbox"/>
Zinc Oxide	<input type="checkbox"/>	<input type="checkbox"/>
Sunless Tan	<input type="checkbox"/>	<input type="checkbox"/>
After Sun Products	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Brands you use:

	Suntan (SPF 0-4)	Sunscreen/ Sunblock (SPF 5+)	Sunless Tan
Aloe Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bain de Soleil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banana Boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath & Body Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullfrog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coppertone (Original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coppertone Shade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coppertone Sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Coppertone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endless Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estee Lauder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hawaiian Tropic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Johnson's Baby Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lancôme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'Oreal Dermo-Expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neutrogena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No-Ad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ocean Potion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sea & Ski	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sundown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tropical Blend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaseline Intensive Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of bottles/ tubes used in last 12 months:

	Suntan/ Sunscreen Lotion	After Sun	Sunless Tan
4 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER SHAVE LOTION & COLOGNE

Do you use them or buy them for someone else? **Yes** **No**

IF YES

Types used or bought for someone else in last 12 months:

	You Used	Bought for Someone Else
After Shave Lotion	<input type="checkbox"/>	<input type="checkbox"/>
Cologne	<input type="checkbox"/>	<input type="checkbox"/>

Brands used or bought for someone in last 12 months:

Adidas Moves	<input type="checkbox"/>	<input type="checkbox"/>
Afta	<input type="checkbox"/>	<input type="checkbox"/>
Aqua Velva	<input type="checkbox"/>	<input type="checkbox"/>
Aramis	<input type="checkbox"/>	<input type="checkbox"/>
Aspen	<input type="checkbox"/>	<input type="checkbox"/>
Avon	<input type="checkbox"/>	<input type="checkbox"/>
Bod	<input type="checkbox"/>	<input type="checkbox"/>
British Sterling	<input type="checkbox"/>	<input type="checkbox"/>
Brut	<input type="checkbox"/>	<input type="checkbox"/>
Calvin Klein	<input type="checkbox"/>	<input type="checkbox"/>
Chanel	<input type="checkbox"/>	<input type="checkbox"/>
Christian Dior	<input type="checkbox"/>	<input type="checkbox"/>
Cool Water	<input type="checkbox"/>	<input type="checkbox"/>
Drakkar Noir	<input type="checkbox"/>	<input type="checkbox"/>
English Leather	<input type="checkbox"/>	<input type="checkbox"/>
Estee Lauder	<input type="checkbox"/>	<input type="checkbox"/>
Fahrenheit	<input type="checkbox"/>	<input type="checkbox"/>
Gillette Series	<input type="checkbox"/>	<input type="checkbox"/>
Giorgio Armani	<input type="checkbox"/>	<input type="checkbox"/>
Givenchy	<input type="checkbox"/>	<input type="checkbox"/>
Grey Flannel	<input type="checkbox"/>	<input type="checkbox"/>
Halston	<input type="checkbox"/>	<input type="checkbox"/>
Jovan Musk Oil	<input type="checkbox"/>	<input type="checkbox"/>
Karl Lagerfeld	<input type="checkbox"/>	<input type="checkbox"/>
Kenneth Cole	<input type="checkbox"/>	<input type="checkbox"/>
Lancôme	<input type="checkbox"/>	<input type="checkbox"/>
Mennen Skin Bracer	<input type="checkbox"/>	<input type="checkbox"/>
Nautica	<input type="checkbox"/>	<input type="checkbox"/>
Nivea for Men	<input type="checkbox"/>	<input type="checkbox"/>
Old Spice	<input type="checkbox"/>	<input type="checkbox"/>
Pierre Cardin	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Stock	<input type="checkbox"/>	<input type="checkbox"/>
Ralph Lauren	<input type="checkbox"/>	<input type="checkbox"/>
Stetson	<input type="checkbox"/>	<input type="checkbox"/>
Tommy Hilfiger	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

Number of times you used each in last 7 days:
(If you use after shave lotion or cologne).

	After Shave Lotion	Cologne
14 or more	<input type="checkbox"/>	<input type="checkbox"/>
8 - 13	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>
4 - 6	<input type="checkbox"/>	<input type="checkbox"/>
2 - 3	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

PERFUME, COLOGNE & TOILET WATER

Do you use them or do you buy them for someone else? **Yes** **No**

IF YES

Types used or bought for someone in last 12 months:

Types Used:	Used	Bought for Someone Else
Body Spray	<input type="checkbox"/>	<input type="checkbox"/>
Cologne	<input type="checkbox"/>	<input type="checkbox"/>
Perfume	<input type="checkbox"/>	<input type="checkbox"/>
Toilet Water	<input type="checkbox"/>	<input type="checkbox"/>

Kinds Used:

Liquid	<input type="checkbox"/>	<input type="checkbox"/>
Spray	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Brands used/ bought for someone else in last 12 months:

Adidas Moves	<input type="checkbox"/>	<input type="checkbox"/>
Anais Anais	<input type="checkbox"/>	<input type="checkbox"/>
Avon	<input type="checkbox"/>	<input type="checkbox"/>
Bath & Body Works	<input type="checkbox"/>	<input type="checkbox"/>
BCBG	<input type="checkbox"/>	<input type="checkbox"/>
Calvin Klein	<input type="checkbox"/>	<input type="checkbox"/>
Chanel	<input type="checkbox"/>	<input type="checkbox"/>
Chantilly	<input type="checkbox"/>	<input type="checkbox"/>
Chloe	<input type="checkbox"/>	<input type="checkbox"/>
Christian Dior	<input type="checkbox"/>	<input type="checkbox"/>
Clinique	<input type="checkbox"/>	<input type="checkbox"/>
Cool Water	<input type="checkbox"/>	<input type="checkbox"/>
Elizabeth Arden	<input type="checkbox"/>	<input type="checkbox"/>
Elizabeth Taylor	<input type="checkbox"/>	<input type="checkbox"/>
Estee Lauder	<input type="checkbox"/>	<input type="checkbox"/>
Fendi	<input type="checkbox"/>	<input type="checkbox"/>
Giorgio Armani	<input type="checkbox"/>	<input type="checkbox"/>
Givenchy	<input type="checkbox"/>	<input type="checkbox"/>
Glow by Jlo	<input type="checkbox"/>	<input type="checkbox"/>
Gucci	<input type="checkbox"/>	<input type="checkbox"/>
Guerlain Shalimar	<input type="checkbox"/>	<input type="checkbox"/>
Halston	<input type="checkbox"/>	<input type="checkbox"/>
Healing Garden	<input type="checkbox"/>	<input type="checkbox"/>
Jean Naté	<input type="checkbox"/>	<input type="checkbox"/>
Jovan	<input type="checkbox"/>	<input type="checkbox"/>
Kenneth Cole	<input type="checkbox"/>	<input type="checkbox"/>
Lady Stetson	<input type="checkbox"/>	<input type="checkbox"/>
Lancôme	<input type="checkbox"/>	<input type="checkbox"/>
Liz Claiborne	<input type="checkbox"/>	<input type="checkbox"/>
Miracle	<input type="checkbox"/>	<input type="checkbox"/>
Navy	<input type="checkbox"/>	<input type="checkbox"/>
Nina Ricci	<input type="checkbox"/>	<input type="checkbox"/>
Ohm by Olay	<input type="checkbox"/>	<input type="checkbox"/>
Oscar De La Renta	<input type="checkbox"/>	<input type="checkbox"/>
Ralph Lauren	<input type="checkbox"/>	<input type="checkbox"/>
Revlon	<input type="checkbox"/>	<input type="checkbox"/>
Tommy Hilfiger	<input type="checkbox"/>	<input type="checkbox"/>

Brands used/ bought for someone else in last 12 months:

	Used	Bought for Someone Else
Vanderbilt	<input type="checkbox"/>	<input type="checkbox"/>
Vanilla Fields	<input type="checkbox"/>	<input type="checkbox"/>
Vera Wang	<input type="checkbox"/>	<input type="checkbox"/>
Victoria's Secret	<input type="checkbox"/>	<input type="checkbox"/>
White Shoulders	<input type="checkbox"/>	<input type="checkbox"/>
Wings	<input type="checkbox"/>	<input type="checkbox"/>
Yves St. Laurent	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

Number of times used for each type in last 7 days: (If you use perfume, cologne, or toilet water).

	Perfume	Cologne or Toilet Water
14 or more	<input type="checkbox"/>	<input type="checkbox"/>
8 - 13	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>
4 - 6	<input type="checkbox"/>	<input type="checkbox"/>
2 - 3	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH & MEDICINE



**WATCHING YOUR DIET
(FOR HEALTH OR WEIGHT)**

Are you presently watching your diet? **Yes** **No**

IF YES
Indicate the reason for watching your diet.
(Mark as many as apply)

- Blood Sugar Level
- Calcium Intake
- Cholesterol Level
- Diabetes
- Fat Intake
- Food Allergy
- Heart Disease
- Hypertension
- Lactose Intolerance
- Salt Intake
- To Gain Weight
- To Lose Weight
- To Maintain Weight
- Other

Indicate which non-prescription products or methods, if any, you have used or participated in.
(Mark all that apply)

- Meal Replacement
- Pills
- Reducing Candies
- Diet Center
- Jenny Craig
- NutriSystem
- Weight Watchers
- Other Club/ Diet Clinic
- Online Diet Club
- Other
- Do not use any non-prescription product or method

Indicate which type of food products you buy when watching your diet:

- Fat-Free/ Non-Fat
- Low Fat
- Low Calorie
- Low Carb
- Sugar-Free
- Low Sugar
- Low Cholesterol
- Low Sodium
- High Fiber
- Lactose-Free
- Natural or Organic

**VITAMIN/ MINERAL TABLETS,
CAPSULES OR LIQUIDS
(NON-PRESCRIPTION)**

Do you use them? **Yes** **No**

IF YES
Types you use: **Most Often** **Also Use**

- Multiple Formula
- A
- B-12
- B Complex
- B Complex with C (Stress formula)
- C
- D
- E
- Amino Acids
- Antioxidants
- Beta Carotene
- Calcium Supplement
- Dietary Supplements
- Fish Oil Supplement
- Garlic Supplements
- Herbal Supplements
- High Potency
- Iron Supplement
- Other Minerals
- Prenatal
- Stress Formula
- Other

Brands you use:

- Caltrate
- Centrum
- Centrum Performance
- Centrum Silver
- Citracal
- Essential Balance By Nature Made
- Other Nature Made
- General Nutrition Center (GNC)
- Geritol
- Mag Ox
- Olay Vitamins Tabs/ Caps
- One-a-Day 50+
- One-a-Day Active
- One-a-Day Essential
- One-a-Day Maximum Formula
- One-a-Day Men's Formula
- One-a-Day Today
- One-a-Day Women's Formula
- One Source
- Os-Cal
- Schiff
- Shaklee
- Slow Mag

Brands you use:	Most Often	Also Use
Solgar	<input type="checkbox"/>	<input type="checkbox"/>
Sundown	<input type="checkbox"/>	<input type="checkbox"/>
Theragran	<input type="checkbox"/>	<input type="checkbox"/>
Theragran Heart Right	<input type="checkbox"/>	<input type="checkbox"/>
Theragran M	<input type="checkbox"/>	<input type="checkbox"/>
TwinLab	<input type="checkbox"/>	<input type="checkbox"/>
Viactiv	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

How often did you take vitamin/ mineral tablets, capsules or liquids in the last 30 days?

- More than once a day
- Once a day
- 1 to 3 times a week
- 1 to 3 times a month
- Never in last month

COLD, ALLERGY & SINUS REMEDIES (NON-PRESCRIPTION)

Do you use them? **Yes** **No**

IF YES

Formula you use:

4 - 6 hours
 12 hours
 Other

Number of times you used each type of non-prescription remedy in last 12 months:

(Only for each type you use)

	13 or More	7-12	1-6	0
Allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinus Condition	<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"/>

Brands you use:	Most Often	Also Use
Actifed Cold & Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Actifed Cold & Sinus	<input type="checkbox"/>	<input type="checkbox"/>
Advil Cold & Sinus	<input type="checkbox"/>	<input type="checkbox"/>
Afrin	<input type="checkbox"/>	<input type="checkbox"/>
Alka-Seltzer Plus Cold Medicine	<input type="checkbox"/>	<input type="checkbox"/>
Alka-Seltzer Plus Cough & Cold	<input type="checkbox"/>	<input type="checkbox"/>
Alka-Seltzer Plus Flu	<input type="checkbox"/>	<input type="checkbox"/>
Alka-Seltzer Plus Night Time Cold	<input type="checkbox"/>	<input type="checkbox"/>
Alavert	<input type="checkbox"/>	<input type="checkbox"/>
Benadryl Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Benadryl Allergy & Sinus	<input type="checkbox"/>	<input type="checkbox"/>
Benadryl Allergy/ Cold	<input type="checkbox"/>	<input type="checkbox"/>
Other Benadryl	<input type="checkbox"/>	<input type="checkbox"/>
Chlor-Trimetron	<input type="checkbox"/>	<input type="checkbox"/>
Claritin	<input type="checkbox"/>	<input type="checkbox"/>
Cold-Eeze	<input type="checkbox"/>	<input type="checkbox"/>
Comtrex Acute Head Cold	<input type="checkbox"/>	<input type="checkbox"/>
Comtrex Allergy/ Sinus	<input type="checkbox"/>	<input type="checkbox"/>
Comtrex Cold & Cough Relief	<input type="checkbox"/>	<input type="checkbox"/>
Comtrex Deep Chest Cold	<input type="checkbox"/>	<input type="checkbox"/>
Comtrex Flu Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Comtrex Sinus & Nasal	<input type="checkbox"/>	<input type="checkbox"/>
Contac Cold	<input type="checkbox"/>	<input type="checkbox"/>
Contac Day & Night	<input type="checkbox"/>	<input type="checkbox"/>
Contac Severe Cold & Flu	<input type="checkbox"/>	<input type="checkbox"/>
Other Contac	<input type="checkbox"/>	<input type="checkbox"/>
Coricidin Chest Congestion & Cough	<input type="checkbox"/>	<input type="checkbox"/>
Coricidin Cold & Cough	<input type="checkbox"/>	<input type="checkbox"/>

Brands you use:

	Most Often	Also Use
Coricidin Cold & Flu	<input type="checkbox"/>	<input type="checkbox"/>
Coricidin D	<input type="checkbox"/>	<input type="checkbox"/>
Coricidin Maximum Strength Flu	<input type="checkbox"/>	<input type="checkbox"/>
Dimetapp 12-Hour Non-Drowsy Extentabs	<input type="checkbox"/>	<input type="checkbox"/>
Dimetapp Cold & Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Dimetapp Cold & Congestion	<input type="checkbox"/>	<input type="checkbox"/>
Dimetapp Decongestant	<input type="checkbox"/>	<input type="checkbox"/>
Dristan	<input type="checkbox"/>	<input type="checkbox"/>
Drixoral Cold & Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Drixoral Nasal Decongestant	<input type="checkbox"/>	<input type="checkbox"/>
Motrin IB Sinus	<input type="checkbox"/>	<input type="checkbox"/>
Nasal crom	<input type="checkbox"/>	<input type="checkbox"/>
Robitussin Cold Formula	<input type="checkbox"/>	<input type="checkbox"/>
Robitussin Flu	<input type="checkbox"/>	<input type="checkbox"/>
Robitussin Honey Cold	<input type="checkbox"/>	<input type="checkbox"/>
Robitussin Honey Flu	<input type="checkbox"/>	<input type="checkbox"/>
Robitussin Night Relief Formula	<input type="checkbox"/>	<input type="checkbox"/>
Other Robitussin	<input type="checkbox"/>	<input type="checkbox"/>
Sine-Aid	<input type="checkbox"/>	<input type="checkbox"/>
Sine-Off	<input type="checkbox"/>	<input type="checkbox"/>
Sinutab Non-Drying	<input type="checkbox"/>	<input type="checkbox"/>
Sinutab Sinus	<input type="checkbox"/>	<input type="checkbox"/>
Sinutab Sinus Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Sudafed 12-Hour Cold	<input type="checkbox"/>	<input type="checkbox"/>
Sudafed 24-Hour	<input type="checkbox"/>	<input type="checkbox"/>
Sudafed Cold & Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Sudafed Cold & Sinus	<input type="checkbox"/>	<input type="checkbox"/>
Sudafed Nasal Decongestant	<input type="checkbox"/>	<input type="checkbox"/>
Sudafed Sinus	<input type="checkbox"/>	<input type="checkbox"/>
Other Sudafed	<input type="checkbox"/>	<input type="checkbox"/>
Tavist D	<input type="checkbox"/>	<input type="checkbox"/>
Theraflu	<input type="checkbox"/>	<input type="checkbox"/>
Triaminic	<input type="checkbox"/>	<input type="checkbox"/>
Tylenol Allergy/ Sinus	<input type="checkbox"/>	<input type="checkbox"/>
Tylenol Cold	<input type="checkbox"/>	<input type="checkbox"/>
Tylenol Flu	<input type="checkbox"/>	<input type="checkbox"/>
Tylenol Sinus	<input type="checkbox"/>	<input type="checkbox"/>
Vicks DayQuil	<input type="checkbox"/>	<input type="checkbox"/>
Vicks Formula 44	<input type="checkbox"/>	<input type="checkbox"/>
Vicks NyQuil	<input type="checkbox"/>	<input type="checkbox"/>
Vicks VapoRub	<input type="checkbox"/>	<input type="checkbox"/>
Zicam	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

HEADACHE & PAIN RELIEVERS (NON-PRESCRIPTION)

Do you use them? **Yes** **No**

IF YES

Types you use:

Regular Strength **Most Often** **Also Use**
 Extra/ Maximum Strength
 Migraine
 Nighttime

Forms you use:

Caplet
 Gel Caps
 Gel Tabs/ Liqui-Gels
 Liquid
 Tablet/ Pill/ Powder
 Other

Brands you use:

Advil	<input type="checkbox"/>	<input type="checkbox"/>
Aleve	<input type="checkbox"/>	<input type="checkbox"/>
Alka-Seltzer	<input type="checkbox"/>	<input type="checkbox"/>
Anacin	<input type="checkbox"/>	<input type="checkbox"/>
Ascriptin	<input type="checkbox"/>	<input type="checkbox"/>
Bayer Aspirin	<input type="checkbox"/>	<input type="checkbox"/>
BC	<input type="checkbox"/>	<input type="checkbox"/>
Benadryl	<input type="checkbox"/>	<input type="checkbox"/>
Bufferin	<input type="checkbox"/>	<input type="checkbox"/>
Doan's	<input type="checkbox"/>	<input type="checkbox"/>
Ecotrin	<input type="checkbox"/>	<input type="checkbox"/>
Equate	<input type="checkbox"/>	<input type="checkbox"/>
Excedrin	<input type="checkbox"/>	<input type="checkbox"/>
Goody's	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprin	<input type="checkbox"/>	<input type="checkbox"/>
Midol	<input type="checkbox"/>	<input type="checkbox"/>
Motrin IB	<input type="checkbox"/>	<input type="checkbox"/>
Pamprin	<input type="checkbox"/>	<input type="checkbox"/>
St. Joseph	<input type="checkbox"/>	<input type="checkbox"/>
Tylenol	<input type="checkbox"/>	<input type="checkbox"/>
Tylenol 8-Hour	<input type="checkbox"/>	<input type="checkbox"/>
Vanquish	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

What do you use them for?

(Mark as many as apply)

Arthritis or Rheumatism	<input type="checkbox"/>
Backaches	<input type="checkbox"/>
Other Muscle or Body Aches	<input type="checkbox"/>
Colds, Flu or Fever	<input type="checkbox"/>
Heart Attack Prevention	<input type="checkbox"/>
Menstrual or Period Pain	<input type="checkbox"/>
Migraine Headaches	<input type="checkbox"/>
Regular Headaches	<input type="checkbox"/>
Sinus/ Allergies	<input type="checkbox"/>
Sleeplessness	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>
Stroke Prevention	<input type="checkbox"/>
Other	<input type="checkbox"/>

Continued on next page

Number of times used in last 30 days:

- Once a day or more often
- 2 or 3 times a week
- Once a week
- 2 or 3 times a month
- Once a month
- Never in last month

HEARTBURN, INDIGESTION AIDS, ANTI-NAUSEA, UPSET STOMACH & DIARRHEA REMEDIES (NON-PRESCRIPTION)

Do you use them? **Yes** **No**

IF YES Types you use: Most Often Also Use

- Caplets
- Liquid - Regular
- Liquid - Extra Strength
- Seltzer (Tablet or Powder)
- Chewable Tablet
- Regular Strength Tablet
- Extra Strength Tablet
- Other

Kinds you use:

- Non-Flavored
- Fruit Flavored
- Mint Flavored

Brands you use:

- Alka-Seltzer
- Beano
- Dramamine
- GasAid
- Gas-X
- Gaviscon
- Imodium
- Kaopectate
- Maalox
- Mylanta
- Mylicon
- Pepcid AC/ Pepcid Complete
- Pepto-Bismol
- Phazyme
- Phillips Milk of Magnesia
- Prilosec
- Roloids
- Tagamet HB
- Turns
- Zantac 75
- Store Brand
- Other Brands

What do you use them for? (Mark as many as apply)

- Acid Reflux
- Diarrhea
- Gas
- Heartburn
- Indigestion
- Stress
- Ulcer
- Upset Stomach
- Other

Number of times used in last 6 months:

- Once a day or more often
- 2 or 3 times a week
- Once a week
- 2 or 3 times a month
- Once a month
- Less than once a month
- Never in last 6 months

LAXATIVES (NON-PRESCRIPTION)

Do you use them? **Yes** **No**

IF YES Types you use: Most Often Also Use

- Liquid
- Pill/ Tablet
- Chewables
- Gelcaps
- Powder (Mix With Water)
- Wafer
- Other

Brands you use:

- Benefiber
- Citrucel
- Colace
- Correctol
- Dulcolax
- Ex-Lax
- Fiber Choice
- FiberCon
- Fleet
- Freelax
- Gentlax
- Metamucil
- Peri-Colace
- Phillips Milk of Magnesia
- Senokot
- Surfac
- Store Brand
- Other Brands

Number of times used in last 6 months:

- Once a day or more often
- 2 or 3 times a week
- Once a week
- 2 or 3 times a month
- Once a month
- Less than once a month
- Never in last 6 months

COUGH SYRUPS (NON-PRESCRIPTION)

Do you use them? **Yes** **No**

IF YES Types you use: Most Often Also Use

- Cough Suppressant
- Decongestant
- Expectorant

Brands you use:

- Benylin
- Buckley's Cough & Cold DM
- Halls
- Robitussin
- Triaminic
- Tylenol
- Vicks 44 Cough
- Vicks NyQuil Cough
- Store Brand
- Other Brands

The last time you used a cough syrup, how often did you use it?

- 4 times a day or more
- 2 or 3 times a day
- Once a day
- Less than once a day

**SORE THROAT PRODUCTS
(NON-PRESCRIPTION)
(EXCLUDING COUGH SYRUPS)**

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES Types you use:	Most Often	Also Use
Drops	<input type="checkbox"/>	<input type="checkbox"/>
Liquid	<input type="checkbox"/>	<input type="checkbox"/>
Lozenges	<input type="checkbox"/>	<input type="checkbox"/>
Spray	<input type="checkbox"/>	<input type="checkbox"/>
Kinds you use:		
Extra Strength	<input type="checkbox"/>	<input type="checkbox"/>
Regular	<input type="checkbox"/>	<input type="checkbox"/>
Sugar-Free	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin C	<input type="checkbox"/>	<input type="checkbox"/>
Brands you use:		
Aspergum	<input type="checkbox"/>	<input type="checkbox"/>
Celestial Seasonings	<input type="checkbox"/>	<input type="checkbox"/>
Cepacol	<input type="checkbox"/>	<input type="checkbox"/>
Cepastat	<input type="checkbox"/>	<input type="checkbox"/>
Chloraseptic	<input type="checkbox"/>	<input type="checkbox"/>
Cold-Eeze	<input type="checkbox"/>	<input type="checkbox"/>
Dimetapp	<input type="checkbox"/>	<input type="checkbox"/>
Fisherman's Friend	<input type="checkbox"/>	<input type="checkbox"/>
Halls	<input type="checkbox"/>	<input type="checkbox"/>
Luden's	<input type="checkbox"/>	<input type="checkbox"/>
N'ICE	<input type="checkbox"/>	<input type="checkbox"/>
Ricola	<input type="checkbox"/>	<input type="checkbox"/>
Robitussin's Honey Cough Drops	<input type="checkbox"/>	<input type="checkbox"/>
Other Robitussin Cough Drops	<input type="checkbox"/>	<input type="checkbox"/>
Smith Bros.	<input type="checkbox"/>	<input type="checkbox"/>
Sucrets	<input type="checkbox"/>	<input type="checkbox"/>
Tylenol Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
Vicks	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>
The last time you used sore throat products, how often did you use them?		
4 times a day or more	<input type="checkbox"/>	
2 or 3 times a day	<input type="checkbox"/>	
Once a day	<input type="checkbox"/>	
Less than once a day	<input type="checkbox"/>	

**PAIN RELIEVING RUBS, LIQUIDS &
WRAPS (NON-PRESCRIPTION)**

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES Types you use:	Most Often	Also Use
Heat Wraps	<input type="checkbox"/>	<input type="checkbox"/>
Liquid	<input type="checkbox"/>	<input type="checkbox"/>
Lotion	<input type="checkbox"/>	<input type="checkbox"/>
Ointment	<input type="checkbox"/>	<input type="checkbox"/>
Spray	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Brands you use:		
Absorbine	<input type="checkbox"/>	<input type="checkbox"/>
Aquaphor	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis Hot	<input type="checkbox"/>	<input type="checkbox"/>
Aspercreme	<input type="checkbox"/>	<input type="checkbox"/>
Bayer Muscle & Joint Pain Relief	<input type="checkbox"/>	<input type="checkbox"/>
BenGay	<input type="checkbox"/>	<input type="checkbox"/>
Capzasin	<input type="checkbox"/>	<input type="checkbox"/>
Flexall	<input type="checkbox"/>	<input type="checkbox"/>
Heet	<input type="checkbox"/>	<input type="checkbox"/>
Icy Hot	<input type="checkbox"/>	<input type="checkbox"/>
Mentholatum Deep Heating Rub	<input type="checkbox"/>	<input type="checkbox"/>
Myoflex	<input type="checkbox"/>	<input type="checkbox"/>
Sportscreme	<input type="checkbox"/>	<input type="checkbox"/>
Thera-Gesic	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Mineral Ice	<input type="checkbox"/>	<input type="checkbox"/>
Thermacare	<input type="checkbox"/>	<input type="checkbox"/>
Tiger Balm	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>
What do you use them for? (Mark as many as apply)		
Arthritic Pain	<input type="checkbox"/>	
Backaches	<input type="checkbox"/>	
Menstrual Pain	<input type="checkbox"/>	
Pain from Sports/ Exercise	<input type="checkbox"/>	
Sore Muscle Pain	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

**FIRST AID BANDAGES & TOPICAL
ANTIBIOTIC REMEDIES
(NON-PRESCRIPTION)**

	Yes	No
Do you use them?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES Types you use:	Most Often	Also Use
Adhesive Bandages	<input type="checkbox"/>	<input type="checkbox"/>
Bath Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Cream	<input type="checkbox"/>	<input type="checkbox"/>
Gel	<input type="checkbox"/>	<input type="checkbox"/>
Lotion/ Liquid	<input type="checkbox"/>	<input type="checkbox"/>
Ointment	<input type="checkbox"/>	<input type="checkbox"/>
Powder	<input type="checkbox"/>	<input type="checkbox"/>
Spray	<input type="checkbox"/>	<input type="checkbox"/>
Stick	<input type="checkbox"/>	<input type="checkbox"/>
Wipes	<input type="checkbox"/>	<input type="checkbox"/>
Brands you use:		
Aveeno	<input type="checkbox"/>	<input type="checkbox"/>
Bactine	<input type="checkbox"/>	<input type="checkbox"/>
Band-Aid	<input type="checkbox"/>	<input type="checkbox"/>
Benadryl	<input type="checkbox"/>	<input type="checkbox"/>
Betadine	<input type="checkbox"/>	<input type="checkbox"/>
Caladryl	<input type="checkbox"/>	<input type="checkbox"/>
Calamine Lotion	<input type="checkbox"/>	<input type="checkbox"/>
Campfo Phenique	<input type="checkbox"/>	<input type="checkbox"/>
Cortaid	<input type="checkbox"/>	<input type="checkbox"/>
Cortizone	<input type="checkbox"/>	<input type="checkbox"/>
Curad	<input type="checkbox"/>	<input type="checkbox"/>
Gold Bond	<input type="checkbox"/>	<input type="checkbox"/>
Johnson & Johnson First Aid Cream	<input type="checkbox"/>	<input type="checkbox"/>
Lanacane	<input type="checkbox"/>	<input type="checkbox"/>
Mycitracin	<input type="checkbox"/>	<input type="checkbox"/>
Neosporin	<input type="checkbox"/>	<input type="checkbox"/>
Nexcare	<input type="checkbox"/>	<input type="checkbox"/>
Polysporin	<input type="checkbox"/>	<input type="checkbox"/>
Solarcaine	<input type="checkbox"/>	<input type="checkbox"/>
Spenco 2nd Skin	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand Bandages	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

PRESCRIPTION EYEGLASSES & CONTACT LENSES

Do you currently wear prescription eyeglasses or contact lenses? **Yes** **No**

IF YES

Types you wear and types bought for self in last 12 months:

	Wear	Bought in Last 12 Months
Prescription Eyeglasses - Bifocals	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Eyeglasses - Changeable Tint Lenses	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Eyeglasses - Regular	<input type="checkbox"/>	<input type="checkbox"/>
Contact Lenses - Colored/ Tinted	<input type="checkbox"/>	<input type="checkbox"/>
Contact Lenses - Disposable	<input type="checkbox"/>	<input type="checkbox"/>
Contact Lenses - Extended Wear	<input type="checkbox"/>	<input type="checkbox"/>
Contact Lenses - Gas Permeable	<input type="checkbox"/>	<input type="checkbox"/>
Contact Lenses - Hard	<input type="checkbox"/>	<input type="checkbox"/>
Contact Lenses - Soft	<input type="checkbox"/>	<input type="checkbox"/>
Contact Lenses - Other	<input type="checkbox"/>	<input type="checkbox"/>

If you bought prescription eyeglasses or contact lenses for yourself in the last 12 months.

Where were they purchased:

- Eye Masters
- Lens Crafters
- Pearle Vision
- Department Store
- Online
- Optometrist/ Eye Doctor
- Other

CONTACT LENS CLEANING SOLUTION

Do you use it? **Yes** **No**

IF YES

Brands you use:

- Alcon
- Allergran
- Bausch & Lomb
- Boston
- Ciba Vision
- Store Brand
- Other Brands

EYE DROPS & EYE WASH (NON-PRESCRIPTION)

Do you use them? **Yes** **No**

IF YES

Brands you use:

- Alcon
- Bausch & Lomb
- Boston
- Clear Eyes
- Collyrium
- Murine
- OcuClear
- Refresh
- Tears Naturale
- Visine
- Other Brands

Number of times used in last 3 months:

- Once a day or more
- 2 or 3 times a week
- Once a week
- 2 or 3 times a month
- Once a month
- Less than once a month
- Never in last 3 months

PRESCRIPTION DRUGS

Have you taken any prescription drugs in the last 12 months? **Yes** **No**

IF YES

Did you take any of the following prescription drugs in the last 12 months?

(Please mark as many as apply)

- Actonel
- Actos
- Adderall
- Advair
- Allegra
- Altace
- Amaryl
- Ambien
- Aranesp
- Aricept
- Avandia
- Avastin
- BenzaClin
- Botox
- Cadeut
- Celebrex
- Clarinex
- Concerta
- Detrol/ Detrol LA
- Differin
- Diffucan
- Diovan
- Elidel
- Evista
- Flomax
- Flonase

Did you take any of the following prescription drugs in the last 12 months?

(Please mark as many as apply)

- Flovent
- Fosamax
- Glucovance
- Humalog
- Imitrex
- Integrilin
- Lamisil
- Levaquin
- Lipitor
- Nasacort
- Nasonex
- Neulasta
- Neurontin
- Nexium
- Norvasc
- Ortho Evra
- Ortho Tri-Cyclen/ Ortho Tri-Cyclen Lo
- Patanol
- Paxil
- Peg-Intron
- Penlac
- Plavix
- Pravachol
- Premarin
- Prempro
- Prevacid
- Procrit
- Protopic
- Prozac
- Retin-A-Micro
- Sonata
- Strattera
- Synthroid
- Synvisc
- Taxotere
- Valtrex
- Velcade
- Viagra
- Viracept
- Wellbutrin/ Wellbutrin SR
- Xolair
- Zithromax
- Zocor
- Zofran
- Zoloft
- Zyprexa
- Zyrtec
- Other Prescription Drug(s)

AILMENTS

Please indicate which conditions you have been told by a doctor or other healthcare professional that you currently have or had in the last 12 months. For each condition you have or had in the last 12 months, please indicate if you used a non-prescription or a prescription product for that condition and indicate the severity of that condition. In the last column, please indicate which conditions you do not have, but you feel at risk for.

	Have/ Had in Last 12 Months	Used in Last 12 Months		Suffered in Last 12 Months			Don't Have But Feel At Risk For Condition
		Non- Prescription Product	Prescription Product	Severe	Moderate	Mild	
Acid Reflux Disease (GERD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADD/ ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis (Osteoarthritis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis (Rheumatoid Arthritis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athlete's Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constipation (Chronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD (Chronic Obstructive Pulmonary Disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eczema/ Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital Herpes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack/ Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease/ Congestive Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heartburn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiatal Hernia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension/ High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impotence/ Loss of Libido	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indigestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia/ Sleep Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable Bowel Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migraine Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nail Fungus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal Allergies/ Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overactive Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight (30 lbs or more)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary Tract Infection (UTI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of These	<input type="checkbox"/>						

Please mark the types of healthcare professionals you consulted with for any ailments in the last 12 months?

Acupuncturist	<input type="checkbox"/>
Allergist	<input type="checkbox"/>
Alternative Health Practitioner	<input type="checkbox"/>
Cardiologist	<input type="checkbox"/>
Chiropractor	<input type="checkbox"/>
Dentist	<input type="checkbox"/>
Dermatologist	<input type="checkbox"/>
Ear, Nose & Throat	<input type="checkbox"/>
Eye Doctor	<input type="checkbox"/>
Gastroenterologist	<input type="checkbox"/>
General/ Family Practitioner	<input type="checkbox"/>
Internist	<input type="checkbox"/>
Nurse Practitioner	<input type="checkbox"/>
OB/ Gyn	<input type="checkbox"/>
Osteopath	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>
Pharmacist	<input type="checkbox"/>
Physical Therapist	<input type="checkbox"/>
Podiatrist	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please indicate whether you are currently responsible for the care of a family member or friend suffering from any of the following conditions.

Alzheimer's Disease	<input type="checkbox"/>
Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)	<input type="checkbox"/>
Cancer	<input type="checkbox"/>
Chronic ear infections (child)	<input type="checkbox"/>
HIV/ AIDS	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

ATTITUDES/ OPINIONS ABOUT PHARMACEUTICALS

There are many different opinions about how well medicines work and how people use them to get better. Please tell us the extent to which you agree or disagree with each statement by marking one box opposite each statement. If you are not sure, please mark "Neither Agree Nor Disagree" and go on to the next statement.

	Agree A Lot	Agree A Little	Neither Agree Nor Disagree	Disagree A Little	Disagree A Lot
Non-prescription store brand drugs work as well as advertised brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the first sign of pain or discomfort, I take medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have regular medical check-ups even if I'm not ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often carefully examine the ingredient list on over-the-counter medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always try to eat healthy foods and maintain a balanced diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rarely get sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to go to the doctor when I'm ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I frequently take preventative medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normally, I only use drug brands that are recommended by my physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer alternative medicine to standard medical practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I actively seek information about nutrition and healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I look for health information so that I can choose from different healthcare treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not seek help from doctors or nurses unless I am very sick or injured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always read the small print in magazine/ newspaper pharmaceutical ads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over-the-counter medicines are safer than prescription medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I research treatment options on my own then ask my doctor about them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take counsel on health issues from my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always do what my doctor tells me to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is worth paying more for branded prescription medications rather than to get generic product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMOs and insurance companies have too much power over my family's healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to pay extra for prescription drugs not covered by health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The most expensive medicine is usually the best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription drugs are more effective than over-the-counter remedies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I expect the treatments my doctor prescribes to work nearly all the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to ask my doctor for a prescription medication that I have seen or heard advertised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The side effects associated with some prescription drugs sometimes scare me off a particular brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is not much point in taking non-prescription medicines since they don't really work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am sick, I still drag myself to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take non-prescription medicine as soon as I get sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People need more vitamins as they get older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that vitamins and other nutrients really make a difference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamins/ minerals should be taken for long-term health benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am comfortable registering on a web site which consistently offers useful information about my particular health condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health information put out by pharmaceutical companies is credible and useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always look for the most advanced medicines available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust homeopathic medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rarely consult my physician about the non-prescription medication I take	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication for my health condition has really made my life better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If an advertised drug brand is not doctor recommended then it has no integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gather health information from my doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gather health information from web sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gather health information from newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rely primarily on my doctor to guide me on medical and health matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gather health information from the library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



HOME & OFFICE

PERSONAL COMPUTERS AT WORK

Do you use a personal computer at work? **Yes** **No**

IF YES

What make of computer do you use at work?

(Please mark all that apply)

- Acer
- Alienware
- Apple Macintosh/ Power Macintosh
- Compaq
- Dell
- Emachines
- Fujitsu
- Gateway
- Hewlett Packard
- IBM
- Sony Vaio
- Toshiba
- Other IBM compatible
- Other Brand

Type used at work: (Please mark all that apply)

- Desktop
- Laptop/ Notebook
- Other

For which purposes do you use a computer at work? (Please mark all that apply)

- Accounting
- Business Analysis/ Forecasting
- Desktop Publishing
- Education/ Training
- Internet/ E-mail
- Filing/ Database Management
- Graphics/ Presentation
- Programming
- Retrieval of News/ Information/ Data Services
- Telecommuting (i.e., work from home, work on the road)
- Time Management
- Travel Planning
- Word Processing
- Other

How many hours a week, on average, do you use a computer at work?

- 21 or more hours
- 15 to 20 hours
- 10 to 14 hours
- 5 to 9 hours
- 2 to 4 hours
- Less than 2 hours

PERSONAL COMPUTERS AT HOME

Do you own a personal computer at home? **Yes** **No**

IF YES

How many hours a week, on average, do you use a computer at home?

- 15 hours or more
- 10 to 14 hours
- 5 to 9 hours
- 2 to 4 hours
- Less than 2 hours

WEB TV

Do you have or plan to buy Web TV? **Already Have** **Plan to Buy** **Do Not Plan to Buy**

PDA's (PERSONAL DIGITAL ASSISTANT)/ HANDHELD ORGANIZERS

Do you own a PDA/ Handheld Organizer? **Yes** **No**

IF YES

Brands you own:

- BlackBerry
- Casio
- CLiÉ (Sony)
- Compaq
- Handspring
- Hewlett Packard
- Palm
- Other

PAGERS/ BEEPERS

Do you have or use a pager/ beeper? **Yes** **No**

OVERNIGHT DELIVERY

Have you used any overnight air package or letter delivery service in the last 6 months? **Yes** **No**

IF YES

Services used:

- DHL/ Airborne
- Express Mail (U.S. Postal Service)
- FedEx
- United Parcel Service (UPS)
- Other

LONG DISTANCE TELEPHONE USAGE (WITHIN AND OUTSIDE OF UNITED STATES)

Have you made any long distance calls to areas within the continental United States in the last 30 days for either personal or business reasons? Long distance means calls for which you pay an extra charge.

Yes **No**

Have you made any long distance calls to areas outside the continental United States in the last 3 months for either personal or business reasons?

Yes **No**

IF YES

Which long distance telephone services did you use for the calls you made?

	Personal	Business
AT&T	<input type="checkbox"/>	<input type="checkbox"/>
Bell South	<input type="checkbox"/>	<input type="checkbox"/>
IDT	<input type="checkbox"/>	<input type="checkbox"/>
MCI	<input type="checkbox"/>	<input type="checkbox"/>
Qwest	<input type="checkbox"/>	<input type="checkbox"/>
SBC (Ameritech, Southwestern Bell, SNET, Pac Bell)	<input type="checkbox"/>	<input type="checkbox"/>
Sprint	<input type="checkbox"/>	<input type="checkbox"/>
Verizon	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Do Not Know	<input type="checkbox"/>	<input type="checkbox"/>

If you made calls for personal reasons, approximately how much were the total charges for the long distance/ International calls you made for personal reasons in the last 30 days?

- \$151 or more
- \$101 - \$150
- \$76 - \$100
- \$51 - \$75
- \$36 - \$50
- \$26 - \$35
- \$11 - \$25
- \$10 or less

LOCAL TELEPHONE USAGE

Have you made any local telephone calls in the last 30 days for business or personal reasons? **Yes** **No**

IF YES

Which local service did you use for the calls you made?

	Personal	Business
AT&T	<input type="checkbox"/>	<input type="checkbox"/>
Bell South	<input type="checkbox"/>	<input type="checkbox"/>
MCI	<input type="checkbox"/>	<input type="checkbox"/>
Qwest	<input type="checkbox"/>	<input type="checkbox"/>
SBC (Ameritech, Southwestern Bell, SNET, Pac Bell)	<input type="checkbox"/>	<input type="checkbox"/>
Sprint	<input type="checkbox"/>	<input type="checkbox"/>
Verizon	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Do Not Know	<input type="checkbox"/>	<input type="checkbox"/>

If you made calls for personal reasons, approximately how much were the total charges for your local telephone services, including any calling features or additional lines you may have, in the last 30 days?

\$151 or more	<input type="checkbox"/>
\$101 - \$150	<input type="checkbox"/>
\$76 - \$100	<input type="checkbox"/>
\$51 - \$75	<input type="checkbox"/>
\$36 - \$50	<input type="checkbox"/>
\$26 - \$35	<input type="checkbox"/>
\$11 - \$25	<input type="checkbox"/>
\$10 or less	<input type="checkbox"/>

COLLECT CALLS

Have you made any collect calls either within the U.S. or outside the U.S. in the last 3 months?

Yes, within the U.S.
 Yes, outside the U.S.
 No, I have not made any collect calls

IF YES

How many collect calls have you made in the last 3 months?

	Within U.S.	Outside U.S.
1 call	<input type="checkbox"/>	<input type="checkbox"/>
2 - 3 calls	<input type="checkbox"/>	<input type="checkbox"/>
4 - 6 calls	<input type="checkbox"/>	<input type="checkbox"/>
7 - 9 calls	<input type="checkbox"/>	<input type="checkbox"/>
10 - 12 calls	<input type="checkbox"/>	<input type="checkbox"/>
13 or more calls	<input type="checkbox"/>	<input type="checkbox"/>

How did you usually make those collect calls?

	Within U.S.	Outside U.S.
Dial 1-800-CALL-ATT	<input type="checkbox"/>	<input type="checkbox"/>
Dial 0 and tell the operator I want to make a collect call	<input type="checkbox"/>	<input type="checkbox"/>
Dial 1-800-COLLECT	<input type="checkbox"/>	<input type="checkbox"/>
Dial 0 plus the area code and number I'm calling	<input type="checkbox"/>	<input type="checkbox"/>
Some other way	<input type="checkbox"/>	<input type="checkbox"/>

How many collect calls, if any, have you received in the last 3 months?

	Received Within U.S.	From Outside U.S.
0 calls	<input type="checkbox"/>	<input type="checkbox"/>
1 call	<input type="checkbox"/>	<input type="checkbox"/>
2 - 3 calls	<input type="checkbox"/>	<input type="checkbox"/>
4 - 6 calls	<input type="checkbox"/>	<input type="checkbox"/>
7 - 9 calls	<input type="checkbox"/>	<input type="checkbox"/>
10 - 12 calls	<input type="checkbox"/>	<input type="checkbox"/>
13 or more calls	<input type="checkbox"/>	<input type="checkbox"/>

How many of those collect calls were local versus long distance:

	Local	Long Distance
None	<input type="checkbox"/>	<input type="checkbox"/>
Less than half	<input type="checkbox"/>	<input type="checkbox"/>
Half	<input type="checkbox"/>	<input type="checkbox"/>
More than half	<input type="checkbox"/>	<input type="checkbox"/>
All	<input type="checkbox"/>	<input type="checkbox"/>

TELEPHONE CREDIT CARD OR PREPAID CALLING CARD

Do you have or use a telephone credit card or prepaid calling card? **Yes** **No**

IF YES

Types used:

Prepaid Calling Card
 Telephone Credit Card

If used telephone credit card, with which telephone service?

AT&T	<input type="checkbox"/>
IDT	<input type="checkbox"/>
MCI	<input type="checkbox"/>
Sprint	<input type="checkbox"/>
Verizon	<input type="checkbox"/>
Local	<input type="checkbox"/>
Other	<input type="checkbox"/>

How much did you spend on telephone credit cards or prepaid calling cards in the last 30 days?

	Telephone Credit Card	Prepaid Calling Card
\$151 or more	<input type="checkbox"/>	<input type="checkbox"/>
\$101 - \$150	<input type="checkbox"/>	<input type="checkbox"/>
\$76 - \$100	<input type="checkbox"/>	<input type="checkbox"/>
\$51 - \$75	<input type="checkbox"/>	<input type="checkbox"/>
\$36 - \$50	<input type="checkbox"/>	<input type="checkbox"/>
\$26 - \$35	<input type="checkbox"/>	<input type="checkbox"/>
\$11 - \$25	<input type="checkbox"/>	<input type="checkbox"/>
\$10 or less	<input type="checkbox"/>	<input type="checkbox"/>

Number of long distance calls and local calls made in last 30 days using telephone credit cards or prepaid calling cards:

	Long Distance	Local
16 or more	<input type="checkbox"/>	<input type="checkbox"/>
11 - 15	<input type="checkbox"/>	<input type="checkbox"/>
6 - 10	<input type="checkbox"/>	<input type="checkbox"/>
3 - 5	<input type="checkbox"/>	<input type="checkbox"/>
1 - 2	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

USAGE OF "800" OR "900" TELEPHONE NUMBERS

Did you make any toll free "800" number telephone calls in the last 6 months? Did you make any "900" number telephone calls in the last 6 months?

	"800" Number	"900" Number
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

IF YES

About how many "800" number calls did you make in the last 6 months, and how many "900" number calls did you make in the last 6 months?

	"800" Number	"900" Number
21 or more	<input type="checkbox"/>	<input type="checkbox"/>
11 - 20	<input type="checkbox"/>	<input type="checkbox"/>
6 - 10	<input type="checkbox"/>	<input type="checkbox"/>
1 - 5	<input type="checkbox"/>	<input type="checkbox"/>

CELLULAR/ WIRELESS PHONES

Do you own a cellular/ wireless phone?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

IF YES

Used primarily for:

Business	<input type="checkbox"/>
Personal	<input type="checkbox"/>

Brand owned:

Audiovox	<input type="checkbox"/>
BlackBerry	<input type="checkbox"/>
Kyocera	<input type="checkbox"/>
LG	<input type="checkbox"/>
Motorola	<input type="checkbox"/>
NEXTEL	<input type="checkbox"/>
Nokia	<input type="checkbox"/>
Panasonic	<input type="checkbox"/>
Samsung	<input type="checkbox"/>
Sanyo	<input type="checkbox"/>
Sony Ericsson	<input type="checkbox"/>
Sprint	<input type="checkbox"/>
Verizon	<input type="checkbox"/>
Other	<input type="checkbox"/>

Company subscribed to:

Alltel	<input type="checkbox"/>
AT&T Wireless	<input type="checkbox"/>
Cellular One	<input type="checkbox"/>
Cingular Wireless	<input type="checkbox"/>
NEXTEL Communications	<input type="checkbox"/>
Qwest Wireless	<input type="checkbox"/>
Sprint PCS	<input type="checkbox"/>
T-Mobile	<input type="checkbox"/>
U.S. Cellular	<input type="checkbox"/>
Verizon Wireless	<input type="checkbox"/>
Virgin Mobile	<input type="checkbox"/>
Other	<input type="checkbox"/>

Which one of the following best describes your current cellular/ wireless plan? (Please mark one only.)

Annual or Multi-Year Contract Plan	<input type="checkbox"/>
Prepaid Plan	<input type="checkbox"/>
No Contract Plan (Not a Prepaid Plan)	<input type="checkbox"/>

Is your plan an:

Individual Plan	<input type="checkbox"/>
Family Plan	<input type="checkbox"/>

Which of the following services does your cellular/ wireless phone include? (Please mark all that apply).

Analog Mode	<input type="checkbox"/>
Call Blocking	<input type="checkbox"/>
Call Forwarding	<input type="checkbox"/>
Call Waiting	<input type="checkbox"/>
Caller ID	<input type="checkbox"/>
Camera/ Picture Phone	<input type="checkbox"/>
Digital Mode	<input type="checkbox"/>
Games	<input type="checkbox"/>
Internet Access	<input type="checkbox"/>
Nationwide Coverage	<input type="checkbox"/>
Text Messaging	<input type="checkbox"/>
Three Way Calling	<input type="checkbox"/>
Voice Mail	<input type="checkbox"/>
Other	<input type="checkbox"/>

Last month's cellular/ wireless phone bill:

\$250 or more	<input type="checkbox"/>
\$200 - \$249	<input type="checkbox"/>
\$150 - \$199	<input type="checkbox"/>
\$100 - \$149	<input type="checkbox"/>
\$50 - \$99	<input type="checkbox"/>
Under \$50	<input type="checkbox"/>

What percentage of your cellular/ wireless phone usage is for business?

76% - 100%	<input type="checkbox"/>
25% - 75%	<input type="checkbox"/>
1% - 24%	<input type="checkbox"/>
None	<input type="checkbox"/>

PUBLIC PAY PHONES

Have you used a public pay phone in the <u>last 30 days</u> ?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

IF YES

How many times did you use a public pay phone in the last 30 days?

5 or More	<input type="checkbox"/>
3 - 4 Times	<input type="checkbox"/>
1 - 2 Times	<input type="checkbox"/>

FUTURE OF YOUR HOME TELEPHONE NUMBER

How likely are you to move your home telephone number to a cell phone?

Already Have	<input type="checkbox"/>
Very Likely	<input type="checkbox"/>
Likely	<input type="checkbox"/>
Somewhat Likely	<input type="checkbox"/>
Not Very Likely	<input type="checkbox"/>
Not At All Likely	<input type="checkbox"/>

BATTERIES

Have you bought any in the last 12 months, either for yourself or for someone else?

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

IF YES Types you bought:

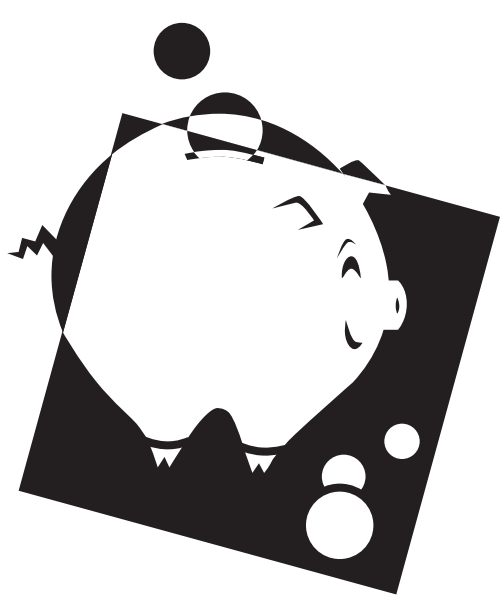
	Most Often	Also Bought
Alkaline	<input type="checkbox"/>	<input type="checkbox"/>
General Purpose	<input type="checkbox"/>	<input type="checkbox"/>
Heavy Duty	<input type="checkbox"/>	<input type="checkbox"/>
Lithium/ Lithium Plus	<input type="checkbox"/>	<input type="checkbox"/>
Rechargeable	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Brands you bought:

Duracell	<input type="checkbox"/>	<input type="checkbox"/>
Energizer	<input type="checkbox"/>	<input type="checkbox"/>
Eveready	<input type="checkbox"/>	<input type="checkbox"/>
Fuji	<input type="checkbox"/>	<input type="checkbox"/>
GE (Sanyo)	<input type="checkbox"/>	<input type="checkbox"/>
Kodak	<input type="checkbox"/>	<input type="checkbox"/>
Panasonic	<input type="checkbox"/>	<input type="checkbox"/>
Rayovac	<input type="checkbox"/>	<input type="checkbox"/>
Other Brands	<input type="checkbox"/>	<input type="checkbox"/>

Number of batteries bought in last 12 months:

30 or more	<input type="checkbox"/>
20 - 29	<input type="checkbox"/>
16 - 19	<input type="checkbox"/>
10 - 15	<input type="checkbox"/>
6 - 9	<input type="checkbox"/>
1 - 5	<input type="checkbox"/>



MONEY MANAGEMENT

ATM (AUTOMATIC TELLER MACHINE) CARD

Do you have an ATM Card? **Yes** **No**

IF YES

Number of times you used it to access cash in last 30 days:

4 or more times
 2 - 3 times
 Once
 Did not use

TRAVELERS CHEQUES

Have you bought any travelers cheques in the last 12 months? **Yes** **No**

IF YES

Brands bought:

American Express
 Bank of America
 Barclay
 Citicorp
 MasterCard
 VISA
 Other

Total value of cheques bought in last 12 months:

\$2,000 or more
 \$1,000 - \$1,999
 \$600 - \$999
 \$450 - \$599
 \$300 - \$449
 Less than \$300

Where did you purchase your travelers cheques?

AAA Office
 Commercial Bank
 Savings Bank
 Savings & Loan Institution
 Other Financial Institution
 Travel Agent
 Online
 Other

Did you pay a fee when you bought them? **Yes** **No**

For which purposes have you bought travelers cheques in the last 12 months?

(Mark as many as apply)

Business
 Vacation
 Other

TAX PREPARATION

Have you used a professional tax preparation service in the last 12 months? **Yes** **No**

IF YES

Which of the following services did you use:

H&R Block
 Jackson Hewitt
 Notary Public
 Private Accountant
 Other

PAYDAY LOAN

A payday loan is an advance on your paycheck. Typically, cash advances up to \$500 are loaned for a fee until your next payday.

Have you applied for a payday loan in the last 12 months? **Yes** **No**

SENDING MONEY

Have you sent money to someone either within the U.S. or outside the U.S. in the last 12 months?

Yes, within the U.S.
 Yes, outside the U.S.
 No, I have not sent any money.

IF YES

Which of the following services or ways have you used to send money to someone in the last 12 months?

American Express
 Bancomer
 Delgado Travel
 Dolex
 Gigante Express
 Money Gram
 Orlandi Valuta
 Pronto Envío
 Ria Envía
 Travelers Express
 Vigo
 Western Union
 A Friend or Relative
 Bank Money Order
 U.S. Postal Money Order
 Bank Wire Transfer
 An Overnight Courier
 Regular U.S. Mail
 Travel Agency
 Some Other Way

BANKS

Which of these banks did you use in the last 12 months?

	Primary Bank	Also Use
Banco Popular	<input type="checkbox"/>	<input type="checkbox"/>
Bank of America/ Fleet	<input type="checkbox"/>	<input type="checkbox"/>
Bank of New York	<input type="checkbox"/>	<input type="checkbox"/>
Bank One	<input type="checkbox"/>	<input type="checkbox"/>
BB&T (Branch Banking and Trust Corp.)	<input type="checkbox"/>	<input type="checkbox"/>
Chase	<input type="checkbox"/>	<input type="checkbox"/>
Citibank	<input type="checkbox"/>	<input type="checkbox"/>
Citizens Bank	<input type="checkbox"/>	<input type="checkbox"/>
Comerica	<input type="checkbox"/>	<input type="checkbox"/>
Fifth Third	<input type="checkbox"/>	<input type="checkbox"/>
HSBC	<input type="checkbox"/>	<input type="checkbox"/>
Key Bank	<input type="checkbox"/>	<input type="checkbox"/>
National City	<input type="checkbox"/>	<input type="checkbox"/>
PNC	<input type="checkbox"/>	<input type="checkbox"/>
SouthTrust	<input type="checkbox"/>	<input type="checkbox"/>
SunTrust	<input type="checkbox"/>	<input type="checkbox"/>
US Bank	<input type="checkbox"/>	<input type="checkbox"/>
Wachovia	<input type="checkbox"/>	<input type="checkbox"/>
Washington Mutual	<input type="checkbox"/>	<input type="checkbox"/>
Wells Fargo	<input type="checkbox"/>	<input type="checkbox"/>
World Savings	<input type="checkbox"/>	<input type="checkbox"/>
Credit Unions	<input type="checkbox"/>	<input type="checkbox"/>
Savings & Loans	<input type="checkbox"/>	<input type="checkbox"/>
Other Banks (not Credit Unions or Savings & Loans)	<input type="checkbox"/>	<input type="checkbox"/>
None of These	<input type="checkbox"/>	<input type="checkbox"/>

CREDIT MONITORING

Do you use a credit monitoring service to monitor your credit rating? **Yes** **No**

CREDIT CARDS

Do you have any credit cards? **Yes** **No**

IF YES

Please mark those you have. In addition, please mark the cards that you used in the last 12 months and those you used in the last 30 days.
Only for those used in the last 30 days, about how many times did you use each in the last 30 days?

	Have	Card(s) Used By You In		Number of Times You Used in Last 30 Days		
		Last 12 Months	Last 30 Days	20 or More Times	6-19 Times	1-5 Times
Gasoline Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Express Blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Express Blue for Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Express Corporate Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Express Executive Corporate Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Express Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Express Green	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Express Optima	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Express Platinum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diners Club International	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MasterCard Business Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MasterCard Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MasterCard Platinum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MasterCard Standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISA Business Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISA Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISA Platinum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISA Standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Bank Credit Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JCPenney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Department Store Credit Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing/ Specialty Store Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Credit Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each of the following types of credit cards, please mark the number of different accounts you have for each.
Mark those which are affiliated with an airline or hotel for which you earn bonus points each time you use it.
Mark those which are affiliated with an automotive corporation.
Mark those which are sponsored by an organization or group to which you belong - excluding your employer.
How much of your monthly bill do you usually pay?

	Number Have			Airline/ Hotel Affiliation	Automotive Affiliation	Organization Affiliation	Usually Pay			
	3 or More	2	1				All	Part	Minimum	None
American Express	<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"/>
Diners Club	<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"/>
Discover	<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"/>
MasterCard	<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"/>
VISA	<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"/>

DEBIT CARDS

Do you have any debit cards? **Yes** **No**

IF YES

Please mark those you have. In addition, please mark the cards that you used in the last 12 months and those you used in the last 30 days.
Only for those used in the last 30 days, about how many times did you use each in the last 30 days?

	Have	Card(s) Used By You In		Number of Times You Used in Last 30 Days		
		Last 12 Months	Last 30 Days	20 or More Times	6-19 Times	1-5 Times
MasterCard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISA	<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"/>

LOANS

For each of the following types of loans that you have, please indicate the type of institution that you have borrowed from.

	Have	Commercial Bank	Savings Bank/ Savings & Loan Association	Credit Union	Full-Service Brokerage Firm	Discount Brokerage Firm	Mutual Fund Firm	Other
Auto Loan(s) for New Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Title Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Loan(s) for Education Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Loan(s) Not for Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Improvement Loan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Mortgage (1st)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Equity Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secured Line of Credit Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsecured Line of Credit Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do Not Have Any of These	<input type="checkbox"/>							

BANKING & INVESTMENTS

For each of the following that you currently have, please indicate the type of institution that you use.

	Have	Commercial Bank	Savings Bank/ Savings & Loan Association	Credit Union	Full-Service Brokerage Firm	Discount Brokerage Firm	Mutual Fund Firm	Other
Non-Interest Bearing Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest Bearing Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Certificates (CD)								
Short Term (6 Months or Less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Certificates (CD)								
Long Term (More Than 6 Months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash Management Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Guarantee Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debit Card/ Electronic Funds Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Citizens Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do Not Have Any of These	<input type="checkbox"/>							

TYPE OF INVESTMENT

Which of the following do you (in your own name or jointly) own? For each type you own, what is the approximate current market value of each holding?

(This is for statistical purposes only.)

	Own	Value of Holding					
		\$100,000 or more	\$50,000- \$99,999	\$25,000- \$49,999	\$10,000- \$24,999	\$5,000- \$9,999	Under \$5,000
U.S. Savings Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other U.S. Government Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City/ Municipal or State Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corporate Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common or Preferred Stock in Company You Work For	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Stock in Any Other Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Securities (Commodities/ Warrants/ Puts/ Calls/ Options)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Treasury Bills or Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Collectibles (Art, Antiques, Cars, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keogh/ SEPP-IRA/ Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
401k	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
529 College Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other College Savings	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Shelters Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online Trading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do Not Own Any of These	<input type="checkbox"/>						

If you own common or preferred stock in any company other than the company you work for, and have purchased it in the last 12 months, please indicate about how many stock transactions, counting purchases and sales separately, you have made in the last 12 months:

50 or More	26-49	11-25	6-10	3-5	1-2	0 or None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MUTUAL FUND/ BROKERAGE ACCOUNTS

Do you have any mutual fund or brokerage accounts? Yes No

IF YES

Please indicate the following for each firm you have an account with: Is that firm your primary firm?
Is that account a retirement (IRA, Keogh, 401k) or a non-retirement account?
Is the account full-service, discount, online or wireless?

	Have Account	Primary Firm	Account Purpose (Please mark all that apply)		Type of Account(s) (Please mark all that apply)			
			Retirement	Non-Retirement	Full Service	Discount	Online	Wireless
A.G. Edwards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.I.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Century	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Express	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bear Stearns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charles Schwab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dreyfus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E*Trade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edward Jones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fidelity Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goldman Sachs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JPMorgan Chase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lehman Brothers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merrill Lynch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morgan Stanley Dean Witter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oppenheimer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paine Webber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prudential Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quick & Reilly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salomon Smith Barney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scudder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T. Rowe Price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Brokerage Firms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ECONOMIC OUTLOOK

Do you think that you are better off or worse off financially now than you were 12 months ago?

- Significantly worse off
- Somewhat worse off
- About the same
- Somewhat better off
- Significantly better off

Do you think that in the coming 12 months you will be better off or worse off financially than you are now?

- Significantly worse off
- Somewhat worse off
- About the same
- Somewhat better off
- Significantly better off

Do you think that in the coming 12 months the American economy will be better off or worse off than it is now?

- Significantly worse off
- Somewhat worse off
- About the same
- Somewhat better off
- Significantly better off

How likely are you to purchase a big-ticket item (i.e. major appliance, car, etc.) within the next 30 days?

- Not at all likely
- Somewhat likely
- Likely
- Very likely
- Extremely likely

How likely are you to purchase a medium-ticket item (i.e. small appliance, electronics, etc.) within the next 30 days?

- Not at all likely
- Somewhat likely
- Likely
- Very likely
- Extremely likely

How much money do you expect to spend on household essentials (i.e. food, gas, etc.) in the next 30 days as compared to the last 30 days?

- A lot less
- A little less
- About the same
- A little more
- A lot more

LIFE/ HEALTH INSURANCE

Do you currently have any medical/ health/ hospital or life insurance? **Yes** **No**

IF YES

Types Owned:

Medical/ Health/ Hospital Insurance
Life Insurance

If you carry Life Insurance, please mark the kind of Life Insurance carried:

Term Life
Whole/ Universal/ Variable (Cash Value) Life
Group Life
Individual Annuity
Other

Please check the company or companies with which you have a policy.

	Life	Health
Aetna	<input type="checkbox"/>	<input type="checkbox"/>
AFLAC	<input type="checkbox"/>	<input type="checkbox"/>
Allianz	<input type="checkbox"/>	<input type="checkbox"/>
Allstate	<input type="checkbox"/>	<input type="checkbox"/>
American General	<input type="checkbox"/>	<input type="checkbox"/>
AXA/ Equitable	<input type="checkbox"/>	<input type="checkbox"/>
Blue Cross/ Blue Shield	<input type="checkbox"/>	<input type="checkbox"/>
CIGNA	<input type="checkbox"/>	<input type="checkbox"/>
CNA	<input type="checkbox"/>	<input type="checkbox"/>
Colonial Penn	<input type="checkbox"/>	<input type="checkbox"/>
Employer's Health	<input type="checkbox"/>	<input type="checkbox"/>
Farmers	<input type="checkbox"/>	<input type="checkbox"/>
First Colony	<input type="checkbox"/>	<input type="checkbox"/>
The Hartford	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Service	<input type="checkbox"/>	<input type="checkbox"/>
Healthlink	<input type="checkbox"/>	<input type="checkbox"/>
Jackson National Life	<input type="checkbox"/>	<input type="checkbox"/>
Jefferson Pilot	<input type="checkbox"/>	<input type="checkbox"/>
John Hancock	<input type="checkbox"/>	<input type="checkbox"/>
Lincoln National	<input type="checkbox"/>	<input type="checkbox"/>
Mass Mutual	<input type="checkbox"/>	<input type="checkbox"/>
MetLife/ Metropolitan	<input type="checkbox"/>	<input type="checkbox"/>
MONY Group	<input type="checkbox"/>	<input type="checkbox"/>
Nationwide	<input type="checkbox"/>	<input type="checkbox"/>
New York Life	<input type="checkbox"/>	<input type="checkbox"/>
Northwestern Mutual	<input type="checkbox"/>	<input type="checkbox"/>
Oxford	<input type="checkbox"/>	<input type="checkbox"/>
Pacific Life	<input type="checkbox"/>	<input type="checkbox"/>
Phoenix	<input type="checkbox"/>	<input type="checkbox"/>
Principal	<input type="checkbox"/>	<input type="checkbox"/>
Prudential Financial	<input type="checkbox"/>	<input type="checkbox"/>
State Farm	<input type="checkbox"/>	<input type="checkbox"/>
Teachers (TIAA)	<input type="checkbox"/>	<input type="checkbox"/>
TransAmerica	<input type="checkbox"/>	<input type="checkbox"/>
Unicare	<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare	<input type="checkbox"/>	<input type="checkbox"/>
UNUM/ Provident	<input type="checkbox"/>	<input type="checkbox"/>
Zurich Kemper	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

What is the value of your current Life Insurance policy?

\$500,000 or more
\$200,000 - \$499,999
\$100,000 - \$199,999
\$ 50,000 - \$ 99,999
\$ 20,000 - \$ 49,999
Less than \$20,000

How did you obtain your current medical policy?

Your/ Your spouse's place of work or union
Fraternal or Other Membership Group
Medicaid
Medicare
Medigap/ Medicare Supplement
Insurance Agent or Broker
Insurance Company (no agent)
In Response to Mail Advertising or Telephone Solicitation
In Response to Newspaper or Magazine Advertising
In Response to Television or Radio
Online
Other

PROPERTY & VEHICLE INSURANCE

Do you currently have any insurance on your home, personal belongings or vehicles? **Yes** **No**

IF YES

Types owned:

Homeowners
Tenants
Automotive

Please check the company or companies with which you have a policy.

	Homeowners/ Tenants	Automotive
AAA	<input type="checkbox"/>	<input type="checkbox"/>
AIG/ 21st Century	<input type="checkbox"/>	<input type="checkbox"/>
Allstate	<input type="checkbox"/>	<input type="checkbox"/>
Amica	<input type="checkbox"/>	<input type="checkbox"/>
Commerce	<input type="checkbox"/>	<input type="checkbox"/>
Country Companies	<input type="checkbox"/>	<input type="checkbox"/>
Encompass (CNA)	<input type="checkbox"/>	<input type="checkbox"/>
Erie	<input type="checkbox"/>	<input type="checkbox"/>
Farm Bureau	<input type="checkbox"/>	<input type="checkbox"/>
Farmers	<input type="checkbox"/>	<input type="checkbox"/>
Fire Insurance Exchange	<input type="checkbox"/>	<input type="checkbox"/>
GEICO	<input type="checkbox"/>	<input type="checkbox"/>
The Hartford AARP	<input type="checkbox"/>	<input type="checkbox"/>
Liberty Mutual	<input type="checkbox"/>	<input type="checkbox"/>

**Homeowners/
Tenants** **Automotive**

Mercury	<input type="checkbox"/>	<input type="checkbox"/>
MetLife/ Metropolitan	<input type="checkbox"/>	<input type="checkbox"/>
Nationwide	<input type="checkbox"/>	<input type="checkbox"/>
Progressive	<input type="checkbox"/>	<input type="checkbox"/>
Prudential Financial	<input type="checkbox"/>	<input type="checkbox"/>
SAFECO	<input type="checkbox"/>	<input type="checkbox"/>
State Farm	<input type="checkbox"/>	<input type="checkbox"/>
Travelers	<input type="checkbox"/>	<input type="checkbox"/>
U.S.A.A.	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If you have home or tenant insurance, how did you obtain it?

Insurance Company (no agent)
Through an Agent
Place of Work or Union
Bank or Mortgage Lending Institution
Other

What is the highest limit of the homeowner, personal property or vehicle policies (injury liability) you currently carry?

**Homeowners/
Tenants** **Automotive**

\$300,000 or more	<input type="checkbox"/>	<input type="checkbox"/>
\$200,000 - \$299,999	<input type="checkbox"/>	<input type="checkbox"/>
\$100,000 - \$199,999	<input type="checkbox"/>	<input type="checkbox"/>
\$ 75,000 - \$ 99,999	<input type="checkbox"/>	<input type="checkbox"/>
\$ 50,000 - \$ 74,999	<input type="checkbox"/>	<input type="checkbox"/>
\$ 25,000 - \$ 49,999	<input type="checkbox"/>	<input type="checkbox"/>
\$ 10,000 - \$ 24,999	<input type="checkbox"/>	<input type="checkbox"/>
Less than \$10,000	<input type="checkbox"/>	<input type="checkbox"/>

OTHER INSURANCE (EXCLUDING ANY OF THE ABOVE MENTIONED INSURANCE)

Do you currently have any other kinds of insurance? **Yes** **No**

IF YES

Please mark the type(s) of insurance you currently carry.

Boat Owners/ Inland Marine
Convalescent (Long Term) Care
Dental
Loss of Income (Through Medical Causes/ Disability)
Personal Liability (Not Automotive or Homeowners)
"Umbrella Coverage" Liability
Vision Care
Small Business
Surety (Bond)
Professional Malpractice
Other



OPINIONS

MEDIA AND YOU

We would like to know more about your use of media. Some people only use English-language media or Spanish-language media. Some people use a combination of English and Spanish media. Please answer Yes or No for each question.

	Yes	No
Daily or Sunday (weekend) Newspapers:		
Have you read or looked into any English-language daily or Sunday (weekend) newspapers in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read or looked into any Spanish-language daily or Sunday (weekend) newspapers in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
Web Sites:		
Have you visited any English-language web sites in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you visited any Spanish-language web sites in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
Magazines:		
Have you read or looked into any English-language magazines in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read or looked into any Spanish-language magazines in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
Television:		
Have you watched any English-language television in the last 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you watched any Spanish-language television in the last 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
Radio:		
Have you listened to any English-language radio stations in the last 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you listened to any Spanish-language radio stations in the last 7 days?	<input type="checkbox"/>	<input type="checkbox"/>

ADVERTISING OUTSIDE THE HOME

People often come across advertising outside the home.

Which of the following types of advertising outside the home have you noticed in the past 30 days?

Which of the following types of advertising outside the home have you noticed in the past 7 days?

In general, how much attention do you pay to this type of advertising?

	Past 30 Days	Past 7 Days	How much attention do you pay to this type of advertising		
			A lot	A little	None
Airport Displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banner Displays by Airplanes or Blimps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus Shelters or Benches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large Billboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Billboards on Trucks or Vans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subway Trains or Platforms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Kiosks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR ATTITUDES, OPINIONS AND INTERESTS

We'd like you to tell us your personal views about different things that you think or do.

Please tell us the extent to which you agree or disagree with each statement by marking one box opposite each statement.

If you are not sure, please mark "Neither Agree Nor Disagree" and go to the next statement.

	Agree A Lot	Agree A Little	Neither Agree Nor Disagree	Disagree A Little	Disagree A Lot
I enjoy taking risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm very happy with my life as it is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy spending time with my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to enjoy life and do not worry about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money is the best measure of success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I only go work at my current job for the money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to spend a quiet evening at home than to go out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How I spend my time is more important than how much money I make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is more important to do your duty than to live for your own enjoyment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to sacrifice time with my family in order to get ahead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel very alone in the world	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to do things that are unconventional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There's little I can do to change my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We rarely sit down to a meal together at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I won the lottery, I would never work again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pornographic movie houses and shops should be closed down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hate doing any form of housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am good at fixing mechanical things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do some sport/ exercise at least once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am perfectly happy with my standard of living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a workaholic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to be attractive to the opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to get to the very top in my career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I consider myself interested in the arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to set up my own business one day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am interested in international events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A woman's place is in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important my family thinks I am doing well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not want responsibility, I would rather be told what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I look at the work I do as a career rather than just as a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like spending most of my time at home with my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a job, security is more important to me than money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's important to me to attend religious services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'd rather have a boring job than no job at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I only give flowers when I can't think of any other present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I consider myself to be a conservative, evangelical Christian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's worth paying extra for quality goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I consider myself more pro-life than pro-choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a perfectionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My faith is really important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am interested in other cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy owning good quality things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to stand out in a crowd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children should be allowed to express themselves freely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is too much sponsorship of "the arts" and sporting events these days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm always looking for new ideas to improve my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am good at fixing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to have as few possessions as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to provide my children with the things I didn't have as a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often indulge my children with little extras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I decide what I want before I go shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on next page

	Agree A Lot	Agree A Little	Neither Agree Nor Disagree	Disagree A Little	Disagree A Lot
I make a conscious effort to recycle paper, glass, cans, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy watching religious television programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the whole, people get what they deserve in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My home is an important part of who I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packaging for products should be recycled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When buying toiletries, the brand I choose is very important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana should be legalized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would never buy cosmetics that have been tested on animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am an optimist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can't bear untidiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy entertaining people in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually speak my mind even if it upsets people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to be nice to people as much as I can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find that I am easily swayed by other people's views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often do things on the spur of the moment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to just enjoy life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try not to worry about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends are more important to me than my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to keep young looking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People have a responsibility to use recycled products whenever possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home décor is of particular interest to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People have a duty to recycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music is an important part of my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People have to take me as they find me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real men don't cry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important that a company acts ethically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You should seize opportunities in life when they arise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this day and age it is important to juggle various tasks at the same time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to work as part of a team than work alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's important to me to feel respected by my peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to continue learning new things throughout your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't like to judge other people on the way they choose to live their life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I consider myself to be a spiritual person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to understand about nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If at first you do not succeed you must keep trying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I consider myself to be a creative person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to be well-informed about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to have a circle of close friends who support me in hard times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to have control over people and resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to volunteer my time for a good cause	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think we should strive for equality for all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think it's important to have a lasting relationship with one partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about violence and crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a keen sense of adventure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to pursue a life of challenge, novelty and change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to respect traditional customs and beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it difficult to say no to my kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a practical outlook on life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about pollution and congestion caused by cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology					
I'm always the first among my friends to have the latest in electronic equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'll pay just about anything for an electronic product that I really want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to get as much information as possible about an electronic item before I buy it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always shop for the best deal in electronic equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends often ask for my advice before buying electronic equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on next page

	Agree A Lot	Agree A Little	Neither Agree Nor Disagree	Disagree A Little	Disagree A Lot
Technology (continued)					
Computers confuse me, I will never get used to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always ask my friends for advice before I buy any electronic equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like or want to learn more about computer technology and the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like the idea of digital TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to keep up with developments in technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I love to buy new gadgets and appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifestyles and the Internet					
The Internet has changed the way I spend my free time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Internet has changed the way I get information about products and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I spend less time sleeping because of the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I spend less time watching television on my television set because of the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Internet has become a new way for me to socialize or meet people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Internet has changed the way I shop for products/ services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I spend less time reading magazines in print because of the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Internet has become a primary source of entertainment for me personally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Internet has become a primary source of entertainment for my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Internet has changed the way I work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Internet has increased my desire to learn/ search for information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I spend less time listening to non-Internet radio because of the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Internet has had no impact on my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I spend less time reading newspapers in print because of the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I need information the first place I look is the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Finance					
It is important to be well-insured when it comes to life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to be well-insured when it comes to homeowners or renters insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find advertising for financial services to be interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I read the financial pages of my newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often prefer to pay cash for things I buy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial security after retirement is the responsibility of each individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'll pay any price for good financial advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to know as much as possible about a financial service/ investment before I commit to it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always shop for the best deal in financial/ investment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends or associates often ask for my advice in financial matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel financially secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I leave the financial arrangements in our home to someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know nothing about finances and investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investing in the stock market is too risky for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like other people to think I'm a financial success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm careful with my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am no good at saving money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I teach my children to be careful with money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tend to spend money without thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't like the idea of being in debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am very good at managing money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet and Health					
I'll pay just about anything when it concerns my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will spend whatever I have to, to make myself look younger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I agree with the increasing bans on cigarette smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I consider my diet to be very healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think fast food is all junk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know I should exercise more than I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always think of the calories in what I eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make sure I exercise regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends often ask my advice about health and nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't often have the time to prepare/ eat healthy meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to know as much as possible about ingredients before I buy food products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on next page

	Agree A Lot	Agree A Little	Neither Agree Nor Disagree	Disagree A Little	Disagree A Lot
Diet and Health (continued)					
I'll try any new diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am working at eating a well-balanced diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to eat healthier foods these days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm usually the first to try a new health food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my busy lifestyle, I don't take care of myself as well as I should	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a vegetarian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to treat myself to foods not good for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel					
I prefer traveling in the U.S. as opposed to traveling to foreign countries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am on vacation, I only want to relax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to go somewhere different for vacation every time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I love the idea of traveling abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be willing to make travel arrangements through a company I have never heard of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to go on vacation where activities are organized for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media					
I often notice the ads in the lobbies of movie theaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often pay attention to the commercials that play along with the movie previews in the movie theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find TV advertising interesting and quite often it gives me something to talk about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magazines are my main source of entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rely on radio to keep me informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think a lot of advertising patronizes women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find some TV advertising OK, but I think quite a lot of it is devious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I couldn't have cable, I wouldn't watch television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rely on TV to keep me informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most magazines are worth the money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television is my main source of entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are TV programs that I arrange my schedule around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I listen to the radio when I need a quick news update	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nearly all TV advertising annoys me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio is my main source of entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rely on newspapers to keep me informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often read ads in magazines just out of curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't make purchase decisions based on advertising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am watching television, I am usually involved in other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I typically avoid watching television commercials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I remember advertised products when I am shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising to children is wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't like advertising in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whenever commercials come on, I typically mute the television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whenever commercials come on, I change channels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like television commercials that make me laugh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising helps me learn about the products companies have to offer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising is a waste of my time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy watching kids' TV shows with my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising helps me choose products to buy for my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I value the local paper because it covers local news	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I expect advertising to be entertaining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rely on magazines to keep me informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable TV has too many channels; I never know which one to choose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy reading ads in magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When in the car, I always listen to the radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more inclined to purchase a product from a corporation that sponsors events than from a corporation that doesn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The supplemental sections in newspapers make them more interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust the information I read in newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on next page

	Agree A Lot	Agree A Little	Neither Agree Nor Disagree	Disagree A Little	Disagree A Lot
Media (continued)					
I often notice the ads at bus stops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often notice the ads on trains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often notice the ads on buses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often notice the ads in taxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often notice the ads in billboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The growth in the number of cable networks is diluting the quality of television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-designed outdoor advertising can improve the urban landscape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like the idea of having a large selection of TV channels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cannot resist buying magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a TV addict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I listen to the radio every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a regular movie theater goer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I read a newspaper most days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always choose that my name not be included on mailing lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRODUCT PLACEMENT

Here are some things that both men and women have said to us about the practice of including or referencing brand name products in movies in theaters or in television shows. Please read through each statement and tell us the extent to which you agree or disagree with each statement by marking one box opposite each statement. If you are not sure please mark "Neither Agree Nor Disagree" and go on to the next statement.

	Agree A Lot	Agree A Little	Neither Agree Nor Disagree	Disagree A Little	Disagree A Lot
Television					
When I watch television, I often notice brand name products used as part of the set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After I watch my favorite TV show, I can remember the brand name products the characters were using during the show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To see a character interact with brand name products that I use makes the TV show more real to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't mind if brand name products appear in TV shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hate seeing brand name products in TV shows if they are placed for commercial purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I see a character in a TV show using a brand name product I never tried before, I am likely to try it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I see a brand name product I've used before in a TV show, I am reassured that the product is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I'm in the grocery store and I see a brand name product I recognize from a TV show, I'm more likely to buy it than its competitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movies In Movie Theaters					
When I watch movies, I often notice brand name products used as part of the set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After I watch a movie, I can remember the brand name products the characters were using during the movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To see a character interact with brand name products that I use makes the movie more real to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't mind if brand name products appear in movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hate seeing brand name products in movies if they are placed for commercial purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I see a character in a movie using a brand name product I never tried before, I am likely to try it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I see a brand name product I've used before in a movie, I am reassured that the product is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I'm in the grocery store and I see a brand name product I recognize from a movie, I'm more likely to buy it than its competitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL INTERACTION

We'd like you to tell us your personal views about different things that you think or do. Please tell us the extent to which you agree or disagree with each statement by marking one box opposite each statement. If you are not sure please mark "Neither Agree Nor Disagree" and go on to the next statement.

	Agree A Lot	Agree A Little	Neither Agree Nor Disagree	Disagree A Little	Disagree A Lot
People say I am expressive when sharing my opinions with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conformity makes me uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am good at simplifying things for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am not afraid to appear unconventional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends and acquaintances look to me to organize our activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am consumed with getting the best deal for a service or product I purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to try new things no one else has	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often chosen to be the spokesperson in my group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to help others even if there is no direct benefit to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy keeping in touch with my friends and acquaintances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to learn about things, even if they do not seem relevant at the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to put things together in new ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am good at leading discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make friends easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I provide people with the facts and let them make their own decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I work hard to convince others about things I believe in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am adventurous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to share my knowledge with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a genuine interest in the people whom I meet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to travel the unbeaten path	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm good at convincing others to try new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting new people comes easy to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People are often surprised by the things I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to introduce people to each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People often copy what I do or wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People say my enthusiasm is contagious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many acquaintances from all walks of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELF-CONCEPTS

Now, we have some questions about you. We want to know what kinds of products appeal to different kinds of people as they see themselves. For each of the statements below, please say whether you would agree or disagree with it as a description of you. There aren't any right or wrong answers. If you are not sure about any description, just mark "Neither Agree Nor Disagree" and go to the next one.

	Agree A Lot	Agree A Little	Neither Agree Nor Disagree	Disagree A Little	Disagree A Lot
AFFECTIONATE, passionate, loving, romantic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMICABLE, amiable, affable, benevolent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AWKWARD, absent-minded, forgetful, careless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRAVE, courageous, daring, adventuresome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BROAD-MINDED, open-minded, liberal, tolerant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREATIVE, inventive, imaginative, artistic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOMINATING, authoritarian, demanding, aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFFICIENT, organized, diligent, thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EGOCENTRIC, vain, self-centered, narcissistic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRANK, straightforward, outspoken, candid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUNNY, humorous, amusing, witty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLIGENT, smart, bright, well-informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KIND, good-hearted, warmhearted, sincere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFINED, gracious, sophisticated, dignified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESERVED, conservative, quiet, conventional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-ASSURED, confident, self-sufficient, secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIABLE, friendly, cheerful, likeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUBBORN, hard-headed, head-strong, obstinate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TENSE, nervous, high-strung, excitable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRUSTWORTHY, competent, reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHOPPING BEHAVIOR

Here are some things which both men and women have said to us about shopping - shopping for all kinds of products, such as those listed in this questionnaire. Please read through each statement and say whether you personally agree or disagree with it. If you are not sure, just mark "Neither Agree Nor Disagree" and go on to the next statement.

	Agree A Lot	Agree A Little	Neither Agree Nor Disagree	Disagree A Little	Disagree A Lot
I buy products that use recycled paper in their packaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I shop around a lot to take advantage of specials or bargains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not buy unknown brands merely to save money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When in the store, I often buy an item on the spur of the moment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to change brands often for the sake of variety and novelty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always look for the brand name on the package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually read the information on product labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to buy things that my friends or neighbors would approve of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, advertising presents a true picture of the products of well-known companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to keep abreast of changes in styles & fashions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I generally plan far ahead to buy expensive items such as automobiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I ask people for advice before buying new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People come to me for advice before buying new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping for groceries is a bore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All products that pollute the environment should be banned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I buy paper products (napkins, towels, toilet paper, etc.) that are recycled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be prepared to pay more for environmentally-friendly products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy shopping with my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My children have a significant impact on the brands I choose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't like it when my children ask for non-essential purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it hard to resist my children's requests for non-essential purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always look out for special offers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often postpone purchases for my children until special occasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTITUDES/ OPINIONS ABOUT AUTOMOBILES

Often people use automobiles for many different purposes and reasons. Please tell us how you use automobiles in your life. Please tell us the extent to which you agree or disagree with each statement by marking one box opposite each statement. If you are not sure, please mark "Neither Agree Nor Disagree" and go on to the next statement.

	Agree A Lot	Agree A Little	Neither Agree Nor Disagree	Disagree A Little	Disagree A Lot
I am interested in what goes on under the hood of a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My car should catch people's attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to get a new car every two or three years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use my personal vehicle in my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My car should be equipped with as many safety features as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owning a foreign car is much more prestigious than owning an American car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and family always ask my advice on what car they should buy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A used car is just as good as a new car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options on a car impress me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to drive faster than normal traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before buying a car, I find out about the car's safety rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A car's only purpose is to get from point 'A' to point 'B'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a car that works well for the whole family is very important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can tell a lot about someone by the car they drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign cars are higher quality than American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My car should express my personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort is the most important thing in a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often in a car with more than one other person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American auto manufacturers are producing much better cars than they did 10 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on next page

	Agree A Lot	Agree A Little	Neither Agree Nor Disagree	Disagree A Little	Disagree A Lot
I prefer driving a luxury vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I normally drive without any passengers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I choose a car mainly on the basis of looks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I normally buy cars brand new	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'd pay extra for an engine with more horsepower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often go on long car trips for vacations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I keep up on the latest advances in automobile technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a vehicle that can handle rough terrain is very important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am possessive about my car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I regularly wear my seatbelt for safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often go for a drive by myself to gain a sense of freedom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The true value of a car is how long it will last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Sport Utility Vehicle matches my active lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get many of the options when I buy a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American car companies set the standard in automotive engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends would describe me as a car or truck enthusiast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I seek out vehicles with powerful, spirited engines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want a vehicle that is bold and stands out from the rest on the road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owning a vehicle you really like and feel passionate about is part of leading a full life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese vehicle manufacturers better understand my needs more than domestic manufacturers and other imports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REGISTERED TO VOTE

Are you currently registered to vote? **Yes** **No**

IF YES

What party are you currently registered with?

- Democrat
- Independent
- Republican
- Other

POLITICAL OUTLOOK

In terms of your political outlook, do you usually think of yourself as: (Please mark one box).

- Very Conservative
- Somewhat Conservative
- Middle of the Road
- Somewhat Liberal
- Very Liberal

Please indicate which of the following best describes your sexual orientation.

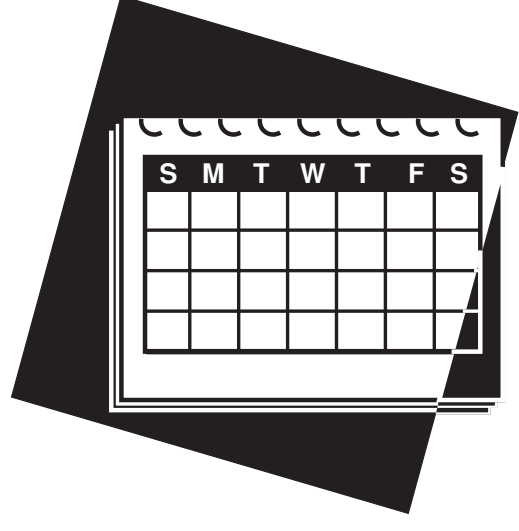
(Please mark one box).

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Transgender

OPINIONS

Listed below are some statements people have made to describe their general attitudes and beliefs about themselves and the world around them. These are just opinions; there are no "right" or "wrong" answers. Please rate how well each statement describes you or your opinions. Use a scale of 1 to 10 where a 10 means the statement "describes you completely" and a 1 means the statement "does not describe you at all."

	Does Not Describe You					Describes You Completely				
	1	2	3	4	5	6	7	8	9	10
I want to feel part of a global community	<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"/>
I'd rather make something than buy it	<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"/>
I only buy the most trusted brand names	<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"/>
I prefer real-life experiences to fiction or fantasy	<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"/>
My home is an important part of who I am	<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"/>
I consider myself an intellectual	<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"/>
I always want to be one of the first to have the new, high-tech products	<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"/>



DAILY ACTIVITIES

How do you spend your time throughout the day? Please fill out this diary according to how you spent your time yesterday (that is the day before you completed this section).

THIS DIARY IS EASY TO FILL OUT! HERE IS AN EXAMPLE OF A PORTION OF THE DIARY:

Let's say in the beginning of the day yesterday you were:

6:00 am – 7:00 am Sleeping in your home

7:00 am – 8:00 am Eating breakfast alone with the television on

8:00 am – 9:00 am While traveling to work with friends in a car, listened to the radio

NOTE: THERE SHOULD BE AT LEAST 3 ENTRIES FOR EACH TIME PERIOD – ONE FOR EACH OF THE FOLLOWING CATEGORIES:

- ① Where were you?
- ② With Whom?
- ③ What Were You Doing?

Time	Where were you?						With Whom?				What were you doing?																								
	In a Home		Traveling		Elsewhere						Working, Eating, Etc.				Watching, Listening, Reading, Etc.																				
	In your own Home/ Apartment	Someone else's Home/ Apartment	In a Car	Other	At Work	At School/ College	At a Restaurant, Bar, Pub or Café	Shopping	Other	Alone	In Family	With Friends	Other	Eating	Leisure or Exercising	Working (Paid Job)	Housework or Gardening	Other	Watching Television	Watching a Video or DVD	At the Movies	Listening to the Radio	Reading a Magazine	Reading a Newspaper	Reading a Book	On Internet Gathering Information	On Computer (Not Internet)	Listening to a CD/ Record/ Tape	Internet Radio	Internet Video Webcasts	Internet Newspapers	Purchasing something on Internet	Viewing Internet Websites	Sleeping	
6:00-6:59 am	<input checked="" 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 checked="" 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7:00-7:59 am	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00-8:59 am	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXAMPLE

NOTE: If you have done several things in the same time period, please record information about where you were and who you were with for everything you did during that time.

START YOUR DIARY HERE AND CONTINUE TO THE NEXT PAGE

Please indicate what day of the week it was yesterday (that is, what day this diary covers).

- Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Time	① Where were you?			② With Whom?			③ What were you doing?																					
	In a Home	Traveling	Elsewhere				Working, Eating, Etc.						Watching, Listening, Reading, Etc.															
	In your own Home/ Apartment Someone else's Home/ Apartment	In a Car Other	At Work At School/ College At a Restaurant, Bar, Pub or Café Shopping Other	Alone	With Family	With Friends	Other	Eating	Leisure or Exercising	Working (Paid Job)	Housework or Gardening	Other	Watching Television	Watching a Video or DVD	At the Movies	Listening to the Radio	Reading a Magazine	Reading a Newspaper	Reading a Book	On Internet—Gathering Information	On a Computer (Not Internet)	Listening to a CD/ Record/ Tape	Internet Radio	Internet Video Webcasts	Internet Newspapers	Purchasing Something on Internet	Viewing Internet Websites	Sleeping
6:00-6:59 am	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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THANK YOU FOR PARTICIPATING

Your comments are welcome on the back inside cover. . .

Checklist:

- Please mail your survey to us in the self-addressed stamped envelope(s) that we provided for your household. No postage is necessary.
- Please return your survey as soon as it's completed. You do not have to wait for other household members to complete their surveys. Just seal the envelope and drop it in any mailbox.
- If you have more than three surveys use more than one envelope. If you need additional envelopes, or have any questions, please call us toll-free at 1-800-551-6425, or visit our website at www.SimmonsSurvey.com.

Thank you again for your help!