

label

Interview # _____ C D 7
(1-6)

NAME _____ DATE _____



Survey of the American Consumer

66

IF THIS BOOKLET IS NOT PICKED
UP WITHIN TWO WEEKS FROM
DATE RECEIVED, PLEASE CALL:

AMERICAN INSTITUTE OF CONSUMER STUDIES
1-800-442-0925
AICSINFO.COM

Dear Survey Member:

You have been selected to participate in an important consumer research study. We would like to thank you in advance for taking part. In order for the study to succeed and fulfill its intended purpose, which is to provide information to manufacturers as to consumer preference of products and services, every question must be answered. Your answers will be grouped with 10,000 other people's who have taken the time to fill out this questionnaire. This will help us provide a complete and accurate picture for manufacturers and will enable them to produce and advertise more effectively the kinds of products people want. As your answers are tabulated by computer, your individual responses are kept strictly confidential.

You are to complete the first section of this booklet. The second section, beginning with page 85, is to be completed by the person who does most of the shopping for groceries and household items. If that is you, please continue and complete the second section. If that is not you, please have the person who does most of the shopping fill out the second section.

Once again, we appreciate your help and cooperation.

Sincerely,

Dale Roberts

American Institute of Consumer Studies

The first section of this booklet (Pages 1-84) is to be completed by:

First Name

Last Name

who was interviewed.

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In order that you may complete this booklet easily and quickly, please read and follow these simple instructions.

1. For each product place an "X" in the box beside the word "TOTAL" if you have used that product in the last 6 months.

If you have not used the product in the last 6 months, leave the box blank and go to the next product.

2. For each type, etc. (if any), place an "X" in the box beside the type, etc. you have used.

3. Place an "X" beside each brand name used. If you have used a brand that is not listed, write in the name and mark the box.

4. On the line beside "TOTAL" write in the number used in the specified time period. The time period differs for each product category, so please read each heading very carefully.

5. Then enter the number of times each type, etc. (if any) was used in the specified time period.

6. Then enter the number of times each brand was used in the specified time period.

IF YOU HAVE USED NONE IN THE SPECIFIED TIME PERIOD ENTER "0".

IF YOU DON'T KNOW EXACT QUANTITIES PLEASE ESTIMATE AS BEST YOU CAN.

The total number of times brands were used should add to the "TOTAL" at the top of the column.

The total number of times types, etc. were used should add to the "TOTAL" at the top of the column.

TOOTH PASTE	You Personally:	
	Used in last 6 months	Times/last 7 days
001		
TOTAL:	<input checked="" type="checkbox"/>	<u>14</u> 00
TYPES:		
Baking Soda	<input checked="" type="checkbox"/>	<u>6</u> 01
Non Baking Soda	<input checked="" type="checkbox"/>	<u>8</u> 02
KINDS:		
Tartar Control	<input type="checkbox"/>	03
Regular	<input checked="" type="checkbox"/>	<u>14</u> 04
FORMS:		
Gel	<input type="checkbox"/>	05
Paste	<input checked="" type="checkbox"/>	<u>14</u> 06
BRANDS:		
Aim	<input type="checkbox"/>	07
Aquafresh	<input type="checkbox"/>	08
Aquafresh Advanced	<input type="checkbox"/>	09
Aquafresh Extreme Clean	<input type="checkbox"/>	10
Aquafresh Iso-active	<input type="checkbox"/>	11
Aquafresh Whitening	<input type="checkbox"/>	12
Arm & Hammer Advance White	<input type="checkbox"/>	13
Other Arm & Hammer	<input type="checkbox"/>	14
Close-Up	<input type="checkbox"/>	15
Colgate 2 in 1	<input type="checkbox"/>	16
Colgate Max Fresh	<input type="checkbox"/>	17
Colgate ProClinical	<input type="checkbox"/>	18
Colgate Regular	<input type="checkbox"/>	19
Colgate Sensitive	<input type="checkbox"/>	20
Colgate Sparkling White	<input type="checkbox"/>	21
Colgate Tartar Protection	<input type="checkbox"/>	22
Colgate Total	<input type="checkbox"/>	23
Colgate Total Advanced	<input type="checkbox"/>	24
Colgate Baking Soda and Peroxide Whitening	<input checked="" type="checkbox"/>	<u>6</u> 25
Other Colgate	<input type="checkbox"/>	26
Crest Pro-Health	<input type="checkbox"/>	27
Crest Regular Gel	<input type="checkbox"/>	28
Crest Regular Paste	<input type="checkbox"/>	29
Crest Sensitivity	<input type="checkbox"/>	30
Crest Tartar Protection Gel	<input type="checkbox"/>	31
Crest Tartar Protection Paste	<input type="checkbox"/>	32
Crest 3D White	<input type="checkbox"/>	33
Crest Whitening Expressions	<input type="checkbox"/>	34
Crest Whitening Plus Scope	<input type="checkbox"/>	35
Other Crest	<input type="checkbox"/>	36
Mentadent	<input type="checkbox"/>	37
Pepsodent	<input type="checkbox"/>	38
Rembrandt	<input type="checkbox"/>	39
Sensodyne	<input type="checkbox"/>	40
Sensodyne ProNamel	<input type="checkbox"/>	41
Tom's of Maine	<input type="checkbox"/>	42
Ultra brite	<input type="checkbox"/>	43
Store's Own Brand	<input type="checkbox"/>	44
SHERB	<input checked="" type="checkbox"/>	<u>8</u> 999
OTHER (Write In)		
PROPERTIES:		116-0
Whitening	<input type="checkbox"/>	1
Sensitive	<input type="checkbox"/>	2

This example indicates that this person:

- used toothpaste in the last 6 months
- used baking soda in the last 6 months
- used non-baking soda in the last 6 months
- used regular in the last 6 months
- used paste in the last 6 months
- used Colgate with Baking Soda and Peroxide Whitening and Smerb in the last 6 months
- used toothpaste 14 times in the last 7 days
- used baking soda 6 times in the last 7 days
- used non-baking soda 8 times in the last 7 days
- used regular 14 times in the last 7 days
- used paste 14 times in the last 7 days
- used Colgate with Baking Soda and Peroxide Whitening 6 times and Smerb 8 times in the last 7 days

The questions on this page refer to places in your area where you might shop. After completing this page, please continue with the rest of the questionnaire.

FOOD/WAREHOUSE/ CLUB STORES	67A	You Personally:	
		Shopped in last 6 months	Times in last 30 days
Grocery Stores:			
A & P	<input type="checkbox"/>	01	
Acme	<input type="checkbox"/>	02	
Albertsons	<input type="checkbox"/>	03	
Aldi	<input type="checkbox"/>	04	
BI-LO	<input type="checkbox"/>	05	
Cub Foods	<input type="checkbox"/>	06	
Food Lion	<input type="checkbox"/>	13	
Fred Meyer	<input type="checkbox"/>	15	
GNC	<input type="checkbox"/>	17	
Giant	<input type="checkbox"/>	18	
Giant Eagle	<input type="checkbox"/>	19	
Hannaford	<input type="checkbox"/>	21	
Harris Teeter	<input type="checkbox"/>	22	
H-E-B	<input type="checkbox"/>	23	
Hy-Vee	<input type="checkbox"/>	24	
IGA	<input type="checkbox"/>	25	
King Soopers	<input type="checkbox"/>	29	
Kroger	<input type="checkbox"/>	30	
Meijer	<input type="checkbox"/>	31	
Military Commissary	<input type="checkbox"/>	32	
Piggly Wiggly	<input type="checkbox"/>	36	
Price Chopper	<input type="checkbox"/>	37	
Publix	<input type="checkbox"/>	38	
Ralphs	<input type="checkbox"/>	39	
Safeway	<input type="checkbox"/>	40	
Save-A-Lot	<input type="checkbox"/>	41	
7-Eleven	<input type="checkbox"/>	42	
Shop 'N Save	<input type="checkbox"/>	44	
Smith's	<input type="checkbox"/>	46	
Stop & Shop	<input type="checkbox"/>	48	
Sweetbay	<input type="checkbox"/>	52	
Trader Joe's	<input type="checkbox"/>	54	
Vons	<input type="checkbox"/>	55	
Walmart Supercenter	<input type="checkbox"/>	57	
Wegmans	<input type="checkbox"/>	59	
Whole Foods Market	<input type="checkbox"/>	60	
Winn-Dixie	<input type="checkbox"/>	61	
Warehouse/Club Stores:			
BJ's Wholesale Club	<input type="checkbox"/>	62	
Costco Wholesale	<input type="checkbox"/>	63	
Sam's Club	<input type="checkbox"/>	64	
Write in how much money is spent by your household and by you personally in grocery stores, food stores, supermarkets and warehouse/club stores in an average week.			
Amount spent by household \$ _____ 67M-0			
Amount spent by you personally \$ _____ 67P-0			

DRUG STORES	67H	You Personally:	
		Shopped last 6 months	Times in last 30 days
CVS Pharmacy/Longs Drugs	<input type="checkbox"/>	01	
Rite Aid	<input type="checkbox"/>	09	
Target Pharmacy	<input type="checkbox"/>	11	
Walmart Pharmacy	<input type="checkbox"/>	13	
Walgreen's	<input type="checkbox"/>	14	

APPLIANCE, HARDWARE AND ELECTRONICS STORES	67K	You Personally:	
		Shopped last 12 months	Times in last 30 days
APPLIANCE AND HARDWARE STORES			
Ace Hardware	<input type="checkbox"/>	02	
Home Depot	<input type="checkbox"/>	03	
Lowe's	<input type="checkbox"/>	04	
Sears Appliance & Hardware	<input type="checkbox"/>	07	
Sherwin Williams	<input type="checkbox"/>	08	
Tractor Supply Company	<input type="checkbox"/>	09	
True Value	<input type="checkbox"/>	10	
ELECTRONICS STORES			
Apple Store	<input type="checkbox"/>	02	
Best Buy	<input type="checkbox"/>	03	
RadioShack	<input type="checkbox"/>	07	
RAC Rent-A-Center	<input type="checkbox"/>	08	

DEPARTMENT, CLOTHING/SHOES & SPECIALTY STORES	67F	You Personally:	
		Shopped last 3 months	Times in last 30 days
Abercrombie & Fitch	<input type="checkbox"/>	01	
American Eagle Outfitters	<input type="checkbox"/>	02	
Ann Taylor	<input type="checkbox"/>	03	
Bakers	<input type="checkbox"/>	05	
Banana Republic	<input type="checkbox"/>	06	
Bath & Body Works	<input type="checkbox"/>	07	
Bealls	<input type="checkbox"/>	08	
Bed Bath & Beyond	<input type="checkbox"/>	09	
Belk	<input type="checkbox"/>	10	
Big Lots	<input type="checkbox"/>	12	
Bloomingdale's	<input type="checkbox"/>	13	
Body Shop	<input type="checkbox"/>	14	
Burlington Coat Factory	<input type="checkbox"/>	15	
Champs Sports	<input type="checkbox"/>	17	
Chico's	<input type="checkbox"/>	18	
Crate & Barrel	<input type="checkbox"/>	19	
David's Bridal	<input type="checkbox"/>	20	
Dick's Sporting Goods	<input type="checkbox"/>	21	
Dillard's	<input type="checkbox"/>	22	
The Disney Store	<input type="checkbox"/>	23	
Dollar General	<input type="checkbox"/>	24	
Dollar Tree	<input type="checkbox"/>	25	
Dress Barn	<input type="checkbox"/>	26	
DSW	<input type="checkbox"/>	27	
Eddie Bauer	<input type="checkbox"/>	28	
Express	<input type="checkbox"/>	29	
Family Dollar	<input type="checkbox"/>	30	
Famous Footwear	<input type="checkbox"/>	31	
Fashion Bug	<input type="checkbox"/>	32	
Finish Line	<input type="checkbox"/>	34	
Foot Action	<input type="checkbox"/>	35	
Foot Locker	<input type="checkbox"/>	36	
Forever 21	<input type="checkbox"/>	37	
Fred's	<input type="checkbox"/>	38	
The Gap	<input type="checkbox"/>	39	
H&M	<input type="checkbox"/>	40	
Hallmark Gold Crown	<input type="checkbox"/>	41	
Hollister	<input type="checkbox"/>	42	
J. Crew	<input type="checkbox"/>	43	
JCPenney	<input type="checkbox"/>	44	
Jo-Ann Fabric and Craft	<input type="checkbox"/>	45	
Kmart	<input type="checkbox"/>	46	
Kohl's	<input type="checkbox"/>	48	
Lady Foot Locker	<input type="checkbox"/>	49	
Lane Bryant	<input type="checkbox"/>	50	
Lord & Taylor	<input type="checkbox"/>	52	
Macy's	<input type="checkbox"/>	53	
Marshalls	<input type="checkbox"/>	54	
Men's Wearhouse	<input type="checkbox"/>	56	
Michaels	<input type="checkbox"/>	58	
Military Exchange	<input type="checkbox"/>	59	
Naturalizer	<input type="checkbox"/>	60	
Neiman Marcus	<input type="checkbox"/>	61	
New York & Company	<input type="checkbox"/>	62	
Nordstrom	<input type="checkbox"/>	63	
Old Navy	<input type="checkbox"/>	64	
PacSun	<input type="checkbox"/>	65	
Payless	<input type="checkbox"/>	66	
Pier 1 Imports	<input type="checkbox"/>	68	
Pottery Barn	<input type="checkbox"/>	69	
Ross Stores	<input type="checkbox"/>	71	
Saks Fifth Avenue	<input type="checkbox"/>	72	
Sears	<input type="checkbox"/>	73	
Sephora	<input type="checkbox"/>	74	
Shoe Carnival	<input type="checkbox"/>	75	
Sports Authority	<input type="checkbox"/>	76	
Talbots	<input type="checkbox"/>	78	
Target	<input type="checkbox"/>	79	
T.J. Maxx	<input type="checkbox"/>	80	
Toys "R" Us	<input type="checkbox"/>	81	
Ulta	<input type="checkbox"/>	82	
Victoria's Secret	<input type="checkbox"/>	83	
Walmart	<input type="checkbox"/>	84	
Williams-Sonoma	<input type="checkbox"/>	85	
OFFICE/COMPUTER SUPPLY STORES			
FedEx Office	<input type="checkbox"/>	01	
Office Depot	<input type="checkbox"/>	02	
OfficeMax	<input type="checkbox"/>	03	
Staples	<input type="checkbox"/>	04	

OFFICE/COMPUTER SUPPLY STORES	67X	You Personally:	
		Shopped last 12 months	Times in last 30 days
FedEx Office	<input type="checkbox"/>	01	
Office Depot	<input type="checkbox"/>	02	
OfficeMax	<input type="checkbox"/>	03	
Staples	<input type="checkbox"/>	04	

TOOTHPASTE	You Personally:	
	Used in last 6 months	Times/last 7 days
001		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Baking Soda	<input type="checkbox"/>	01
Non Baking Soda	<input type="checkbox"/>	02
KINDS:		
Tartar Control	<input type="checkbox"/>	03
Regular	<input type="checkbox"/>	04
FORMS:		
Gel	<input type="checkbox"/>	05
Paste	<input type="checkbox"/>	06
BRANDS:		
Aim	<input type="checkbox"/>	07
Aquafresh	<input type="checkbox"/>	08
Aquafresh Advanced	<input type="checkbox"/>	09
Aquafresh Extreme Clean	<input type="checkbox"/>	10
Aquafresh Iso-active	<input type="checkbox"/>	11
Aquafresh Whitening	<input type="checkbox"/>	12
Arm & Hammer Advance White	<input type="checkbox"/>	13
Other Arm & Hammer	<input type="checkbox"/>	14
Close-Up	<input type="checkbox"/>	15
Colgate 2 in 1	<input type="checkbox"/>	16
Colgate Max Fresh	<input type="checkbox"/>	17
Colgate ProClinical	<input type="checkbox"/>	18
Colgate Regular	<input type="checkbox"/>	19
Colgate Sensitive	<input type="checkbox"/>	20
Colgate Sparkling White	<input type="checkbox"/>	21
Colgate Tartar Protection	<input type="checkbox"/>	22
Colgate Total	<input type="checkbox"/>	23
Colgate Total Advanced	<input type="checkbox"/>	24
Colgate Baking Soda and Peroxide Whitening	<input type="checkbox"/>	25
Other Colgate	<input type="checkbox"/>	26
Crest Pro-Health	<input type="checkbox"/>	27
Crest Regular Gel	<input type="checkbox"/>	28
Crest Regular Paste	<input type="checkbox"/>	29
Crest Sensitivity	<input type="checkbox"/>	30
Crest Tartar Protection Gel	<input type="checkbox"/>	31
Crest Tartar Protection Paste	<input type="checkbox"/>	32
Crest 3D White	<input type="checkbox"/>	33
Crest Whitening Expressions	<input type="checkbox"/>	34
Crest Whitening Plus Scope	<input type="checkbox"/>	35
Other Crest	<input type="checkbox"/>	36
Mentadent	<input type="checkbox"/>	37
Pepsodent	<input type="checkbox"/>	38
Rembrandt	<input type="checkbox"/>	39
Sensodyne	<input type="checkbox"/>	40
Sensodyne ProNamel	<input type="checkbox"/>	41
Tom's of Maine	<input type="checkbox"/>	42
Ultra brite	<input type="checkbox"/>	43
Store's Own Brand	<input type="checkbox"/>	44
OTHER (Write In)	<input type="checkbox"/>	999
PROPERTIES: 116-0		
Whitening	<input type="checkbox"/>	1
Sensitive	<input type="checkbox"/>	2

DENTAL FLOSS	You Personally:	
	Used in last 6 months	Times/last 7 days
002		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Waxed	<input type="checkbox"/>	01
Unwaxed	<input type="checkbox"/>	02
KINDS:		
Flavored	<input type="checkbox"/>	03
Unflavored	<input type="checkbox"/>	04
BRANDS:		
Butler G-U-M	<input type="checkbox"/>	05
Crest Glide	<input type="checkbox"/>	06
Johnson & Johnson Reach	<input type="checkbox"/>	07
Oral-B	<input type="checkbox"/>	08
Reach Access Flosser	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
OTHER (Write In)	<input type="checkbox"/>	999

TOOTHBRUSHES	You Personally:	
	Bought in last 6 months	Number in last 6 months
003		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Battery-Operated	<input type="checkbox"/>	01
Electric	<input type="checkbox"/>	02
Manual	<input type="checkbox"/>	03
KINDS:		
Firm Bristle	<input type="checkbox"/>	04
Medium Bristle	<input type="checkbox"/>	05
Soft Bristle	<input type="checkbox"/>	06
FORMS:		
Angled Handle	<input type="checkbox"/>	07
Straight Handle	<input type="checkbox"/>	08
BRANDS:		
Aquafresh Deep Action	<input type="checkbox"/>	09
Aquafresh Gel Flex	<input type="checkbox"/>	10
Other Aquafresh	<input type="checkbox"/>	11
Butler G-U-M	<input type="checkbox"/>	12
Colgate 360°	<input type="checkbox"/>	13
Colgate Motion	<input type="checkbox"/>	14
Colgate Navigator	<input type="checkbox"/>	15
Colgate Plus	<input type="checkbox"/>	16
Colgate Total Professional	<input type="checkbox"/>	17
Colgate Wave	<input type="checkbox"/>	18
Colgate Wisp	<input type="checkbox"/>	19
Other Colgate	<input type="checkbox"/>	20
Oral-B AdvancePower	<input type="checkbox"/>	21
Oral-B Advantage	<input type="checkbox"/>	22
Oral-B CrossAction	<input type="checkbox"/>	23
Oral-B Indicator	<input type="checkbox"/>	24
Oral-B ProfessionalCare	<input type="checkbox"/>	25
Oral-B Pulsar	<input type="checkbox"/>	26
Oral-B Stages	<input type="checkbox"/>	27
Oral-B Vitality	<input type="checkbox"/>	28
Other Oral-B	<input type="checkbox"/>	29
Reach Advanced Design	<input type="checkbox"/>	30
Reach Tooth & Gum	<input type="checkbox"/>	31
Reach Ultraclean	<input type="checkbox"/>	32
Other Reach	<input type="checkbox"/>	33
Sonicare Elite	<input type="checkbox"/>	34
Other Sonicare	<input type="checkbox"/>	35
Spinbrush	<input type="checkbox"/>	36
Spinbrush Pro	<input type="checkbox"/>	37
Store's Own Brand	<input type="checkbox"/>	38
OTHER (Write In)	<input type="checkbox"/>	999

MOUTHWASH	You Personally:	
	Used in last 6 months	Times/last 7 days
005		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
ACT Restoring	<input type="checkbox"/>	01
Biotène	<input type="checkbox"/>	02
Cepacol	<input type="checkbox"/>	03
Crest Pro-Health Rinse	<input type="checkbox"/>	04
Lavoris	<input type="checkbox"/>	05
Listerine (Yellow)	<input type="checkbox"/>	06
Listerine Cool Mint (Blue)	<input type="checkbox"/>	07
Listerine FreshBurst (Green)	<input type="checkbox"/>	08
Other Listerine	<input type="checkbox"/>	09
Listermint	<input type="checkbox"/>	10
Scope Original (Green)	<input type="checkbox"/>	11
Scope Outlast	<input type="checkbox"/>	12
Scope White	<input type="checkbox"/>	13
Tom's of Maine	<input type="checkbox"/>	14
OTHER (Write In)	<input type="checkbox"/>	999

DENTAL RINSE	You Personally:	
	Used in last 6 months	Times/last 7 days
006		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
ACT Fluoride Rinse	<input type="checkbox"/>	01
Crest Pro-Health Rinse	<input type="checkbox"/>	02
Crest 3D White Rinse	<input type="checkbox"/>	03
Listerine Total Care	<input type="checkbox"/>	04
Listerine Whitening	<input type="checkbox"/>	05
Oral-B	<input type="checkbox"/>	06
Plax	<input type="checkbox"/>	07
OTHER (Write In)	<input type="checkbox"/>	999

BREATH FRESHENERS	You Personally:	
	Used in last 6 months	Times/last 7 days
007		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Spray/Drops	<input type="checkbox"/>	01
Mints	<input type="checkbox"/>	02
Gum	<input type="checkbox"/>	03
Liquid	<input type="checkbox"/>	04
Thin Film	<input type="checkbox"/>	05
BRANDS:		
Binaca	<input type="checkbox"/>	06
Cool Mint Listerine PocketPaks Strips	<input type="checkbox"/>	07
Other Listerine PocketPaks Strips	<input type="checkbox"/>	08
Listerine Pocketmist	<input type="checkbox"/>	09
MintASURE	<input type="checkbox"/>	10
Sweet Breath	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999

LIP CARE	You Personally:	
	Used in last 6 months	Times/last 7 days
008		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Blistex	<input type="checkbox"/>	01
Burt's Bees	<input type="checkbox"/>	02
Carmex	<input type="checkbox"/>	03
ChapStick Classic	<input type="checkbox"/>	04
ChapStick Lip Moisturizer	<input type="checkbox"/>	05
ChapStick 100% Naturals	<input type="checkbox"/>	06
ChapStick Ultra SPF 30	<input type="checkbox"/>	07
Other ChapStick	<input type="checkbox"/>	08
eos	<input type="checkbox"/>	09
Herpeclin-L	<input type="checkbox"/>	10
Neosporin LT Lip Treatment	<input type="checkbox"/>	11
Neutrogena	<input type="checkbox"/>	12
Nivea	<input type="checkbox"/>	13
Softlips	<input type="checkbox"/>	14
Vaseline Lip Therapy	<input type="checkbox"/>	15
Other Vaseline	<input type="checkbox"/>	16
Store's Own Brand	<input type="checkbox"/>	17
OTHER (Write In)	<input type="checkbox"/>	999

TOOTH WHITENERS (not toothpaste)	You Personally:	
	Used in last 6 months	Times/last 7 days
004		
TOTAL:	<input type="checkbox"/>	00
FORMS:		
Strips	<input type="checkbox"/>	01
Gel	<input type="checkbox"/>	02
Trays	<input type="checkbox"/>	03
BRANDS:		
Aquafresh White Trays	<input type="checkbox"/>	04
Crest 3D White Whitestrips	<input type="checkbox"/>	05
Listerine Whitening Strips	<input type="checkbox"/>	06
Plus White	<input type="checkbox"/>	07
Rembrandt	<input type="checkbox"/>	08
OTHER (Write In)	<input type="checkbox"/>	999

DEODORANTS AND ANTIPERSPIRANTS		You Personally:		COMPLEXION CARE PRODUCTS (Facial Cleansers, Facial Toners, etc.)		You Personally:		HAND & BODY CREAM, LOTION OR OIL		You Personally:	
		Used in last 6 months	Times/last 7 days			Used in last 6 months	Times/last 7 days			Used in last 6 months	Times/last 7 days
010				011				013			
TOTAL:		<input type="checkbox"/>	00	TOTAL:		<input type="checkbox"/>	00	TOTAL:		<input type="checkbox"/>	00
TYPES:				TYPES:				TYPES:			
Scented		<input type="checkbox"/>	01	Astringent		<input type="checkbox"/>	01	Cream		<input type="checkbox"/>	01
Unscented		<input type="checkbox"/>	02	Cleansers		<input type="checkbox"/>	02	Lotion		<input type="checkbox"/>	02
KINDS:				Toner		<input type="checkbox"/>	03	Oil		<input type="checkbox"/>	03
Antiperspirant/Deodorant		<input type="checkbox"/>	03	FORMS:				BRANDS:			
Deodorant Only		<input type="checkbox"/>	04	Mask		<input type="checkbox"/>	04	Aquaphor Ointment		<input type="checkbox"/>	04
BRANDS:				Pad		<input type="checkbox"/>	05	Aveeno Daily Moisturizing		<input type="checkbox"/>	05
Adidas		<input type="checkbox"/>	05	Sponge		<input type="checkbox"/>	06	Other Aveeno		<input type="checkbox"/>	06
Arm & Hammer Roll-On		<input type="checkbox"/>	06	Cloths/Towelettes		<input type="checkbox"/>	07	Avon		<input type="checkbox"/>	07
Arm & Hammer Stick/Solid		<input type="checkbox"/>	07	KINDS:				Baby Magic Baby Lotion		<input type="checkbox"/>	08
Arrid Extra Dry Clear Gel		<input type="checkbox"/>	08	Bar		<input type="checkbox"/>	08	Baby Magic Creamy Baby Oil		<input type="checkbox"/>	09
Arrid Extra Dry Spray		<input type="checkbox"/>	09	Cream		<input type="checkbox"/>	09	Bath & Body Works		<input type="checkbox"/>	10
Arrid XX Roll-On		<input type="checkbox"/>	10	Gel		<input type="checkbox"/>	10	The Body Shop		<input type="checkbox"/>	11
Arrid XX Solid		<input type="checkbox"/>	11	Lotion		<input type="checkbox"/>	11	Burt's Bees		<input type="checkbox"/>	12
Arrid XX Spray		<input type="checkbox"/>	12	Scrub		<input type="checkbox"/>	12	Cetaphil		<input type="checkbox"/>	13
Other Arrid		<input type="checkbox"/>	13	BRANDS:				Corn Huskers		<input type="checkbox"/>	14
Avon		<input type="checkbox"/>	14	Almay		<input type="checkbox"/>	13	Curél		<input type="checkbox"/>	15
Axe Bodyspray		<input type="checkbox"/>	15	Aveeno		<input type="checkbox"/>	14	Dove		<input type="checkbox"/>	16
Axe Dry Solid/Gel		<input type="checkbox"/>	16	Avon Clearskin		<input type="checkbox"/>	15	Eucerin Original		<input type="checkbox"/>	17
Ban Roll-On		<input type="checkbox"/>	17	Other Avon		<input type="checkbox"/>	16	Eucerin Plus Intensive Repair		<input type="checkbox"/>	18
Ban Solid		<input type="checkbox"/>	18	Bioré		<input type="checkbox"/>	17	Other Eucerin		<input type="checkbox"/>	19
Brut Spray		<input type="checkbox"/>	19	Bioré Deep Cleansing Pore Strips		<input type="checkbox"/>	18	Gold Bond Medicated Lotion		<input type="checkbox"/>	20
Brut Stick		<input type="checkbox"/>	20	Cetaphil		<input type="checkbox"/>	19	Gold Bond Ultimate Lotion		<input type="checkbox"/>	21
Degree Clinical Protection		<input type="checkbox"/>	21	Clean & Clear Advantage		<input type="checkbox"/>	20	Jergens Natural Glow		<input type="checkbox"/>	22
Degree Women Solid		<input type="checkbox"/>	22	Clean & Clear Morning Burst		<input type="checkbox"/>	21	Jergens Original Scent		<input type="checkbox"/>	23
Degree Women Spray		<input type="checkbox"/>	23	Other Clean & Clear		<input type="checkbox"/>	22	Jergens Skin Firming		<input type="checkbox"/>	24
Degree Women Ultra Clear		<input type="checkbox"/>	24	Clearasil Daily Face Wash		<input type="checkbox"/>	23	Jergens Soothing Aloe Relief		<input type="checkbox"/>	25
Degree Men Spray		<input type="checkbox"/>	25	Clearasil Ultra		<input type="checkbox"/>	24	Jergens Ultra Healing		<input type="checkbox"/>	26
Degree Men Stick/Solid		<input type="checkbox"/>	26	Other Clearasil		<input type="checkbox"/>	25	Other Jergens		<input type="checkbox"/>	27
Dove Clinical Protection		<input type="checkbox"/>	27	Clinique Facial Soap		<input type="checkbox"/>	26	Johnson's Baby Lotion		<input type="checkbox"/>	28
Dove Roll-On		<input type="checkbox"/>	28	Other Clinique		<input type="checkbox"/>	27	Johnson's Baby Oil		<input type="checkbox"/>	29
Dove Solid		<input type="checkbox"/>	29	Estée Lauder		<input type="checkbox"/>	28	Other Johnson's		<input type="checkbox"/>	30
Dove Spray		<input type="checkbox"/>	30	Garnier Nutritioniste		<input type="checkbox"/>	29	Keri Lotion		<input type="checkbox"/>	31
Dry Idea		<input type="checkbox"/>	31	Lancôme		<input type="checkbox"/>	30	Kiss My Face		<input type="checkbox"/>	32
Gillette Clinical Strength		<input type="checkbox"/>	32	L'Oréal		<input type="checkbox"/>	31	L'Oréal		<input type="checkbox"/>	33
Gillette Series Gel		<input type="checkbox"/>	33	Mary Kay		<input type="checkbox"/>	32	Lubriderm Advanced Therapy		<input type="checkbox"/>	34
Gillette Series Solid		<input type="checkbox"/>	34	Neutrogena Advanced Solutions		<input type="checkbox"/>	33	Lubriderm Daily Moisture		<input type="checkbox"/>	35
Gillette 3x		<input type="checkbox"/>	35	Neutrogena Deep Clean Cleanser		<input type="checkbox"/>	34	Lubriderm Intense Skin Repair		<input type="checkbox"/>	36
Lady Speed Stick		<input type="checkbox"/>	36	Neutrogena Oil Free Acne Wash		<input type="checkbox"/>	35	Lubriderm Sensitive Skin		<input type="checkbox"/>	37
Lady Speed Stick 24/7		<input type="checkbox"/>	37	Neutrogena Pore Refining		<input type="checkbox"/>	36	Mary Kay		<input type="checkbox"/>	38
Lady's Choice		<input type="checkbox"/>	38	Other Neutrogena		<input type="checkbox"/>	37	Neutrogena Hand Cream		<input type="checkbox"/>	39
Mitchum Gel		<input type="checkbox"/>	39	Nivea for Men		<input type="checkbox"/>	38	Neutrogena Body Lotion		<input type="checkbox"/>	40
Mitchum Roll-On		<input type="checkbox"/>	40	Noxzema Plus Skin Cream		<input type="checkbox"/>	39	Neutrogena Body Oil		<input type="checkbox"/>	41
Mitchum Solid		<input type="checkbox"/>	41	Noxzema Skin Cream		<input type="checkbox"/>	40	Nivea Smooth Sensation		<input type="checkbox"/>	42
Mitchum for Women		<input type="checkbox"/>	42	Olay Daily Facials		<input type="checkbox"/>	41	Other Nivea		<input type="checkbox"/>	43
Old Spice High Endurance		<input type="checkbox"/>	43	Olay Definity		<input type="checkbox"/>	42	Olay Quench		<input type="checkbox"/>	44
Old Spice Red Zone		<input type="checkbox"/>	44	Olay Foaming Face Wash		<input type="checkbox"/>	43	Olay Touch of Sun		<input type="checkbox"/>	45
Old Spice Stick		<input type="checkbox"/>	45	Olay Refreshing Toner		<input type="checkbox"/>	44	Other Olay		<input type="checkbox"/>	46
Power Stick		<input type="checkbox"/>	46	Olay Regenerist		<input type="checkbox"/>	45	Origins		<input type="checkbox"/>	47
Right Guard Sport Gel		<input type="checkbox"/>	47	Olay Total Effects		<input type="checkbox"/>	46	Palmer's		<input type="checkbox"/>	48
Right Guard Sport Spray		<input type="checkbox"/>	48	Other Olay		<input type="checkbox"/>	47	Sally Hansen		<input type="checkbox"/>	49
Right Guard Sport Solid		<input type="checkbox"/>	49	Oxy		<input type="checkbox"/>	48	St. Ives		<input type="checkbox"/>	50
Right Guard Total Defense 5		<input type="checkbox"/>	50	pHisoderm		<input type="checkbox"/>	49	Suave		<input type="checkbox"/>	51
Secret Clinical Strength		<input type="checkbox"/>	51	Pond's Cold Cream		<input type="checkbox"/>	50	Vaseline Aloe Fresh		<input type="checkbox"/>	52
Secret Flawless Solid		<input type="checkbox"/>	52	Pond's Towelettes		<input type="checkbox"/>	51	Vaseline Clinical Therapy		<input type="checkbox"/>	53
Secret Invisible Solid		<input type="checkbox"/>	53	Sea Breeze Astringent		<input type="checkbox"/>	52	Vaseline Cocoa Butter		<input type="checkbox"/>	54
Secret Roll-On		<input type="checkbox"/>	54	St. Ives Apricot Scrub		<input type="checkbox"/>	53	Vaseline Intensive Rescue		<input type="checkbox"/>	55
Secret Solid		<input type="checkbox"/>	55	Other St. Ives		<input type="checkbox"/>	54	Vaseline Men		<input type="checkbox"/>	56
Secret Spray		<input type="checkbox"/>	56	Stridex		<input type="checkbox"/>	55	Vaseline Petroleum Jelly		<input type="checkbox"/>	57
Soft & Dri DriGel		<input type="checkbox"/>	57	Store's Own Brand		<input type="checkbox"/>	56	Vaseline Total Moisture		<input type="checkbox"/>	58
Soft & Dri Solid		<input type="checkbox"/>	58	OTHER (Write In)		<input type="checkbox"/>	999	Other Vaseline		<input type="checkbox"/>	59
Soft & Dri Spray		<input type="checkbox"/>	59	Facial skin type:				Weleda		<input type="checkbox"/>	60
Speed Stick		<input type="checkbox"/>	60	Dry		<input type="checkbox"/>	01	Store's Own Brand		<input type="checkbox"/>	61
Speed Stick 24/7		<input type="checkbox"/>	61	Normal		<input type="checkbox"/>	02	OTHER (Write In)		<input type="checkbox"/>	999
Suave		<input type="checkbox"/>	62	Oily		<input type="checkbox"/>	03	Used for:			
Sure Solid		<input type="checkbox"/>	63	Partly oily/partly dry		<input type="checkbox"/>	04	Anti-Aging		<input type="checkbox"/>	01
Sure Spray		<input type="checkbox"/>	64	Sensitive		<input type="checkbox"/>	05	Anti-Cellulite/Firming		<input type="checkbox"/>	02
OTHER (Write In)		<input type="checkbox"/>	999					Dry Skin		<input type="checkbox"/>	03
								Moisturizing		<input type="checkbox"/>	04
								Self Tan/Glow		<input type="checkbox"/>	05
								Sensitive Skin		<input type="checkbox"/>	06

PERSONAL CARE SOAPS – BAR	You Personally:	
	Used in last 6 months	Times/ last 30 days
015		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Aveeno	<input type="checkbox"/>	01
Avon	<input type="checkbox"/>	02
Burt's Bees	<input type="checkbox"/>	03
Camay	<input type="checkbox"/>	04
Caress	<input type="checkbox"/>	05
Coast	<input type="checkbox"/>	06
Dial Mountain Fresh	<input type="checkbox"/>	07
Dial (Regular)	<input type="checkbox"/>	08
Dove	<input type="checkbox"/>	09
Dove Sensitive Skin	<input type="checkbox"/>	10
Irish Spring Original	<input type="checkbox"/>	11
Irish Spring Aloe	<input type="checkbox"/>	12
Irish Spring Sport	<input type="checkbox"/>	13
Ivory	<input type="checkbox"/>	14
Jergens	<input type="checkbox"/>	15
Lava	<input type="checkbox"/>	16
Lever 2000	<input type="checkbox"/>	17
Neutrogena	<input type="checkbox"/>	18
Olay	<input type="checkbox"/>	19
Palmolive	<input type="checkbox"/>	20
Safeguard	<input type="checkbox"/>	21
Tone	<input type="checkbox"/>	22
Yardley	<input type="checkbox"/>	23
Zest	<input type="checkbox"/>	24
Store's Own Brand	<input type="checkbox"/>	25
OTHER (Write In)	<input type="checkbox"/>	999
Used for:	016-0	
Antibacterial	<input type="checkbox"/>	1
Complexion	<input type="checkbox"/>	2
Deodorant	<input type="checkbox"/>	3
Moisturizing	<input type="checkbox"/>	4

BODY WASH/ SHOWER GEL	You Personally:	
	Used in last 6 months	Times/ last 30 days
019		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Aveeno Body Wash	<input type="checkbox"/>	01
Avon	<input type="checkbox"/>	02
Axe Shower Gel	<input type="checkbox"/>	03
Bath & Body Works	<input type="checkbox"/>	04
Burt's Bees	<input type="checkbox"/>	05
Caress	<input type="checkbox"/>	06
Coast	<input type="checkbox"/>	07
Dial	<input type="checkbox"/>	08
Dial for Men	<input type="checkbox"/>	09
Dove Body Wash	<input type="checkbox"/>	10
Eucerin	<input type="checkbox"/>	11
Gillette	<input type="checkbox"/>	12
Irish Spring	<input type="checkbox"/>	13
Ivory Body Wash	<input type="checkbox"/>	14
Johnson's	<input type="checkbox"/>	15
Lever 2000	<input type="checkbox"/>	16
Neutrogena	<input type="checkbox"/>	17
Olay	<input type="checkbox"/>	18
Old Spice High Endurance	<input type="checkbox"/>	19
Old Spice Red Zone	<input type="checkbox"/>	20
Pure & Natural	<input type="checkbox"/>	21
Softsoap Body Wash	<input type="checkbox"/>	22
St. Ives Body Wash	<input type="checkbox"/>	23
Suave Body Wash	<input type="checkbox"/>	24
Suave Men	<input type="checkbox"/>	25
Tone Body Wash	<input type="checkbox"/>	26
White Rain Body Wash	<input type="checkbox"/>	27
Zest	<input type="checkbox"/>	28
Store's Own Brand	<input type="checkbox"/>	29
OTHER (Write In)	<input type="checkbox"/>	999

LIQUID SOAPS/ HAND SANITIZERS	You Personally:	
	Used in last 6 months	Times/ last 30 days
017		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Liquid Soap	<input type="checkbox"/>	01
Hand Sanitizer	<input type="checkbox"/>	02
BRANDS:		
Avon	<input type="checkbox"/>	03
Burt's Bees	<input type="checkbox"/>	04
Clean & Smooth	<input type="checkbox"/>	05
Dial	<input type="checkbox"/>	06
Dial Complete	<input type="checkbox"/>	07
Germ-X	<input type="checkbox"/>	08
Ivory	<input type="checkbox"/>	09
Jergens	<input type="checkbox"/>	10
Lava Soap	<input type="checkbox"/>	11
Lysol Healthy Touch	<input type="checkbox"/>	12
Method	<input type="checkbox"/>	13
Neutrogena	<input type="checkbox"/>	14
Purell	<input type="checkbox"/>	15
Softsoap	<input type="checkbox"/>	16
Tone	<input type="checkbox"/>	17
Store's Own Brand	<input type="checkbox"/>	18
OTHER (Write In)	<input type="checkbox"/>	999

HAIR CONDITIONERS (For use at home)	You Personally:	
	Used in last 6 months	Times/ last 7 days
020		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Dry	<input type="checkbox"/>	01
Extra Dry	<input type="checkbox"/>	02
Fine Hair/Extra Body	<input type="checkbox"/>	03
Normal	<input type="checkbox"/>	04
Oily	<input type="checkbox"/>	05
BRANDS:		
Alberto VO5	<input type="checkbox"/>	06
Aussie	<input type="checkbox"/>	07
Aveda	<input type="checkbox"/>	08
Aveeno	<input type="checkbox"/>	09
Avon	<input type="checkbox"/>	10
Bed Head	<input type="checkbox"/>	11
Biologie by Matrix	<input type="checkbox"/>	12
Dark & Lovely	<input type="checkbox"/>	13
Dove	<input type="checkbox"/>	14
Finesse	<input type="checkbox"/>	15
Garnier Fructis	<input type="checkbox"/>	16
Herbal Essences	<input type="checkbox"/>	17
Infusium 23	<input type="checkbox"/>	18
John Frieda Brilliant Brunette	<input type="checkbox"/>	19
John Frieda Frizz-Ease	<input type="checkbox"/>	20
John Frieda Sheer Blonde	<input type="checkbox"/>	21
L'Oréal VIVE Pro	<input type="checkbox"/>	22
Other L'Oréal	<input type="checkbox"/>	23
Matrix	<input type="checkbox"/>	24
Motions	<input type="checkbox"/>	25
Neutrogena Conditioner	<input type="checkbox"/>	26
Nexxus	<input type="checkbox"/>	27
Pantene Pro-V	<input type="checkbox"/>	28
Pantene Pro-V Color Expressions	<input type="checkbox"/>	29
Other Pantene	<input type="checkbox"/>	30
Paul Mitchell	<input type="checkbox"/>	31
Prell	<input type="checkbox"/>	32
Redken	<input type="checkbox"/>	33
Suave	<input type="checkbox"/>	34
Sunsilk	<input type="checkbox"/>	35
TRESemmé	<input type="checkbox"/>	36
Ultra Sheen	<input type="checkbox"/>	37
White Rain Conditioner	<input type="checkbox"/>	38
OTHER (Write In)	<input type="checkbox"/>	999

SHAMPOO (For use at home)	You Personally:	
	Used in last 6 months	Times/ last 7 days
021		
TOTAL:	<input type="checkbox"/>	00
FORMS:		
Shampoo	<input type="checkbox"/>	01
Shampoo plus Conditioner	<input type="checkbox"/>	02
TYPES:		
Baby	<input type="checkbox"/>	03
Color Treated	<input type="checkbox"/>	04
Fine Hair/Extra Body	<input type="checkbox"/>	05
Dry Hair	<input type="checkbox"/>	06
Oily Hair	<input type="checkbox"/>	07
Medicated/Dandruff	<input type="checkbox"/>	08
Normal Hair	<input type="checkbox"/>	09
Permed Hair	<input type="checkbox"/>	10
All Purpose	<input type="checkbox"/>	11
BRANDS:		
Alberto VO5	<input type="checkbox"/>	12
Aussie	<input type="checkbox"/>	13
Aveda	<input type="checkbox"/>	14
Aveeno	<input type="checkbox"/>	15
Avon	<input type="checkbox"/>	16
Baby Magic Shampoo	<input type="checkbox"/>	17
Bath & Body Works	<input type="checkbox"/>	18
Bed Head	<input type="checkbox"/>	19
Citric Shine	<input type="checkbox"/>	20
Dark & Lovely	<input type="checkbox"/>	21
Denorex	<input type="checkbox"/>	22
Dove	<input type="checkbox"/>	23
Finesse	<input type="checkbox"/>	24
Garnier Fructis	<input type="checkbox"/>	25
Gillette	<input type="checkbox"/>	26
Head & Shoulders	<input type="checkbox"/>	27
Herbal Essences	<input type="checkbox"/>	28
Infusium 23	<input type="checkbox"/>	29
John Frieda Brilliant Brunette	<input type="checkbox"/>	30
John Frieda Frizz-Ease	<input type="checkbox"/>	31
John Frieda Sheer Blonde	<input type="checkbox"/>	32
Johnson's Baby Shampoo	<input type="checkbox"/>	33
L'Oréal VIVE Pro	<input type="checkbox"/>	34
L'Oréal VIVE Pro for Men	<input type="checkbox"/>	35
Other L'Oréal	<input type="checkbox"/>	36
Matrix	<input type="checkbox"/>	37
Motions	<input type="checkbox"/>	38
Neutrogena	<input type="checkbox"/>	39
Neutrogena T-Gel	<input type="checkbox"/>	40
Nexxus	<input type="checkbox"/>	41
Nizoral	<input type="checkbox"/>	42
Pantene Pro-V	<input type="checkbox"/>	43
Pantene Pro-V Color Expressions	<input type="checkbox"/>	44
Other Pantene	<input type="checkbox"/>	45
Paul Mitchell	<input type="checkbox"/>	46
Pert Plus	<input type="checkbox"/>	47
Pert Plus Dandruff Control	<input type="checkbox"/>	48
Prell	<input type="checkbox"/>	49
Redken	<input type="checkbox"/>	50
Selsun-Blue	<input type="checkbox"/>	51
Suave	<input type="checkbox"/>	52
Suave Men	<input type="checkbox"/>	53
Sunsilk	<input type="checkbox"/>	54
TRESemmé	<input type="checkbox"/>	55
White Rain Collections	<input type="checkbox"/>	56
OTHER (Write In)	<input type="checkbox"/>	999

HAIR CONDITIONING TREATMENT (For use at home)

You Personally:
Used in last 6 months | Times/last 30 days

022

TOTAL: 00

KINDS:

Leave-in 01

Rinse-out 02

BRANDS:

Alberto VO5 Hot Oil Treatment 03

Aussie 3 Minute Miracle 04

Garnier Fructis 05

Herbal Essences 06

Infusium 23 07

Pantene Pro-V 08

TCB Hair & Scalp Conditioner 09

Ultra Sheen 10

OTHER (Write In) 999

HAIR COLORING PRODUCTS (For use at home)

You Personally:
Used in last 6 months | Times/last 6 months

023

TOTAL: 00

TYPES:

Temporary Rinse 01

Semi-Permanent Color 02

Permanent Color 03

Frost, Tip, Streak Kit 04

Bleach or Lightener 05

FORMS:

Liquid/Lotion 06

Mousse 07

BRANDS:

Clairol Balsam 08

Clairol Herbal Essences 09

Clairol Hydrience 10

Clairol Loving Care 11

Clairol Natural Instincts 12

Clairol Nice 'n Easy 13

Other Clairol 14

Dark & Lovely 15

Garnier HerbaShine 16

Garnier Nutrisse 17

Grecian 5 18

Grecian Formula 16 19

Just for Men Haircolor 20

Just for Men-Must. & Beard 21

Just for Men-Touch of Gray 22

L'Oréal Excellence 23

L'Oréal Féria 24

L'Oréal Natural Match 25

L'Oréal Preference 26

Other L'Oréal 27

Men's Choice 28

Revlon Colorsilk 29

Revlon Frost & Glow 30

Other Revlon 31

OTHER (Write In) 999

Used For:

055-0

Cover Gray 1

Change/Highlight Color 2

HAIR GROWTH PRODUCTS

You Personally:
Used in last 6 months | Times/last 7 days

024

TOTAL: 00

BRANDS:

Bosley 01

Nioxin 02

Propecia 03

Rogaine 04

Scalp Med 05

OTHER (Write In) 999

HAIR SPRAYS (For use at home)

You Personally:
Used in last 6 months | Times/last 7 days

025

TOTAL: 00

TYPES:

Aerosol Spray 01

Manual Pump Spray 02

Spritz 03

BRANDS:

Alberto VO5 04

Aqua Net 05

Aussie 06

Bed Head 07

Consort 08

Dove 09

Finesse 10

Garnier Fructis 11

Herbal Essences 12

L'Oréal Studio Line 13

Matrix 14

Nexus 15

Pantene Pro-V 16

Paul Mitchell 17

Rave 18

Redken 19

Salon Grafix 20

Sebastian 21

Suave 22

TRESemmé 23

White Rain 24

OTHER (Write In) 999

HAIR STYLING GELS, LOTIONS & MOUSSE

You Personally:
Used in last 6 months | Times/last 7 days

027

TOTAL: 00

TYPES:

Mousse 01

Styling Gel/Lotion 02

BRANDS:

Alberto VO5 03

American Crew 04

Aussie 05

Aveeno 06

Bed Head 07

Dep 08

Dove 09

Finesse 10

Garnier Fructis 11

Gillette Style 12

Göt2B 13

Herbal Essences 14

John Frieda Frizz-Ease 15

LA Looks 16

L'Oréal Studio Line 17

Matrix 18

Nexus 19

Pantene Pro-V 20

Paul Mitchell 21

Redken 22

Sebastian 23

Suave 24

Sunsilk 25

TRESemmé 26

White Rain 27

OTHER (Write In) 999

FACIAL MOISTURIZERS

You Personally:
Used in last 6 months | Times/last 7 days

030

TOTAL: 00

TYPES:

Cream 01

Lotion 02

BRANDS:

Aveeno 03

Avon 04

Bath & Body Works 05

Bioré 06

Clean & Clear 07

Clinique 08

Dove 09

Elizabeth Arden 10

Estée Lauder 11

Eucerin 12

Garnier Nutritioniste 13

Jergens 14

Lancôme 15

L'Oréal Revitalift 16

Other L'Oréal 17

Lubriderm 18

Mary Kay 19

Neutrogena Healthy Skin 20

Other Neutrogena 21

Night of Olay 22

Nivea 23

Nivea for Men 24

Noxzema Skin Cream 25

Olay Complete 26

Olay Definity 27

Olay Regenerist 28

Olay Total Effects 29

Other Olay 30

Origins 31

Pond's 32

RoC 33

StriVectin-SD 34

Vaseline 35

OTHER (Write In) 999

How do you use it?

031-0

Anti-wrinkle 1

Cleansing 2

Moisturizing 3

Night Cream 4

Sunscreen 5

Under make-up 6

MEN: PLEASE SKIP TO 3RD COLUMN PAGE 9
WOMEN: PLEASE CONTINUE

HOME PERMANENTS AND RELAXERS (Women)

You Personally:
Used in last 6 months | Times/last 6 months

028

TOTAL: 00

TYPES:

Perm 01

Relaxer 02

BRANDS:

African Pride 03

Dark & Lovely 04

Gentle Treatment 05

Luster's Pink 06

Motions 07

Ogilvie 08

Optimum Care 09

Soft & Beautiful 10

OTHER (Write In) 999

HAIR CARE PRODUCTS (Women)

You Personally:
Used in last 6 months

029-0

Yes 1

TYPES:

Blow Dryer 2

Bobbie Pins 3

Brushes 4

Diffuser 5

Electric Curlers 6

Electric Curling Iron/Brush 7

Hair Pins 8

Hair Rollers 9

Styling Comb 0

BATH/SHOWER ADDITIVES (Women)	You Personally:	
	Used in last 6 months	Times/last 7 days
032		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Bubble Bath	<input type="checkbox"/>	01
Bath Beads/Powder/Salts	<input type="checkbox"/>	02
In Shower Moisturizer	<input type="checkbox"/>	03
BRANDS:		
Avon	<input type="checkbox"/>	04
Bath & Body Works	<input type="checkbox"/>	05
Calgon	<input type="checkbox"/>	06
Mr. Bubble	<input type="checkbox"/>	07
Neutrogena Rainbath	<input type="checkbox"/>	08
Olay In-Shower Lotion	<input type="checkbox"/>	09
Vaseline Bath Beads	<input type="checkbox"/>	10
Vitabath	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999

FOUNDATION MAKE-UP (Women)	You Personally:	
	Used in last 6 months	Times/last 7 days
033		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Cream	<input type="checkbox"/>	01
Duo Cream/Powder	<input type="checkbox"/>	02
Liquid	<input type="checkbox"/>	03
Stick	<input type="checkbox"/>	04
BRANDS:		
Almay Smart Shade	<input type="checkbox"/>	05
Other Almay	<input type="checkbox"/>	06
Avon	<input type="checkbox"/>	07
Bobbi Brown	<input type="checkbox"/>	08
Chanel	<input type="checkbox"/>	09
Clinique Superbalanced	<input type="checkbox"/>	10
Other Clinique	<input type="checkbox"/>	11
Cover Girl & Olay Simply Ageless	<input type="checkbox"/>	12
Cover Girl Advanced Radiance	<input type="checkbox"/>	13
Cover Girl Clean	<input type="checkbox"/>	14
Cover Girl Queen Collection	<input type="checkbox"/>	15
Cover Girl Smoothers	<input type="checkbox"/>	16
Cover Girl TruBlend	<input type="checkbox"/>	17
Cover Girl Ultimate Finish Liquid Powder	<input type="checkbox"/>	18
Other Cover Girl	<input type="checkbox"/>	19
Elizabeth Arden	<input type="checkbox"/>	20
Estée Lauder	<input type="checkbox"/>	21
Fashion Fair	<input type="checkbox"/>	22
Lancôme	<input type="checkbox"/>	23
L'Oréal True Match	<input type="checkbox"/>	24
L'Oréal Visible Lift	<input type="checkbox"/>	25
Other L'Oréal	<input type="checkbox"/>	26
M.A.C.	<input type="checkbox"/>	27
Mary Kay	<input type="checkbox"/>	28
Maybelline Dream Mousse	<input type="checkbox"/>	29
Maybelline Fit Me	<input type="checkbox"/>	30
Maybelline Instant Age Rewind	<input type="checkbox"/>	31
Maybelline Mineral Power	<input type="checkbox"/>	32
Maybelline SuperStay	<input type="checkbox"/>	33
Other Maybelline	<input type="checkbox"/>	34
Merle Norman	<input type="checkbox"/>	35
Neutrogena	<input type="checkbox"/>	36
Physicians Formula	<input type="checkbox"/>	37
Revlon Age Defying	<input type="checkbox"/>	38
Revlon ColorStay	<input type="checkbox"/>	39
Other Revlon	<input type="checkbox"/>	40
Rimmel	<input type="checkbox"/>	41
Shiseido	<input type="checkbox"/>	42
OTHER (Write In)	<input type="checkbox"/>	999

LOOSE FACE POWDER (Women)	You Personally:	
	Used in last 6 months	Times/last 7 days
034		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Almay	<input type="checkbox"/>	01
Avon	<input type="checkbox"/>	02
Bobbi Brown	<input type="checkbox"/>	03
Chanel	<input type="checkbox"/>	04
Clinique	<input type="checkbox"/>	05
Coty	<input type="checkbox"/>	06
Cover Girl	<input type="checkbox"/>	07
Estée Lauder	<input type="checkbox"/>	08
Lancôme	<input type="checkbox"/>	09
L'Oréal	<input type="checkbox"/>	10
M.A.C.	<input type="checkbox"/>	11
Mary Kay	<input type="checkbox"/>	12
Maybelline	<input type="checkbox"/>	13
Merle Norman	<input type="checkbox"/>	14
Neutrogena	<input type="checkbox"/>	15
N.Y.C. New York Color	<input type="checkbox"/>	16
Physicians Formula	<input type="checkbox"/>	17
OTHER (Write In)	<input type="checkbox"/>	999

BLUSHER (Women)	You Personally:	
	Used in last 6 months	Times/last 7 days
035		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Cream/Gel/Liquid	<input type="checkbox"/>	01
Cream/Powder	<input type="checkbox"/>	02
Cake/Powder	<input type="checkbox"/>	03
BRANDS:		
Almay	<input type="checkbox"/>	04
Avon	<input type="checkbox"/>	05
Bobbi Brown	<input type="checkbox"/>	06
Chanel	<input type="checkbox"/>	07
Clinique	<input type="checkbox"/>	08
Cover Girl Cheekers	<input type="checkbox"/>	09
Cover Girl Classic Color	<input type="checkbox"/>	10
Cover Girl Instant Cheekbones	<input type="checkbox"/>	11
Other Cover Girl	<input type="checkbox"/>	12
Elizabeth Arden	<input type="checkbox"/>	13
Estée Lauder	<input type="checkbox"/>	14
Fashion Fair	<input type="checkbox"/>	15
Lancôme	<input type="checkbox"/>	16
L'Oréal	<input type="checkbox"/>	17
M.A.C.	<input type="checkbox"/>	18
Mary Kay	<input type="checkbox"/>	19
Maybelline Dream Mousse Blush	<input type="checkbox"/>	20
Maybelline Fit Me	<input type="checkbox"/>	21
Maybelline Mineral Power	<input type="checkbox"/>	22
Other Maybelline	<input type="checkbox"/>	23
Merle Norman	<input type="checkbox"/>	24
NARS	<input type="checkbox"/>	25
Neutrogena	<input type="checkbox"/>	26
N.Y.C. New York Color	<input type="checkbox"/>	27
Physicians Formula	<input type="checkbox"/>	28
Revlon	<input type="checkbox"/>	29
Rimmel	<input type="checkbox"/>	30
OTHER (Write In)	<input type="checkbox"/>	999

PRESSED POWDER (Women)	You Personally:	
	Used in last 6 months	Times/last 7 days
036		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Almay	<input type="checkbox"/>	01
Avon	<input type="checkbox"/>	02
Clinique	<input type="checkbox"/>	03
Cover Girl Clean Make-Up	<input type="checkbox"/>	04
Other Cover Girl	<input type="checkbox"/>	05
Estée Lauder	<input type="checkbox"/>	06
Lancôme Dual Finish	<input type="checkbox"/>	07
L'Oréal	<input type="checkbox"/>	08
Mary Kay	<input type="checkbox"/>	09
Maybelline	<input type="checkbox"/>	10
Neutrogena	<input type="checkbox"/>	11
N.Y.C. New York Color	<input type="checkbox"/>	12
Physicians Formula	<input type="checkbox"/>	13
Revlon	<input type="checkbox"/>	14
OTHER (Write In)	<input type="checkbox"/>	999

LIPSTICK & LIP GLOSS (Women)	You Personally:	
	Used in last 6 months	Times/last 7 days
037		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Lipcolor in Compact	<input type="checkbox"/>	01
Lipstick	<input type="checkbox"/>	02
Lipstick in a Pencil	<input type="checkbox"/>	03
Lip Gloss	<input type="checkbox"/>	04
Lip Liners	<input type="checkbox"/>	05
BRANDS:		
Almay Truly Lasting Color	<input type="checkbox"/>	06
Other Almay	<input type="checkbox"/>	07
Avon	<input type="checkbox"/>	08
Bobbi Brown	<input type="checkbox"/>	09
Bonne Bell	<input type="checkbox"/>	10
Burt's Bees	<input type="checkbox"/>	11
Chanel	<input type="checkbox"/>	12
Clinique	<input type="checkbox"/>	13
Cover Girl Outlast	<input type="checkbox"/>	14
Cover Girl Shineblast	<input type="checkbox"/>	15
Cover Girl Wetslicks	<input type="checkbox"/>	16
Other Cover Girl	<input type="checkbox"/>	17
Elizabeth Arden	<input type="checkbox"/>	18
Estée Lauder	<input type="checkbox"/>	19
Fashion Fair	<input type="checkbox"/>	20
Lancôme	<input type="checkbox"/>	21
L'Oréal Colour Riche	<input type="checkbox"/>	22
L'Oréal Endless	<input type="checkbox"/>	23
L'Oréal Infallible	<input type="checkbox"/>	24
Other L'Oréal	<input type="checkbox"/>	25
M.A.C.	<input type="checkbox"/>	26
Mary Kay	<input type="checkbox"/>	27
Maybelline Color Sensational	<input type="checkbox"/>	28
Maybelline Superstay	<input type="checkbox"/>	29
Other Maybelline	<input type="checkbox"/>	30
Merle Norman	<input type="checkbox"/>	31
Neutrogena	<input type="checkbox"/>	32
N.Y.C. New York Color	<input type="checkbox"/>	33
Physicians Formula	<input type="checkbox"/>	34
Revlon ColorStay	<input type="checkbox"/>	35
Revlon Moon Drops	<input type="checkbox"/>	36
Revlon Super Lustrous	<input type="checkbox"/>	37
Other Revlon	<input type="checkbox"/>	38
Rimmel	<input type="checkbox"/>	39
Sally Hansen	<input type="checkbox"/>	40
Wet 'n Wild	<input type="checkbox"/>	41
OTHER (Write In)	<input type="checkbox"/>	999

EYE SHADOW (Women)	You Personally:	
	Used in last 6 months	Times/ last 7 days
038		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Crayon/Pencil	<input type="checkbox"/>	01
Cream	<input type="checkbox"/>	02
Powder	<input type="checkbox"/>	03
BRANDS:		
Almay Intense i-Color	<input type="checkbox"/>	04
Other Almay	<input type="checkbox"/>	05
Avon	<input type="checkbox"/>	06
Bobbi Brown	<input type="checkbox"/>	07
Chanel	<input type="checkbox"/>	08
Clinique	<input type="checkbox"/>	09
Cover Girl Eye Enhancers ..	<input type="checkbox"/>	10
Other Cover Girl	<input type="checkbox"/>	11
Elizabeth Arden	<input type="checkbox"/>	12
Estée Lauder	<input type="checkbox"/>	13
Lancôme	<input type="checkbox"/>	14
L'Oréal	<input type="checkbox"/>	15
M.A.C.	<input type="checkbox"/>	16
Mary Kay	<input type="checkbox"/>	17
Maybelline Expert Wear	<input type="checkbox"/>	18
Other Maybelline	<input type="checkbox"/>	19
Merle Norman	<input type="checkbox"/>	20
Neutrogena	<input type="checkbox"/>	21
Physicians Formula	<input type="checkbox"/>	22
Revlon ColorStay	<input type="checkbox"/>	23
Other Revlon	<input type="checkbox"/>	24
Rimmel	<input type="checkbox"/>	25
Victoria's Secret	<input type="checkbox"/>	26
Wet 'n Wild	<input type="checkbox"/>	27
OTHER (Write In)	<input type="checkbox"/>	999

EYE LINER (Women)	You Personally:	
	Used in last 6 months	Times/ last 7 days
039		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Cake	<input type="checkbox"/>	01
Liquid	<input type="checkbox"/>	02
Pen (Felt Tip)	<input type="checkbox"/>	03
Pencil	<input type="checkbox"/>	04
BRANDS:		
Almay Intense i-Color	<input type="checkbox"/>	05
Other Almay	<input type="checkbox"/>	06
Avon	<input type="checkbox"/>	07
Bobbi Brown	<input type="checkbox"/>	08
Chanel	<input type="checkbox"/>	09
Clinique	<input type="checkbox"/>	10
Cover Girl Perfect Point Plus .	<input type="checkbox"/>	11
Other Cover Girl	<input type="checkbox"/>	12
Estée Lauder	<input type="checkbox"/>	13
Lancôme	<input type="checkbox"/>	14
L'Oréal	<input type="checkbox"/>	15
M.A.C.	<input type="checkbox"/>	16
Mary Kay	<input type="checkbox"/>	17
Maybelline Define-a-Line	<input type="checkbox"/>	18
Maybelline Eye Studio Gel	<input type="checkbox"/>	19
Maybelline Ultra Liner	<input type="checkbox"/>	20
Other Maybelline	<input type="checkbox"/>	21
Neutrogena	<input type="checkbox"/>	22
N.Y.C. New York Color	<input type="checkbox"/>	23
Physicians Formula	<input type="checkbox"/>	24
Prestige	<input type="checkbox"/>	25
Revlon ColorStay	<input type="checkbox"/>	26
Other Revlon	<input type="checkbox"/>	27
Rimmel	<input type="checkbox"/>	28
Victoria's Secret	<input type="checkbox"/>	29
Wet 'n Wild	<input type="checkbox"/>	30
OTHER (Write In)	<input type="checkbox"/>	999

MASCARA (Women)	You Personally:	
	Used in last 6 months	Times/ last 7 days
040		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Regular	<input type="checkbox"/>	01
Water Proof	<input type="checkbox"/>	02
Water Resistant	<input type="checkbox"/>	03
FORMS:		
Curling	<input type="checkbox"/>	04
Volume/Thickening	<input type="checkbox"/>	05
BRANDS:		
Almay One Coat	<input type="checkbox"/>	06
Other Almay	<input type="checkbox"/>	07
Avon	<input type="checkbox"/>	08
Clinique	<input type="checkbox"/>	09
Cover Girl LashBlast	<input type="checkbox"/>	10
Cover Girl LashExact	<input type="checkbox"/>	11
Cover Girl Professional	<input type="checkbox"/>	12
Cover Girl Thick Lash	<input type="checkbox"/>	13
Cover Girl VolumeExact	<input type="checkbox"/>	14
Other Cover Girl	<input type="checkbox"/>	15
Dior	<input type="checkbox"/>	16
Estée Lauder	<input type="checkbox"/>	17
Lancôme	<input type="checkbox"/>	18
L'Oréal Double Extend	<input type="checkbox"/>	19
L'Oréal Voluminous	<input type="checkbox"/>	20
Other L'Oréal	<input type="checkbox"/>	21
M.A.C.	<input type="checkbox"/>	22
Mary Kay	<input type="checkbox"/>	23
Maybelline Define-A-Lash	<input type="checkbox"/>	24
Maybelline Great Lash	<input type="checkbox"/>	25
Maybelline Lash Stiletto	<input type="checkbox"/>	26
Maybelline the Falsies	<input type="checkbox"/>	27
Maybelline Volum' Express	<input type="checkbox"/>	28
Maybelline XXL	<input type="checkbox"/>	29
Other Maybelline	<input type="checkbox"/>	30
Neutrogena	<input type="checkbox"/>	31
Revlon	<input type="checkbox"/>	32
Rimmel	<input type="checkbox"/>	33
OTHER (Write In)	<input type="checkbox"/>	999

NAIL CARE PRODUCTS & POLISH (Women)	You Personally:	
	Used in last 6 months	Times/ last 7 days
041		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Basecoat	<input type="checkbox"/>	01
Cuticle Care	<input type="checkbox"/>	02
Polish (Nail Color)	<input type="checkbox"/>	03
Strengtheners/Hardener	<input type="checkbox"/>	04
Topcoat	<input type="checkbox"/>	05
FORMS:		
Fast Drying	<input type="checkbox"/>	06
Regular Drying	<input type="checkbox"/>	07
BRANDS:		
Avon	<input type="checkbox"/>	08
Chanel	<input type="checkbox"/>	09
Cover Girl	<input type="checkbox"/>	10
Essie	<input type="checkbox"/>	11
Estée Lauder	<input type="checkbox"/>	12
Lancôme	<input type="checkbox"/>	13
L'Oréal	<input type="checkbox"/>	14
Maybelline	<input type="checkbox"/>	15
Nutra Nail Nail Care	<input type="checkbox"/>	16
N.Y.C. New York Color	<input type="checkbox"/>	17
OPI	<input type="checkbox"/>	18
Revlon	<input type="checkbox"/>	19
Rimmel	<input type="checkbox"/>	20
Sally Hansen Nail Care	<input type="checkbox"/>	21
Sally Hansen Diamond Strength Polish	<input type="checkbox"/>	22
Sally Hansen Hard As Nails Polish	<input type="checkbox"/>	23
Sally Hansen Salon Polish	<input type="checkbox"/>	24
Other Sally Hansen Nail Polish	<input type="checkbox"/>	25
Sinful Colors	<input type="checkbox"/>	26
Wet 'n Wild	<input type="checkbox"/>	27
OTHER (Write In)	<input type="checkbox"/>	999

NAIL POLISH REMOVER (Women)	You Personally:	
	Used in last 6 months	Times/ last 7 days
042		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Cutex (instant)	<input type="checkbox"/>	01
Cutex (liquid)	<input type="checkbox"/>	02
Pretty Nails (instant)	<input type="checkbox"/>	03
Sally Hansen Kwik-Off (instant)	<input type="checkbox"/>	04
Sally Hansen (liquid)	<input type="checkbox"/>	05
Store's Own Brand	<input type="checkbox"/>	06
OTHER (Write In)	<input type="checkbox"/>	999

FEMININE HYGIENE DEODORANT/ CLEANSING PRODUCTS (Women)	You Personally:	
	Used in last 6 months	Times/ last 7 days
043		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Always Wipes	<input type="checkbox"/>	01
FDS	<input type="checkbox"/>	02
Monistat Soothing Care	<input type="checkbox"/>	03
Norforms	<input type="checkbox"/>	04
Playtex Cleansing Cloths	<input type="checkbox"/>	05
Summer's Eve Feminine Wash	<input type="checkbox"/>	06
Other Summer's Eve	<input type="checkbox"/>	07
Vagisil Deodorant Powder	<input type="checkbox"/>	08
Vagisil Wash	<input type="checkbox"/>	09
Other Vagisil	<input type="checkbox"/>	10
OTHER (Write In)	<input type="checkbox"/>	999

FEMININE HYGIENE DOUCHES (Women)	You Personally:	
	Used in last 6 months	Times/ last 30 days
044		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Massengill	<input type="checkbox"/>	01
Summer's Eve Vinegar & Water	<input type="checkbox"/>	02
Other Summer's Eve	<input type="checkbox"/>	03
OTHER (Write In)	<input type="checkbox"/>	999

TAMPONS (Women)	You Personally:	
	Used in last 6 months	Number in last 30 days
045		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Slender	<input type="checkbox"/>	01
Regular	<input type="checkbox"/>	02
Super	<input type="checkbox"/>	03
Super-Plus	<input type="checkbox"/>	04
BRANDS:		
Kotex Security	<input type="checkbox"/>	05
U by Kotex	<input type="checkbox"/>	06
o.b.	<input type="checkbox"/>	07
Playtex Gentle Glide	<input type="checkbox"/>	08
Playtex Sport	<input type="checkbox"/>	09
Tampax Cardboard Applicator	<input type="checkbox"/>	10
Tampax Compak	<input type="checkbox"/>	11
Tampax Pearl (Plastic Applicator)	<input type="checkbox"/>	12
Store's Own Brand	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	999

SANITARY NAPKINS (Women)	You Personally:	
	Used in last 6 months	Number/ last 30 days
046		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Deodorant	<input type="checkbox"/>	01
Non-deodorant	<input type="checkbox"/>	02
KINDS:		
Regular (non-winged)	<input type="checkbox"/>	03
With Wings	<input type="checkbox"/>	04
BRANDS:		
Always Infinity	<input type="checkbox"/>	05
Always Maximum Protection	<input type="checkbox"/>	06
Always Overnight Maxi	<input type="checkbox"/>	07
Always Regular Maxi	<input type="checkbox"/>	08
Always Ultra Thin	<input type="checkbox"/>	09
Other Always	<input type="checkbox"/>	10
Kotex Maxi	<input type="checkbox"/>	11
Kotex Overnight Pads	<input type="checkbox"/>	12
Kotex Ultra Thin	<input type="checkbox"/>	13
U by Kotex	<input type="checkbox"/>	14
Other Kotex	<input type="checkbox"/>	15
Stayfree Maxi Regular	<input type="checkbox"/>	16
Stayfree Maxi Super	<input type="checkbox"/>	17
Stayfree Ultra Thin	<input type="checkbox"/>	18
Other Stayfree	<input type="checkbox"/>	19
Store's Own Brand	<input type="checkbox"/>	20
OTHER (Write In)	<input type="checkbox"/>	999

PANTILINERS (Women)	You Personally:	
	Used in last 6 months	Number/ last 30 days
048		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Deodorant	<input type="checkbox"/>	01
Non-deodorant	<input type="checkbox"/>	02
Odor Absorbing	<input type="checkbox"/>	03
KINDS:		
Regular	<input type="checkbox"/>	04
Long/Extra Coverage	<input type="checkbox"/>	05
Thong	<input type="checkbox"/>	06
BRANDS:		
Always Regular	<input type="checkbox"/>	07
Always Long	<input type="checkbox"/>	08
Always Maximum Protection	<input type="checkbox"/>	09
Other Always	<input type="checkbox"/>	10
Carefree Original	<input type="checkbox"/>	11
Carefree Body Shape	<input type="checkbox"/>	12
Other Carefree	<input type="checkbox"/>	13
Kotex Lightdays Regular	<input type="checkbox"/>	14
Kotex Lightdays Long	<input type="checkbox"/>	15
Other Kotex Lightdays	<input type="checkbox"/>	16
Tena	<input type="checkbox"/>	17
U by Kotex	<input type="checkbox"/>	18
Store's Own Brand	<input type="checkbox"/>	19
OTHER (Write In)	<input type="checkbox"/>	999

IN-HOME PREGNANCY TEST/ OVULATION TEST (Women)	You Personally:	
	Used in last 12 months	Times/ last 12 months
047		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Pregnancy Test	<input type="checkbox"/>	01
Ovulation Test/Predictor	<input type="checkbox"/>	02
BRANDS:		
Clearblue Easy	<input type="checkbox"/>	03
e.p.t.	<input type="checkbox"/>	04
First Response	<input type="checkbox"/>	05
Store's Own Brand	<input type="checkbox"/>	06
OTHER (Write In)	<input type="checkbox"/>	999

PERFUME AND COLOGNE FOR WOMEN	You Personally:	
	Used in last 6 months	Times/ last 7 days
049		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Cologne	<input type="checkbox"/>	01
Perfume	<input type="checkbox"/>	02
After Bath Splash	<input type="checkbox"/>	03
Body Spray	<input type="checkbox"/>	04
BRANDS:		
Acqua di Gioia	<input type="checkbox"/>	05
Amarige	<input type="checkbox"/>	06
Anais Anais	<input type="checkbox"/>	07
Armani Code	<input type="checkbox"/>	08
Avon	<input type="checkbox"/>	09
Baby Phat	<input type="checkbox"/>	10
Bath & Body Works	<input type="checkbox"/>	11
Beautiful	<input type="checkbox"/>	12
Belle D'Opium	<input type="checkbox"/>	13
Beyond Paradise	<input type="checkbox"/>	14
Body Fantasies	<input type="checkbox"/>	15
Cashmere Mist	<input type="checkbox"/>	16
Celine Dion	<input type="checkbox"/>	17
Chance	<input type="checkbox"/>	18
Chanel No. 5	<input type="checkbox"/>	19
Other Chanel	<input type="checkbox"/>	20
Chantilly	<input type="checkbox"/>	21
Charlie	<input type="checkbox"/>	22
ck One	<input type="checkbox"/>	23
Coco Mademoiselle	<input type="checkbox"/>	24
Cool Water Woman	<input type="checkbox"/>	25
Curious	<input type="checkbox"/>	26
Curve	<input type="checkbox"/>	27
Dolce & Gabbana	<input type="checkbox"/>	28
Escada	<input type="checkbox"/>	29
Escape	<input type="checkbox"/>	30
Eternity	<input type="checkbox"/>	31
Euphoria	<input type="checkbox"/>	32
Flowerbomb	<input type="checkbox"/>	33
Glow By J.Lo	<input type="checkbox"/>	34
Green Tea	<input type="checkbox"/>	35
Gucci	<input type="checkbox"/>	36
Happy	<input type="checkbox"/>	37
J'adore	<input type="checkbox"/>	38
Jean Naté	<input type="checkbox"/>	39
Jovan Musk	<input type="checkbox"/>	40
Jovan White Musk	<input type="checkbox"/>	41
Juicy Couture	<input type="checkbox"/>	42
L'Air du Temps	<input type="checkbox"/>	43
Lovely Sarah Jessica Parker	<input type="checkbox"/>	44
Magnifique	<input type="checkbox"/>	45
Marc Jacobs	<input type="checkbox"/>	46
Mary Kay	<input type="checkbox"/>	47
Miracle	<input type="checkbox"/>	48
Miss Dior Chérie	<input type="checkbox"/>	49
Obsession	<input type="checkbox"/>	50
Opium	<input type="checkbox"/>	51
Oscar de la Renta	<input type="checkbox"/>	52
Passion	<input type="checkbox"/>	53
Pleasures	<input type="checkbox"/>	54
Poison	<input type="checkbox"/>	55
Polo Sport for Women	<input type="checkbox"/>	56
Prada	<input type="checkbox"/>	57
Ralph	<input type="checkbox"/>	58
Red Door	<input type="checkbox"/>	59
Romance	<input type="checkbox"/>	60
Sensuous	<input type="checkbox"/>	61
Shalimar	<input type="checkbox"/>	62
Tresor	<input type="checkbox"/>	63
Vanilla Fields	<input type="checkbox"/>	64
Vera Wang	<input type="checkbox"/>	65
Very Hollywood	<input type="checkbox"/>	66
Very Irrésistible	<input type="checkbox"/>	67
Victoria's Secret	<input type="checkbox"/>	68
White Diamonds	<input type="checkbox"/>	69
White Linen	<input type="checkbox"/>	70
Wind Song	<input type="checkbox"/>	71
OTHER (Write In)	<input type="checkbox"/>	999

AFTERSHAVE LOTION & COLOGNE FOR MEN	You Personally:	
	Used in last 6 months	Times/ last 7 days
050		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
After Shave	<input type="checkbox"/>	01
Cologne	<input type="checkbox"/>	02
BRANDS:		
Acqua di Gio	<input type="checkbox"/>	03
Afta	<input type="checkbox"/>	04
Aqua Velva Ice Blue	<input type="checkbox"/>	05
Aqua Velva Ice Sport	<input type="checkbox"/>	06
Aqua Velva Musk	<input type="checkbox"/>	07
Armani Code	<input type="checkbox"/>	08
Avon	<input type="checkbox"/>	09
Beckham Instinct	<input type="checkbox"/>	10
BOD	<input type="checkbox"/>	11
British Sterling	<input type="checkbox"/>	12
Brut	<input type="checkbox"/>	13
Chrome	<input type="checkbox"/>	14
ck One	<input type="checkbox"/>	15
Cool Water	<input type="checkbox"/>	16
Curve	<input type="checkbox"/>	17
Diesel	<input type="checkbox"/>	18
Dolce & Gabbana	<input type="checkbox"/>	19
Drakkar Noir	<input type="checkbox"/>	20
English Leather	<input type="checkbox"/>	21
Escape For Men	<input type="checkbox"/>	22
Eternity For Men	<input type="checkbox"/>	23
Gillette	<input type="checkbox"/>	24
Grey Flannel	<input type="checkbox"/>	25
Hugo Boss	<input type="checkbox"/>	26
Joop!	<input type="checkbox"/>	27
Jovan Musk	<input type="checkbox"/>	28
Kenneth Cole Black	<input type="checkbox"/>	29
Kenneth Cole Reaction	<input type="checkbox"/>	30
L'Homme	<input type="checkbox"/>	31
McGraw	<input type="checkbox"/>	32
Nautica Voyage	<input type="checkbox"/>	33
Nivea for Men	<input type="checkbox"/>	34
Obsession For Men	<input type="checkbox"/>	35
Old Spice	<input type="checkbox"/>	36
Pierre Cardin	<input type="checkbox"/>	37
Polo Black	<input type="checkbox"/>	38
Polo Sport	<input type="checkbox"/>	39
Other Polo	<input type="checkbox"/>	40
Preferred Stock	<input type="checkbox"/>	41
Sean John	<input type="checkbox"/>	42
Skin Bracer	<input type="checkbox"/>	43
Stetson	<input type="checkbox"/>	44
Stetson Fresh	<input type="checkbox"/>	45
Tommy (Hilfiger)	<input type="checkbox"/>	46
Usher VIP	<input type="checkbox"/>	47
OTHER (Write In)	<input type="checkbox"/>	999

TOTAL PERFUME AND COLOGNE EXPENDITURES	Amount you personally spent on perfume & cologne, last 12 months:	
	For Men	For Women
As a gift:		
	051-0	052-0
\$ 1-\$49	<input type="checkbox"/> 1	<input type="checkbox"/> 1
\$ 50-\$99	<input type="checkbox"/> 2	<input type="checkbox"/> 2
\$100-\$249	<input type="checkbox"/> 3	<input type="checkbox"/> 3
\$250 or more	<input type="checkbox"/> 4	<input type="checkbox"/> 4
For yourself:		
	For Men	For Women
\$ 1-\$49	<input type="checkbox"/> 5	<input type="checkbox"/> 5
\$ 50-\$99	<input type="checkbox"/> 6	<input type="checkbox"/> 6
\$100-\$249	<input type="checkbox"/> 7	<input type="checkbox"/> 7
\$250 or more	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Write in number bought, last 12 months:		
	For Men	For Women
	14K	14L
As a gift	01	01
For yourself	02	02

DISPOSABLE RAZORS	You Personally:	
	Used in last 6 months	Times/last 7 days
053		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Bic Classic Lady	<input type="checkbox"/>	01
Bic Comfort 3 Advance	<input type="checkbox"/>	02
Bic Comfort Twin	<input type="checkbox"/>	03
Bic Soleil	<input type="checkbox"/>	04
Bic Twin Select	<input type="checkbox"/>	05
Other Bic	<input type="checkbox"/>	06
Gillette Custom Plus	<input type="checkbox"/>	07
Gillette Daisy	<input type="checkbox"/>	08
Gillette Good News!	<input type="checkbox"/>	09
Gillette Good News! Plus	<input type="checkbox"/>	10
Gillette Mach 3	<input type="checkbox"/>	11
Gillette Sensor 3	<input type="checkbox"/>	12
Gillette Venus Disposables	<input type="checkbox"/>	13
Noxzema	<input type="checkbox"/>	14
Personna	<input type="checkbox"/>	15
Schick Quattro for Women	<input type="checkbox"/>	16
Schick ST	<input type="checkbox"/>	17
Schick Xtreme 3	<input type="checkbox"/>	18
Other Schick	<input type="checkbox"/>	19
OTHER (Write In)	<input type="checkbox"/>	999

RAZOR BLADES	You Personally:	
	Used in last 6 months	Times/last 7 days
054		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Gillette Fusion	<input type="checkbox"/>	01
Gillette Fusion Power	<input type="checkbox"/>	02
Gillette Mach3	<input type="checkbox"/>	03
Gillette Mach3 Turbo	<input type="checkbox"/>	04
Gillette M3Power	<input type="checkbox"/>	05
Gillette Sensor	<input type="checkbox"/>	06
Gillette Sensor Excel	<input type="checkbox"/>	07
Gillette Venus	<input type="checkbox"/>	08
Gillette Venus Breeze	<input type="checkbox"/>	09
Gillette Venus Embrace	<input type="checkbox"/>	10
Schick Hydro	<input type="checkbox"/>	11
Schick Intuition	<input type="checkbox"/>	12
Schick Quattro	<input type="checkbox"/>	13
Schick Xtreme 3	<input type="checkbox"/>	14
Other Schick	<input type="checkbox"/>	15
OTHER (Write In)	<input type="checkbox"/>	999

HAIR TONIC OR DRESSING (Men)	You Personally:	
	Used in last 6 months	Times/last 7 days
057		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Alberto VO5	<input type="checkbox"/>	01
Brylcreem	<input type="checkbox"/>	02
Groom & Clean	<input type="checkbox"/>	03
Ultra Sheen	<input type="checkbox"/>	04
Vitalis	<input type="checkbox"/>	05
OTHER (Write In)	<input type="checkbox"/>	999

HEALTH & BEAUTY AIDS EXPENDITURES	In the past 12 months, amount spent on the purchase of Health & Beauty Aids:	
	for Men	for Women
058		
Less than \$100	<input type="checkbox"/>	<input type="checkbox"/> 01
\$100-299	<input type="checkbox"/>	<input type="checkbox"/> 02
\$300-499	<input type="checkbox"/>	<input type="checkbox"/> 03
\$500 or more	<input type="checkbox"/>	<input type="checkbox"/> 04
	1	2

SHAVING CREAMS OR GELS	You Personally:	
	Used in last 6 months	Times/last 7 days
056		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Aerosol	<input type="checkbox"/>	01
Tube	<input type="checkbox"/>	02
Mug	<input type="checkbox"/>	03
Other	<input type="checkbox"/>	04
KINDS:		
Cream	<input type="checkbox"/>	05
Foam	<input type="checkbox"/>	06
Gel	<input type="checkbox"/>	07
Lotion	<input type="checkbox"/>	08
Soap	<input type="checkbox"/>	09
BRANDS:		
Aveeno Shave Gel	<input type="checkbox"/>	10
Barbasol Cream	<input type="checkbox"/>	11
Barbasol Gel	<input type="checkbox"/>	12
Edge Energy	<input type="checkbox"/>	13
Edge Extra Moisturizing	<input type="checkbox"/>	14
Edge Extra Protection	<input type="checkbox"/>	15
Edge Sensitive Skin	<input type="checkbox"/>	16
Other Edge	<input type="checkbox"/>	17
eos Shave Cream	<input type="checkbox"/>	18
Gillette Foamy Cream	<input type="checkbox"/>	19
Gillette Foamy Sensitive	<input type="checkbox"/>	20
Gillette Fusion Hydra Gel	<input type="checkbox"/>	21
Gillette Satin Care	<input type="checkbox"/>	22
Gillette Series	<input type="checkbox"/>	23
Other Gillette	<input type="checkbox"/>	24
Neutrogena Men	<input type="checkbox"/>	25
Nivea for Men	<input type="checkbox"/>	26
Noxzema	<input type="checkbox"/>	27
Pure Silk	<input type="checkbox"/>	28
Skintimate Shave Cream	<input type="checkbox"/>	29
Skintimate Shave Gel	<input type="checkbox"/>	30
Williams Letric Shave	<input type="checkbox"/>	31
OTHER (Write In)	<input type="checkbox"/>	999

PERSONAL CARE SERVICES	
Professional services you've had, last 6 months:	
Hair cut	15M-0 <input type="checkbox"/> 1
Hair color/highlights	<input type="checkbox"/> 2
Perm/body wave	<input type="checkbox"/> 3
Facial	<input type="checkbox"/> 4
Massage	<input type="checkbox"/> 5
Body treatments	<input type="checkbox"/> 6
Manicure	<input type="checkbox"/> 7
Pedicure	<input type="checkbox"/> 8
Waxing	<input type="checkbox"/> 9
Other hair removal	<input type="checkbox"/> 0
Tanning	15P-0 <input type="checkbox"/> 1
Make-up application/makeover	<input type="checkbox"/> 2
Other services	<input type="checkbox"/> 3
In the last 6 months have you:	Yes
Visited a dayspa	<input type="checkbox"/> 4
Purchased products at a salon or dayspa	<input type="checkbox"/> 5

DENTURES	
Do you wear dentures?	14T-0
Yes <input type="checkbox"/>	1

ELECTRIC SHAVERS	You Personally:	
	Used in last 6 months	Times/last 7 days
059		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Braun	<input type="checkbox"/>	01
Panasonic	<input type="checkbox"/>	02
Philips Norelco	<input type="checkbox"/>	03
Remington	<input type="checkbox"/>	04
OTHER (Write In)	<input type="checkbox"/>	999

PERSONAL FOOT CARE PRODUCTS	You Personally:	
	Used in last 6 months	Times/last 30 days
14J		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Cream/Gel	<input type="checkbox"/>	01
Powder	<input type="checkbox"/>	02
Spray	<input type="checkbox"/>	03
Insole	<input type="checkbox"/>	04
BRANDS:		
Band-Aid	<input type="checkbox"/>	05
Burt's Bees Foot Care	<input type="checkbox"/>	06
Curél Foot Cream	<input type="checkbox"/>	07
Dr. Scholl's	<input type="checkbox"/>	08
Gold Bond Foot	<input type="checkbox"/>	09
Johnson's Foot Soap	<input type="checkbox"/>	10
Lamisilk	<input type="checkbox"/>	11
Odor-Eaters	<input type="checkbox"/>	12
Sally Hansen Just Feet	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	999

DENTURE ADHESIVES & FIXATIVES	You Personally:	
	Used in last 6 months	Times/last 7 days
060		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Liners/Cushions/Wafers	<input type="checkbox"/>	01
Paste/Cream	<input type="checkbox"/>	02
Powder	<input type="checkbox"/>	03
Strips	<input type="checkbox"/>	04
BRANDS:		
Fixodent Complete	<input type="checkbox"/>	05
Fixodent Control	<input type="checkbox"/>	06
Fixodent Fresh	<input type="checkbox"/>	07
Fixodent (Regular)	<input type="checkbox"/>	08
Other Fixodent	<input type="checkbox"/>	09
Super PoliGrip Original	<input type="checkbox"/>	10
Super PoliGrip Free	<input type="checkbox"/>	11
Super PoliGrip Ultra Fresh	<input type="checkbox"/>	12
Other PoliGrip	<input type="checkbox"/>	13
Sea-Bond	<input type="checkbox"/>	14
OTHER (Write In)	<input type="checkbox"/>	999

DENTURE CLEANERS	You Personally:	
	Used in last 6 months	Times/last 7 days
061		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Paste	<input type="checkbox"/>	01
Powder	<input type="checkbox"/>	02
Tablet	<input type="checkbox"/>	03
BRANDS:		
Dentu-Creme	<input type="checkbox"/>	04
Efferdent	<input type="checkbox"/>	05
Fixodent	<input type="checkbox"/>	06
Polident	<input type="checkbox"/>	07
OTHER (Write In)	<input type="checkbox"/>	999

SORE THROAT REMEDIES & COUGH DROPS	You Personally:	
	Used in last 6 months	Times/ last 30 days
064		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Drops/Lozenges	<input type="checkbox"/>	01
Liquid	<input type="checkbox"/>	02
Spray	<input type="checkbox"/>	03
Strips	<input type="checkbox"/>	04
BRANDS:		
Cepacol Sore Throat Lozenges	<input type="checkbox"/>	05
Cepacol Sore Throat Spray	<input type="checkbox"/>	06
Cepastat Lozenges	<input type="checkbox"/>	07
Chloraseptic Gargle	<input type="checkbox"/>	08
Chloraseptic Lozenges	<input type="checkbox"/>	09
Chloraseptic Relief Strips	<input type="checkbox"/>	10
Chloraseptic Spray	<input type="checkbox"/>	11
Equate	<input type="checkbox"/>	12
Fisherman's Friend	<input type="checkbox"/>	13
Halls Breezers	<input type="checkbox"/>	14
Halls Defense Vitamin C	<input type="checkbox"/>	15
Halls Naturals	<input type="checkbox"/>	16
Halls Plus	<input type="checkbox"/>	17
Halls Refresh	<input type="checkbox"/>	18
Halls (Regular)	<input type="checkbox"/>	19
Other Halls	<input type="checkbox"/>	20
Luden's	<input type="checkbox"/>	21
N'ice Lozenges	<input type="checkbox"/>	22
Ricola	<input type="checkbox"/>	23
Smith Brothers	<input type="checkbox"/>	24
Sucrets DM Cough Formula	<input type="checkbox"/>	25
Sucrets Lozenges	<input type="checkbox"/>	26
Store's Own Brand	<input type="checkbox"/>	27
OTHER (Write In)	<input type="checkbox"/>	999
Used for:	065-0	
Coughs	<input type="checkbox"/>	1
Sore Throat	<input type="checkbox"/>	2
Other Throat Irritation	<input type="checkbox"/>	3

COUGH SYRUP/ SUPPRESSANT (Nonprescription)	You Personally:	
	Used in last 6 months	Times/ last 30 days
066		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
DayQuil Cough	<input type="checkbox"/>	01
Delsym	<input type="checkbox"/>	02
NyQuil Cough	<input type="checkbox"/>	03
Robitussin CF	<input type="checkbox"/>	04
Robitussin DM	<input type="checkbox"/>	05
Other Robitussin	<input type="checkbox"/>	06
Tylenol Cough & Sore Throat	<input type="checkbox"/>	07
Vicks 44 Congestion	<input type="checkbox"/>	08
Vicks 44 Cough and Cold	<input type="checkbox"/>	09
Vicks 44 Dry Cough	<input type="checkbox"/>	10
Other Vicks	<input type="checkbox"/>	11
Store's Own Brand	<input type="checkbox"/>	12
OTHER (Write In)	<input type="checkbox"/>	999

WART REMOVERS	You Personally:	
	Used in last 6 months	Times/ last 30 days
074		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Compound W	<input type="checkbox"/>	01
Dr. Scholl's Clear Away	<input type="checkbox"/>	02
Dr. Scholl's Freeze Away	<input type="checkbox"/>	03
Wartner	<input type="checkbox"/>	04
OTHER (Write In)	<input type="checkbox"/>	999

NASAL SPRAYS	You Personally:	
	Used in last 6 months	Times/ last 30 days
068		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Long lasting	<input type="checkbox"/>	01
Regular	<input type="checkbox"/>	02
BRANDS:		
Afrin	<input type="checkbox"/>	03
Ayr	<input type="checkbox"/>	04
4-Way	<input type="checkbox"/>	05
Mucinex	<input type="checkbox"/>	06
NeillMed	<input type="checkbox"/>	07
Neo-Syneprhine	<input type="checkbox"/>	08
Ocean	<input type="checkbox"/>	09
Simply Saline	<input type="checkbox"/>	10
Sudafed OM	<input type="checkbox"/>	11
Vicks Sinex	<input type="checkbox"/>	12
Zicam	<input type="checkbox"/>	13
Store's Own Brand	<input type="checkbox"/>	14
OTHER (Write In)	<input type="checkbox"/>	999

EYE WASH AND DROPS	You Personally:	
	Used in last 6 months	Times/ last 30 days
069		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Drops	<input type="checkbox"/>	01
Wash	<input type="checkbox"/>	02
KINDS:		
Antihistamine	<input type="checkbox"/>	03
Dry Eye Protection	<input type="checkbox"/>	04
Regular	<input type="checkbox"/>	05
BRANDS:		
Bausch & Lomb Dry Eye	<input type="checkbox"/>	06
Bausch & Lomb Eye Wash	<input type="checkbox"/>	07
Bausch & Lomb Opcon-A	<input type="checkbox"/>	08
Clear Eyes	<input type="checkbox"/>	09
Clear Eyes ACR	<input type="checkbox"/>	10
GenTeal	<input type="checkbox"/>	11
HypoTears	<input type="checkbox"/>	12
Murine	<input type="checkbox"/>	13
Naphcon-A	<input type="checkbox"/>	14
Opti-Free	<input type="checkbox"/>	15
Refresh Plus	<input type="checkbox"/>	16
Refresh Tears	<input type="checkbox"/>	17
Rohto	<input type="checkbox"/>	18
Similasan	<input type="checkbox"/>	19
Systane	<input type="checkbox"/>	20
Tears Naturale	<input type="checkbox"/>	21
TheraTears	<input type="checkbox"/>	22
Visine-A	<input type="checkbox"/>	23
Visine A.C.	<input type="checkbox"/>	24
Visine Advanced Relief	<input type="checkbox"/>	25
Visine L.R. Long Lasting	<input type="checkbox"/>	26
Visine Tears	<input type="checkbox"/>	27
Visine Original	<input type="checkbox"/>	28
Other Visine	<input type="checkbox"/>	29
Store's Own Brand	<input type="checkbox"/>	30
OTHER (Write In)	<input type="checkbox"/>	999
Used for:	070-0	
Redness Removal	<input type="checkbox"/>	1
Lubrication	<input type="checkbox"/>	2
Allergy	<input type="checkbox"/>	3

LASIK EYE SURGERY
14M-0
Have you had LASIK eye surgery to correct vision in the last 12 months (not cataract surgery)?
Yes <input type="checkbox"/> 1

ADHESIVE BANDAGES	You Personally:	
	Used in last 6 months	Times/ last 30 days
090		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Band-Aid Advanced Healing	<input type="checkbox"/>	01
Band-Aid Antibiotic	<input type="checkbox"/>	02
Band-Aid Clear	<input type="checkbox"/>	03
Band-Aid Extra Large	<input type="checkbox"/>	04
Band-Aid Flexible Fabric	<input type="checkbox"/>	05
Band-Aid Liquid Bandage	<input type="checkbox"/>	06
Band-Aid Plastic	<input type="checkbox"/>	07
Band-Aid Sheer	<input type="checkbox"/>	08
Band-Aid Tough Strips	<input type="checkbox"/>	09
Other Band-Aid Bandages	<input type="checkbox"/>	10
Curad Flex-Fabric	<input type="checkbox"/>	11
Curad Plastic	<input type="checkbox"/>	12
Curad Sheer	<input type="checkbox"/>	13
Other Curad	<input type="checkbox"/>	14
Nexcare Active	<input type="checkbox"/>	15
Other Nexcare Bandages	<input type="checkbox"/>	16
Store's Own Brand	<input type="checkbox"/>	17
OTHER (Write In)	<input type="checkbox"/>	999

EYEGLASSES, CONTACT LENSES & SUNGLASSES	You Personally:	
	Wear	
091-0		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Prescription Eyeglasses (sun, tinted, regular)	<input type="checkbox"/>	1
Bi-focals	<input type="checkbox"/>	2
Contact Lenses (RGP/hard)	<input type="checkbox"/>	3
Contact Lenses (soft)	<input type="checkbox"/>	4
Contact Lenses (tinted/colored)	<input type="checkbox"/>	5
Disposable Contact Lenses	<input type="checkbox"/>	6
Sunglasses (Nonprescription)	<input type="checkbox"/>	7
Transition Lenses	<input type="checkbox"/>	8
Where did you purchase prescription eyewear?		
Discount Store Optical Center	<input type="checkbox"/>	1
Private Ophthalmologist, Optician or Optometrist	<input type="checkbox"/>	2
Retail Optical Chain	<input type="checkbox"/>	3
Internet/online	<input type="checkbox"/>	4
Other	<input type="checkbox"/>	5
Contact Lens Brands, used last 12 months:		
Acuvue	<input type="checkbox"/>	1
Air Optix (CIBA)	<input type="checkbox"/>	2
Bausch & Lomb	<input type="checkbox"/>	3
Other CIBA	<input type="checkbox"/>	4
Other	<input type="checkbox"/>	5
Amount Spent		092
Last 12 Months		
Eyeglasses	\$	01
Sunglasses (nonprescription)	\$	02
Contact Lenses	\$	03

CONTACT LENS CLEANING/WETTING SOLUTIONS	You Personally:	
	Used in last 6 months	Times/ last 30 days
093		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Disinfecting Solution	<input type="checkbox"/>	01
Lens Cleaning Solution	<input type="checkbox"/>	02
Lubricating/Rewetting Solutions	<input type="checkbox"/>	03
Multipurpose Solutions	<input type="checkbox"/>	04
Saline Solution	<input type="checkbox"/>	05
BRANDS:		
Bausch & Lomb Biotrue	<input type="checkbox"/>	06
Bausch & Lomb ReNu	<input type="checkbox"/>	07
Other Bausch & Lomb	<input type="checkbox"/>	08
Clear Care	<input type="checkbox"/>	09
Opti-Free Express	<input type="checkbox"/>	10
Opti-Free RepleniSH	<input type="checkbox"/>	11
Visine for Contacts	<input type="checkbox"/>	12
Store's Own Brand	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	999

HEADACHE REMEDIES AND PAIN RELIEVERS (Nonprescription)

You Personally:
Used in last 6 months | Times/last 30 days

075

TOTAL: _____ 00

TYPES:

Aspirin Formula _____ 01

Non-Aspirin Formula _____ 02

KINDS:

Caplets _____ 03

Capsules _____ 04

Gelcaps _____ 05

Liquid _____ 06

Liquid-Gels _____ 07

Powder _____ 08

Chewable Tablets _____ 09

Other Tablets _____ 10

BRANDS:

Advil _____ 11

Advil Migraine _____ 12

Advil PM _____ 13

Aleve _____ 14

Alka-Seltzer _____ 15

Anacin _____ 16

Ascriptin _____ 17

Bayer (Aspirin Regimen) _____ 18

Bayer (Extra Strength) _____ 19

Bayer Aspirin (Genuine) _____ 20

Bayer Back & Body Pain _____ 21

BC Powders _____ 22

Bufferin _____ 23

Ecotrin _____ 24

Equate _____ 25

Excedrin Extra Strength _____ 26

Excedrin Migraine _____ 27

Excedrin-PM _____ 28

Excedrin Sinus Headache _____ 29

Excedrin Tension Headache _____ 30

Goody's Powders _____ 31

Motrin IB _____ 32

St. Joseph _____ 33

Tylenol Arthritis _____ 34

Tylenol 8 Hour _____ 35

Tylenol Extra Strength _____ 36

Tylenol PM _____ 37

Tylenol Regular Strength _____ 38

Generic (No Label) _____ 39

Store's Own Brand _____ 40

_____ 999

OTHER (Write In)

Used for: 076-0

Arthritis/Rheumatism 1

Backaches 2

Colds 3

Flu/Fever 4

Headaches 5

Heart Attack Prevention 6

Joint Pain 7

Menstrual Cramps 8

Muscle Aches & Pains 9

Oral Discomfort 0

Sleeplessness X

Sports Related Injuries Y

Other 1

14S-0

COLD, SINUS AND ALLERGY REMEDIES (Nonprescription)

You Personally:
Used in last 6 months | Times/last 30 days

078

TOTAL: _____ 00

TYPES:

Aspirin Formula _____ 01

Non-Aspirin Formula _____ 02

KINDS:

Caplets _____ 03

Capsules _____ 04

Effervescent _____ 05

Liquid _____ 06

LiquiGels/LiquiCaps _____ 07

Nasal Sprays _____ 08

Nasal Strips _____ 09

Tablets _____ 10

BRANDS:

Actifed _____ 11

Advil Allergy Sinus _____ 12

Advil Cold & Sinus _____ 13

Advil Congestion Relief _____ 14

Airborne _____ 15

Alavert _____ 16

Aleve-D Sinus & Cold _____ 17

Alka-Seltzer Plus Cold _____ 18

Alka-Seltzer Plus Cold & Cough _____ 19

Alka-Seltzer Plus Night-Time _____ 20

Allegra Allergy _____ 21

Benadryl Allergy _____ 22

Benadryl w/Decongestant _____ 23

Other Benadryl _____ 24

Breathe Right _____ 25

Chlor-Trimeton _____ 26

Claritin _____ 27

Claritin-D _____ 28

Cold-Eeze _____ 29

Comtrex _____ 30

Contac _____ 31

Coricidin HBP _____ 32

Dimetapp _____ 33

Equate _____ 34

Mentholatum Ointment _____ 35

Mucinex _____ 36

Robitussin _____ 37

Sinutab _____ 38

SudaCare _____ 39

Sudafed Nasal Decongestant _____ 40

Sudafed PE Pressure + Pain _____ 41

Sudafed PE Severe Cold _____ 42

Other Sudafed _____ 43

TheraFlu _____ 44

TheraFlu Nighttime Severe Cold & Cough _____ 45

Tylenol Allergy _____ 46

Tylenol Cold _____ 47

Tylenol Sinus _____ 48

Vicks DayQuil _____ 49

Vicks NyQuil _____ 50

Vicks NyQuil LiquiCaps _____ 51

Vicks VapoRub _____ 52

Zicam _____ 53

Zyrtec _____ 54

Generic (No Label) _____ 55

Store's Own Brand _____ 56

_____ 999

OTHER (Write In)

Used for: 079-0

Allergy/Hay Fever 1

Body Aches 2

Colds 3

Cough 4

Flu/Fever 5

Headaches 6

Sinus Headache 7

Sinus Congestion 8

Other 9

PAIN RELIEVING RUBS, LIQUIDS & PATCHES (Nonprescription)

You Personally:
Used in last 6 months | Times/last 30 days

071

TOTAL: _____ 00

TYPES:

Lotion _____ 01

Liquid _____ 02

Ointment _____ 03

Patch _____ 04

Roll-on _____ 05

Other _____ 06

BRANDS:

Absorbine Jr. _____ 07

ActivOn _____ 08

Aspercreme _____ 09

Bengay _____ 10

Blue-Emu _____ 11

Campho-Phenique _____ 12

Capzasin _____ 13

Cobroxin _____ 14

Flexall _____ 15

HeadOn _____ 16

Icy Hot _____ 17

JointFlex _____ 18

Mentholatum Deep Heating Rub _____ 19

Mineral Ice _____ 20

Neuragen PN _____ 21

Salonpas _____ 22

Sportscreme _____ 23

Thera-Gesic _____ 24

ThermaCare _____ 25

Tiger Balm _____ 26

WellPatch Pads _____ 27

Store's Own Brand _____ 28

_____ 999

OTHER (Write In)

Used for: 072-0

Arthritis pain 1

Backache 2

Sore muscle pain 3

Other 4

MEDICATED SKIN OINTMENTS, CREAMS, LOTIONS & SPRAYS

You Personally:
Used in last 6 months | Times/last 30 days

073

TOTAL: _____ 00

BRANDS:

Aveeno _____ 01

Bacitracin _____ 02

Bactine _____ 03

Benadryl _____ 04

Caladryl _____ 05

Cortaid _____ 06

Cortizone 10 _____ 07

Desitin _____ 08

Gold Bond Cream _____ 09

Lanacane _____ 10

Mederma _____ 11

Neosporin _____ 12

Neosporin + Pain Relief _____ 13

Neo to Go! _____ 14

Polysporin _____ 15

Store's Own Brand _____ 16

_____ 999

OTHER (Write In)

Used for: 14G-0

Antibiotic 1

Anti-itch 2

Pain Relief 3

Rash Relief 4

Other 5

HEARTBURN, INDIGESTION, GAS & DIARRHEA REMEDIES

You Personally:
Used in last 6 months | Times/last 30 days

082

TOTAL: _____ 00

TYPES:

Caplet _____ 01

Liquid _____ 02

Seltzer _____ 03

Chewable tablet _____ 04

Other tablet _____ 05

BRANDS:

Alka Seltzer Extra Strength _____ 06

Alka Seltzer Original _____ 07

Beano _____ 08

Gas-X _____ 09

Gaviscon _____ 10

Imodium AD _____ 11

Imodium Multi-Symptom _____ 12

Kaopectate _____ 13

Maalox _____ 14

Mylanta _____ 15

Pepcid AC _____ 16

Pepcid AC Max Strength _____ 17

Pepcid Complete _____ 18

Pepto-Bismol Max Strength _____ 19

Pepto-Bismol Original _____ 20

Prevacid 24HR (OTC) _____ 21

Prilosec OTC _____ 22

Rolaid _____ 23

Rolaid Extra Strength _____ 24

Rolaid Plus Softchews _____ 25

Other Rolaid _____ 26

Tagamet HB 200 _____ 27

Tums _____ 28

Tums Extra _____ 29

Tums Smoothies _____ 30

Tums Ultra _____ 31

Zantac 75 _____ 32

Zantac 150 _____ 33

Zegerid OTC _____ 34

Store's Own Brand _____ 35

999

OTHER (Write In) _____

Used for: 14H-0

Upset Stomach 1

Heartburn 2

Indigestion 3

Diarrhea 4

Gas 5

Bloating 6

LAXATIVES/FIBER SUPPLEMENTS

You Personally:
Used in last 6 months | Times/last 30 days

083

TOTAL: _____ 00

BRANDS:

Benefiber _____ 01

Citrucel _____ 02

Colace _____ 03

Correctol Tablets _____ 04

Dulcolax _____ 05

Ex-Lax _____ 06

Fiber Choice _____ 07

Fleet _____ 08

Metamucil _____ 09

Miralax _____ 10

Phillips' Milk of Magnesia _____ 11

Senokot _____ 12

Store's Own Brand _____ 13

999

OTHER (Write In) _____

Used for: 15U-0

Dietary Supplement 1

Regularity 2

Laxative 3

Other 4

HEMORRHOID REMEDIES

You Personally:
Used in last 6 months | Times/last 30 days

085

TOTAL: _____ 00

TYPES:

Creams _____ 01

Suppositories _____ 02

Pads _____ 03

Wipes _____ 04

BRANDS:

CryoSTAT _____ 05

Preparation H _____ 06

Tucks _____ 07

999

OTHER (Write In) _____

ATHLETE'S FOOT/MEDICATED FOOT CARE PRODUCTS

You Personally:
Used in last 6 months | Times/last 30 days

086

TOTAL: _____ 00

TYPES:

Aerosol Liquid _____ 01

Aerosol Powder _____ 02

Other Powder _____ 03

Cream _____ 04

Gel _____ 05

Liquid _____ 06

BRANDS:

Desenex _____ 07

Fungi Cure _____ 08

Fungi-Nail _____ 09

Lamisil _____ 10

Lotrimin _____ 11

Tinactin _____ 12

Store's Own Brand _____ 13

999

OTHER (Write In) _____

PRE-MENSTRUAL OR PERIOD PAIN REMEDIES (Women)

You Personally:
Used in last 6 months | Times/last 30 days

088

TOTAL: _____ 00

BRANDS:

Midol Menstrual Complete _____ 01

Other Midol _____ 02

Pamprin _____ 03

Tylenol Women's Menstrual _____ 04

999

OTHER (Write In) _____

FEMININE MEDICATED PRODUCTS (Women)

You Personally:
Used in last 6 months | Times/last 30 days

089

TOTAL: _____ 00

BRANDS:

Gyne-Lotrimin _____ 01

Monistat 1 _____ 02

Monistat 3 _____ 03

Monistat 7 _____ 04

Vagisil (Original) _____ 05

Vagisil Maximum Strength _____ 06

Vagisil Medicated Anti-Itch Wipes _____ 07

VH Essentials _____ 08

999

OTHER (Write In) _____

VITAMIN AND DIETARY SUPPLEMENTS

You Personally:
Used in last 6 months | Times/last 7 days

080

TOTAL: _____ 00

TYPES:

A _____ 01

Antioxidant Vitamins _____ 02

B Complex _____ 03

B Complex + C _____ 04

B-6 _____ 05

B-12 _____ 06

Beta Carotene _____ 07

C _____ 08

Calcium Supplement _____ 09

D _____ 10

E _____ 11

Echinacea _____ 12

Folic Acid _____ 13

Garlic Supplements _____ 14

Gingko Biloba _____ 15

Ginseng _____ 16

Glucosamine _____ 17

Iron _____ 18

Multiple Formula _____ 19

Multiple Formula with Iron .. _____ 20

Multiple Formula with Minerals _____ 21

Omega 3/Fish Oil _____ 22

Prenatal _____ 23

Probiotic _____ 24

St. John's Wort _____ 25

Stress Formula _____ 26

Zinc _____ 27

Other _____ 28

BRANDS:

Caltrate 600 _____ 29

Centrum _____ 30

Centrum Cardio _____ 31

Centrum Performance _____ 32

Centrum Silver _____ 33

Other Centrum _____ 34

Citracal _____ 35

Emergen-C _____ 36

Ester-C _____ 37

Nature Made _____ 38

Nature's Bounty _____ 39

Nutrilite _____ 40

Ocuvite _____ 41

One-A-Day 50+ Advantage _____ 42

One-A-Day Essential _____ 43

One-A-Day Men's Health ... _____ 44

One-A-Day Women's Active Metabolism _____ 45

One-A-Day Women's _____ 46

Other One-A-Day _____ 47

Os-Cal _____ 48

Osteo Bi-Flex _____ 49

Rolaid _____ 50

Schiff Move Free _____ 51

Shaklee _____ 52

Sundown _____ 53

Viactiv _____ 54

Store's Own Brand _____ 55

999

OTHER (Write In) _____

Used for: 14A-0

General Health 1

Vitamin/Mineral Deficiency .. 2

Prenatal Care 3

Other 4

BODY POWDER	You Personally:	
	Used in last 6 months	Times/last 7 days
009		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Ammens	<input type="checkbox"/>	01
Avon	<input type="checkbox"/>	02
Burt's Bees	<input type="checkbox"/>	03
Gold Bond Powder	<input type="checkbox"/>	04
Gold Bond Baby Powder	<input type="checkbox"/>	05
Johnson's Baby Powder	<input type="checkbox"/>	06
Johnson's Baby Powder Pure Corn Starch	<input type="checkbox"/>	07
Shower to Shower	<input type="checkbox"/>	08
	<input type="checkbox"/>	999
OTHER (Write In)		

DIET CONTROL/EATING HABITS	
Are you presently controlling your diet?	
Yes	<input type="checkbox"/> 1
If yes, reason for diet control:	
Blood sugar level	<input type="checkbox"/> 2
Cholesterol level	<input type="checkbox"/> 3
Food Allergy	<input type="checkbox"/> 4
Lactose intolerance	<input type="checkbox"/> 5
Maintain weight	<input type="checkbox"/> 6
Physical fitness	<input type="checkbox"/> 7
Regularity	<input type="checkbox"/> 8
Salt restriction	<input type="checkbox"/> 9
Weight loss	<input type="checkbox"/> 0
Other	<input type="checkbox"/> X
Do you buy foods specifically labeled as:	
Fat-free	<input type="checkbox"/> 1
Gluten-free	<input type="checkbox"/> 2
High fiber	<input type="checkbox"/> 3
High protein	<input type="checkbox"/> 4
Lactose-free	<input type="checkbox"/> 5
Low-calorie	<input type="checkbox"/> 6
Low-carb	<input type="checkbox"/> 7
Low-cholesterol	<input type="checkbox"/> 8
Low-fat	<input type="checkbox"/> 9
Low-sodium	<input type="checkbox"/> 0
15R-0	
Natural or Organic	<input type="checkbox"/> 1
Probiotic	<input type="checkbox"/> 2
Sugar-free	<input type="checkbox"/> 3
Do you consider yourself to be:	
Semi-vegetarian	<input type="checkbox"/> 4
Vegetarian	<input type="checkbox"/> 5
Vegan	<input type="checkbox"/> 6
If you are dieting, which methods are you using:	
Alli	<input type="checkbox"/> 1
Jenny Craig	<input type="checkbox"/> 2
Jillian Michaels	<input type="checkbox"/> 3
Medifast	<input type="checkbox"/> 4
Nutrisystem	<input type="checkbox"/> 5
South Beach Diet	<input type="checkbox"/> 6
Weight Watchers	<input type="checkbox"/> 7
Other diet organization or club	<input type="checkbox"/> 8
Atkins diet	<input type="checkbox"/> 9
Doctor's care/diet	<input type="checkbox"/> 0
Diet control book	<input type="checkbox"/> X
Exercise program	<input type="checkbox"/> Y
14W-0	
Other	<input type="checkbox"/> 1

MEAL/DIETARY/WEIGHT LOSS SUPPLEMENTS	
009	
TOTAL:	<input type="checkbox"/> 00
TYPES:	
Liquid	<input type="checkbox"/> 01
Powder	<input type="checkbox"/> 02
Tablet	<input type="checkbox"/> 03
BRANDS:	
Alli	<input type="checkbox"/> 04
Atkins Advantage	<input type="checkbox"/> 05
Boost	<input type="checkbox"/> 06
Carnation Instant Breakfast	<input type="checkbox"/> 07
Dexatrim	<input type="checkbox"/> 08
Ensure	<input type="checkbox"/> 09
FRS Healthy Energy	<input type="checkbox"/> 10
Hydroxycut	<input type="checkbox"/> 11
Kellogg's Special K Protein	<input type="checkbox"/> 12
Met Rx	<input type="checkbox"/> 13
Muscle Milk	<input type="checkbox"/> 14
Myoplex	<input type="checkbox"/> 15
Sensa	<input type="checkbox"/> 16
Slim-Fast	<input type="checkbox"/> 17
SlimQuick	<input type="checkbox"/> 18
	<input type="checkbox"/> 999
OTHER (Write In)	
Used For:	
Weight Loss	<input type="checkbox"/> 1
Gain/Maintain Weight	<input type="checkbox"/> 2
Nutritional Supplement	<input type="checkbox"/> 3
Meal Replacement	<input type="checkbox"/> 4

INCONTINENCE PRODUCTS	
101	
TOTAL:	<input type="checkbox"/> 01
BRANDS:	
Depend	<input type="checkbox"/> 02
Poise	<input type="checkbox"/> 03
Tena Serenity	<input type="checkbox"/> 04
Other	<input type="checkbox"/> 05

LACTOSE INTOLERANCE PRODUCTS	
008	
TOTAL:	<input type="checkbox"/> 00
BRANDS:	
Dairy Ease	<input type="checkbox"/> 01
Lactaid	<input type="checkbox"/> 02
	<input type="checkbox"/> 999
OTHER (Write In)	

MEAL/DIETARY/WEIGHT LOSS SUPPLEMENTS	
009	
TOTAL:	<input type="checkbox"/> 00
TYPES:	
Liquid	<input type="checkbox"/> 01
Powder	<input type="checkbox"/> 02
Tablet	<input type="checkbox"/> 03
BRANDS:	
Alli	<input type="checkbox"/> 04
Atkins Advantage	<input type="checkbox"/> 05
Boost	<input type="checkbox"/> 06
Carnation Instant Breakfast	<input type="checkbox"/> 07
Dexatrim	<input type="checkbox"/> 08
Ensure	<input type="checkbox"/> 09
FRS Healthy Energy	<input type="checkbox"/> 10
Hydroxycut	<input type="checkbox"/> 11
Kellogg's Special K Protein	<input type="checkbox"/> 12
Met Rx	<input type="checkbox"/> 13
Muscle Milk	<input type="checkbox"/> 14
Myoplex	<input type="checkbox"/> 15
Sensa	<input type="checkbox"/> 16
Slim-Fast	<input type="checkbox"/> 17
SlimQuick	<input type="checkbox"/> 18
	<input type="checkbox"/> 999
OTHER (Write In)	
Used For:	
Weight Loss	<input type="checkbox"/> 1
Gain/Maintain Weight	<input type="checkbox"/> 2
Nutritional Supplement	<input type="checkbox"/> 3
Meal Replacement	<input type="checkbox"/> 4

INCONTINENCE PRODUCTS	
101	
TOTAL:	<input type="checkbox"/> 01
BRANDS:	
Depend	<input type="checkbox"/> 02
Poise	<input type="checkbox"/> 03
Tena Serenity	<input type="checkbox"/> 04
Other	<input type="checkbox"/> 05

CONDOMS	
102-0	
TOTAL:	<input type="checkbox"/> 01
BRANDS:	
Durex	<input type="checkbox"/> 2
LifeStyles	<input type="checkbox"/> 3
Naturalamb	<input type="checkbox"/> 4
Trojan	<input type="checkbox"/> 5
Trojan Ecstasy	<input type="checkbox"/> 6
Trojan Her Pleasure	<input type="checkbox"/> 7
Trojan Magnum	<input type="checkbox"/> 8
Other	<input type="checkbox"/> 9

BLEACH AND DEPILATORIES (Hair Removal)	
104	
TOTAL:	<input type="checkbox"/> 00
TYPES:	
Bleach	<input type="checkbox"/> 01
Cream	<input type="checkbox"/> 02
Gel	<input type="checkbox"/> 03
Lotion	<input type="checkbox"/> 04
Spray	<input type="checkbox"/> 05
Wax	<input type="checkbox"/> 06
BRANDS:	
Hair Off	<input type="checkbox"/> 07
Jolen	<input type="checkbox"/> 08
Nair	<input type="checkbox"/> 09
Sally Hansen	<input type="checkbox"/> 10
Veet	<input type="checkbox"/> 11
	<input type="checkbox"/> 999
OTHER (Write In)	

SUNTAN & SUNSCREEN PRODUCTS	
105	
TOTAL:	<input type="checkbox"/> 00
TYPES:	
SPF 1-10	<input type="checkbox"/> 01
SPF 15	<input type="checkbox"/> 02
SPF 30-49	<input type="checkbox"/> 03
SPF 50+	<input type="checkbox"/> 04
KINDS:	
Suntan Lotion/Sunscreen	<input type="checkbox"/> 05
Sunless Tanner	<input type="checkbox"/> 06
FORMS:	
Gel	<input type="checkbox"/> 07
Lotion	<input type="checkbox"/> 08
Oil	<input type="checkbox"/> 09
Spray	<input type="checkbox"/> 10
Stick	<input type="checkbox"/> 11
Tube (cream)	<input type="checkbox"/> 12
BRANDS:	
Aveeno Continuous Protection	<input type="checkbox"/> 13
Avon	<input type="checkbox"/> 14
Bain de Soleil	<input type="checkbox"/> 15
Banana Boat	<input type="checkbox"/> 16
Banana Boat Sport	<input type="checkbox"/> 17
Bull Frog	<input type="checkbox"/> 18
Bull Frog Mosquito Coast	<input type="checkbox"/> 19
Clinique	<input type="checkbox"/> 20
Coppertone Sport	<input type="checkbox"/> 21
Other Coppertone	<input type="checkbox"/> 22
Estée Lauder	<input type="checkbox"/> 23
Hawaiian Tropic	<input type="checkbox"/> 24
Johnson's Baby Oil	<input type="checkbox"/> 25
L'Oréal Sublime Bronze	<input type="checkbox"/> 26
Mary Kay	<input type="checkbox"/> 27
Neutrogena Sunblock	<input type="checkbox"/> 28
Neutrogena Sunless Tanning	<input type="checkbox"/> 29
Other Neutrogena	<input type="checkbox"/> 30
No Ad	<input type="checkbox"/> 31
Ocean Potion	<input type="checkbox"/> 32
Panama Jack	<input type="checkbox"/> 33
Sea & Ski	<input type="checkbox"/> 34
Store's Own Brand	<input type="checkbox"/> 35
	<input type="checkbox"/> 999
OTHER (Write In)	

SUNBURN REMEDIES	
106	
TOTAL:	<input type="checkbox"/> 00
TYPES:	
Cream	<input type="checkbox"/> 01
Gel	<input type="checkbox"/> 02
Spray	<input type="checkbox"/> 03
BRANDS:	
Bactine	<input type="checkbox"/> 04
Banana Boat	<input type="checkbox"/> 05
Lanacane Spray	<input type="checkbox"/> 06
Noxzema	<input type="checkbox"/> 07
Solarcaine	<input type="checkbox"/> 08
	<input type="checkbox"/> 999
OTHER (Write In)	

IN HOME SHOPPING

In the last 6 months, did you personally buy items from an in-home sales representative? 14N-0
 Yes 1

Amount spent in last 6 months: 14P-0
 Under \$50 1
 \$50-\$74 2
 \$75-\$149 3
 \$150 or more 4

Items purchased:
 Cosmetics 5
 Housewares 6
 Clothing 7
 Jewelry 8
 Vitamins 9
 Other 0

From which company did you purchase in the last 6 months? 14Q-0
 Amway 1
 Avon 2
 Mary Kay Cosmetics 3
 Tupperware 4
 Other 5

TOOTHACHE, GUM & CANKER SORE REMEDIES

062
 TOTAL: 00

BRANDS:
 Anbesol 01
 Colgate Orabase 02
 Orajel Mouth Sore 03
 Orajel Toothache 04
 OTHER (Write In) 999

Used for: 15K-0
 Toothache 1
 Gum/Canker Sore 2

COLD SORES/ FEVER BLISTERS

14D
 TOTAL: 00

BRANDS:
 Abreva 01
 Anbesol Cold Sore Therapy 02
 Blistex Medicated Lip Ointment 03
 Campho-Phenique Cold Sore Treatment 04
 Carmex 05
 Herpecin-L 06
 Neosporin LT Lip Treatment 07
 Orajel Mouth Sore 08
 Releev 09
 Zilactin 10
 OTHER (Write In) 999

Number of cold sores/fever blisters you had, last 6 months 14E-0
 Write in number

SLEEPING AIDS & SNORE RELIEF

081
 TOTAL: 00

BRANDS:
 Breathe Right 01
 Melatonex 02
 MidNite 03
 Simply Sleep 04
 Sleep MD 05
 SnoreStop 06
 Sominex 07
 Unisom 08
 OTHER (Write In) 999

Used for: 14F-0
 Snore Relief 1
 Sleeplessness 2

PIPE TOBACCO

117
 TOTAL: 00

CIGARETTE ROLLING PAPERS

118
 TOTAL: 00
 BRANDS:
 EZ Wider 01
 Zig Zag 02
 OTHER (Write In) 999

CHEWING AND SMOKELESS TOBACCO

119
 TOTAL: 00

TYPES:
 Loose Leaf 01
 Moist Smokeless/Snuff 02
 Pouch 03
 Snus 04

BRANDS:
 Camel Snus 05
 Copenhagen 06
 Grizzly 07
 Kodiak 08
 Marlboro Snus 09
 Skoal 10
 Skoal Snus 11
 OTHER (Write In) 999

LIGHTERS

120
 TOTAL: 00

TYPES:
 Disposable 01
 Non-disposable 02

BRANDS:
 Bic 03
 Cricket 04
 Zippo 05
 OTHER (Write In) 999

CIGARS

113
 TOTAL: 00

BRANDS:
 Black & Mild 01
 Davidoff 02
 Dutch Masters 03
 Garcia y Vega 04
 Macanudo 05
 Partagás 06
 Phillies 07
 Punch 08
 Swisher Sweets 09
 White Owl 10
 OTHER (Write In) 999

CIGARETTES

115
 TOTAL: 00

KINDS:
 Menthol 01
 Non-Menthol 02

BRANDS:
 Basic 03
 Camel Blue/Silver 04
 Camel Crush 05
 Camel Regular 06
 Other Camel 07
 Doral 08
 Kool 09
 Marlboro Gold 10
 Marlboro Red 11
 Marlboro Silver 12
 Marlboro Special Blend 13
 Other Marlboro 14
 Maverick 15
 Misty 16
 Natural American Spirit 17
 Newport 18
 Newport Gold 19
 Pall Mall 20
 Parliament 21
 Salem 22
 305's 23
 USA Gold 24
 Virginia Slims 25
 Winston 26
 OTHER (Write In) 999

SMOKING CESSATION

Which, if any, of the following aids have you used to stop smoking in the last 12 months?

Method(s) used to stop smoking, last 12 months: 14V-0

“Cold Turkey” 1
 Gum 2
 Lozenge 3
 Patch 4
 Pill 5
 Other 6

BRANDS: 114-0
 Chantix 1
 Nicorette gum 2
 Nicorette Lozenge/Commit Lozenge 3
 NicoDerm CQ 4
 Wellbutrin XL 5
 Store's Own Brand 6
 Other 7

AILMENTS/ REMEDIES	You Personally:		How treated in the last 12 months?				
	Have/ Had in last 12 months	1	Used a prescription remedy		Used a non- prescription remedy	Used a home/ herbal remedy	Have not treated
			Branded	Generic			
107		1	2	3	4	5	6
AILMENTS							
Acne	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
ADD/ADHD	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Allergy/Hay Fever	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Anxiety/Panic	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Arthritis/Rheumatoid arthritis (RA)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Arthritis/Osteoarthritis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Asthma	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Athlete's Foot	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Backache/Back Pain	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Bipolar Disorder	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Cancer	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Chronic Bronchitis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Chronic/Severe Pain	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
Cold Sores	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Constipation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
Dandruff/Dry Scalp	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Depression	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
Diabetes (Insulin Dependent)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Diabetes (Non-Insulin Dependent)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19
Dry Eyes	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
Eczema/Skin Itch/Rash	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21
Emphysema	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
Epilepsy/Seizures	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23
Erectile Dysfunction (ED)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
Fibromyalgia	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25
Gout	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26
Hair Loss	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 27
Hearing Loss	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 28
Heart Attack/Heart Disease	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 29
Heartburn/Acid Reflux	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30
High Cholesterol	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 31
Hypertension/High Blood Pressure	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 32
Insomnia	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 33
Irritable Bowel Syndrome (IBS)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34
Kidney Ailments	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35
Macular Degeneration	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36
Menopause/Hormone Replacement	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37
Migraine Headaches	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38
Multiple Sclerosis (MS)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39
Muscle Strain/Sprain	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40
Nail Fungus	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 41
Obesity/Overweight	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42
Osteoporosis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43
Overactive Bladder	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44
Prostate	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45
Restless Legs Syndrome	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46
Rosacea or Skin Disease	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47
Sinus Congestion/Headache	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48
Sleep Apnea	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49
Snoring	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 50
Ulcer	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 51
Urinary Tract Infection (UTI)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 52
Wrinkles	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 53
Yeast Infection	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 54

In the last 12 months, how did you obtain information about an ailment or prescription drug?

Television Advertisement	<input type="checkbox"/> 1	Patient support group	<input type="checkbox"/> 7
Magazine Advertisement	<input type="checkbox"/> 2	Pharmacist	<input type="checkbox"/> 8
Other Advertisement	<input type="checkbox"/> 3	Pharmaceutical company	<input type="checkbox"/> 9
Doctor or Healthcare professional	<input type="checkbox"/> 4	Medical journals	<input type="checkbox"/> 0
Friends/Family	<input type="checkbox"/> 5	Online/Internet site	<input type="checkbox"/> X
Pamphlets/Brochures	<input type="checkbox"/> 6	Other	<input type="checkbox"/> Y

DOCTOR VISITS	You Personally:	
	Visited in last 12 months	Times/last 12 months
094		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Acupuncturist	<input type="checkbox"/>	01
Allergist	<input type="checkbox"/>	02
Cardiologist	<input type="checkbox"/>	03
Chiropractor	<input type="checkbox"/>	04
Dentist	<input type="checkbox"/>	05
Dermatologist	<input type="checkbox"/>	06
Ear, Nose & Throat	<input type="checkbox"/>	07
Eye Doctor	<input type="checkbox"/>	08
Gastroenterologist	<input type="checkbox"/>	09
General/Family Practitioner	<input type="checkbox"/>	10
Internist	<input type="checkbox"/>	11
Nurse Practitioner	<input type="checkbox"/>	12
OB/Gyn	<input type="checkbox"/>	13
Osteopath	<input type="checkbox"/>	14
Pediatrician (with child)	<input type="checkbox"/>	15
Physical Therapist	<input type="checkbox"/>	16
Plastic Surgeon	<input type="checkbox"/>	17
Podiatrist	<input type="checkbox"/>	18
Psychiatrist	<input type="checkbox"/>	19
Urologist	<input type="checkbox"/>	20
OTHER (Write In)	<input type="checkbox"/>	999

CAREGIVER/CARETAKER

Are you, personally, the primary caregiver for someone with a medical condition? Yes 1 15L-0

If yes, what services/support do you provide?

Assist with chores	<input type="checkbox"/> 1
Assist with personal care	<input type="checkbox"/> 2
Give medication	<input type="checkbox"/> 3
Make doctor's appointments	<input type="checkbox"/> 4
Provide transportation	<input type="checkbox"/> 5
Research medical information	<input type="checkbox"/> 6
Other	<input type="checkbox"/> 7

Age of patient(s): 15W-0
 Less than 18 years old 1
 18-64 years old 2
 65 years or older 3

Patient's relationship to you: 15Y-0
 Relative 1
 Friend 2
 Other 3

HEALTHCARE ADVERTISING ACTIONS TAKEN 14B-0

Actions you took as a result of seeing or hearing healthcare advertising, in the last 12 months:

Bought a non-prescription product	<input type="checkbox"/> 1
Refilled a prescription	<input type="checkbox"/> 2
Made an appointment to see a doctor	<input type="checkbox"/> 3
Discussed an ad with your doctor	<input type="checkbox"/> 4
Discussed an ad with a friend or relative	<input type="checkbox"/> 5
Asked your doctor to prescribe a specific drug	<input type="checkbox"/> 6
Consulted a pharmacist	<input type="checkbox"/> 7
Visited a product or drug website	<input type="checkbox"/> 8
Visited another website	<input type="checkbox"/> 9
Requested a free sample	<input type="checkbox"/> 0
Called a toll-free number for information	<input type="checkbox"/> X
Other	<input type="checkbox"/> Y

CANDY (Regular or King Size)	You Personally:	
	Bought last 6 months	Individual bars, boxes, bags bought last 7 days
129		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Regular Size	<input type="checkbox"/>	01
King Size	<input type="checkbox"/>	02
BRANDS:		
Airheads	<input type="checkbox"/>	03
Almond Joy	<input type="checkbox"/>	04
Baby Ruth	<input type="checkbox"/>	05
Bit-O-Honey	<input type="checkbox"/>	06
Brach's Peanut Clusters	<input type="checkbox"/>	07
Butterfinger	<input type="checkbox"/>	08
Cadbury Caramello	<input type="checkbox"/>	09
Cadbury Creme Egg	<input type="checkbox"/>	10
Cadbury Fruit and Nut	<input type="checkbox"/>	11
Cadbury Milk Chocolate	<input type="checkbox"/>	12
Cadbury Roast Almond	<input type="checkbox"/>	13
Other Cadbury	<input type="checkbox"/>	14
Charleston Chew	<input type="checkbox"/>	15
Chunky	<input type="checkbox"/>	16
Clark	<input type="checkbox"/>	17
Dove Chocolate	<input type="checkbox"/>	18
5th Avenue	<input type="checkbox"/>	19
Ghirardelli	<input type="checkbox"/>	20
Goobers	<input type="checkbox"/>	21
Good & Plenty	<input type="checkbox"/>	22
Green & Black's	<input type="checkbox"/>	23
Heath	<input type="checkbox"/>	24
Hershey's-Almond	<input type="checkbox"/>	25
Hershey's Bliss	<input type="checkbox"/>	26
Hershey's Drops	<input type="checkbox"/>	27
Hershey's Extra Dark	<input type="checkbox"/>	28
Hershey's Golden Almond	<input type="checkbox"/>	29
Hershey's Kisses (Single serving pack)	<input type="checkbox"/>	30
Hershey's Kisses with Almonds (Single serving pack)	<input type="checkbox"/>	31
Hershey's Milk Chocolate	<input type="checkbox"/>	32
Hershey's Special Dark	<input type="checkbox"/>	33
Hershey's Symphony	<input type="checkbox"/>	34
Junior Mints	<input type="checkbox"/>	35
Kit Kat	<input type="checkbox"/>	36
Life Savers Gummies	<input type="checkbox"/>	37
Lindt	<input type="checkbox"/>	38
M & M's Almond	<input type="checkbox"/>	39
M & M's Dark Chocolate	<input type="checkbox"/>	40
M & M's Dark Chocolate Peanut	<input type="checkbox"/>	41
M & M's Milk Chocolate	<input type="checkbox"/>	42
M & M's Mini's	<input type="checkbox"/>	43
M & M's Mint	<input type="checkbox"/>	44
M & M's Peanut	<input type="checkbox"/>	45
M & M's Peanut Butter	<input type="checkbox"/>	46
M & M's Pretzel	<input type="checkbox"/>	47
Milk Duds	<input type="checkbox"/>	48
Milky Way	<input type="checkbox"/>	49
Milky Way Midnight	<input type="checkbox"/>	50
Mounds	<input type="checkbox"/>	51
Mr. Goodbar	<input type="checkbox"/>	52
Nerds	<input type="checkbox"/>	53
Nestlé Crunch	<input type="checkbox"/>	54
Nestlé Milk Chocolate	<input type="checkbox"/>	55
Now and Later	<input type="checkbox"/>	56
100 Grand	<input type="checkbox"/>	57
PayDay	<input type="checkbox"/>	58
Push Pop	<input type="checkbox"/>	59
Raisinets	<input type="checkbox"/>	60
Red Vines	<input type="checkbox"/>	61

Continued in next Column

CANDY (Regular or King Size) (Continued)	You Personally:	
	Bought last 6 months	Individual bars, boxes, bags bought last 7 days
Reese's Peanut Butter Cup	<input type="checkbox"/>	62
Reese's Pieces	<input type="checkbox"/>	63
ReeseSticks	<input type="checkbox"/>	64
Reese's White Choc. PB Cup	<input type="checkbox"/>	65
Rolo	<input type="checkbox"/>	66
Russell Stover	<input type="checkbox"/>	67
Skittles	<input type="checkbox"/>	68
Skor	<input type="checkbox"/>	69
Snickers	<input type="checkbox"/>	70
Snickers Dark	<input type="checkbox"/>	71
Snickers Peanut Butter Squared	<input type="checkbox"/>	72
Sno-Caps	<input type="checkbox"/>	73
Spree	<input type="checkbox"/>	74
Starburst Fruit Chews	<input type="checkbox"/>	75
Sugar Babies	<input type="checkbox"/>	76
Sugar Daddy	<input type="checkbox"/>	77
Sweetarts	<input type="checkbox"/>	78
Take 5	<input type="checkbox"/>	79
3 Musketeers	<input type="checkbox"/>	80
3 Musketeers Mint	<input type="checkbox"/>	81
Tootsie Rolls	<input type="checkbox"/>	82
Twix	<input type="checkbox"/>	83
Twizzlers	<input type="checkbox"/>	84
Twizzlers Pull & Peel	<input type="checkbox"/>	85
Twizzlers Sweet & Sour	<input type="checkbox"/>	86
Whatchamacallit	<input type="checkbox"/>	87
Whoppers	<input type="checkbox"/>	88
York Peppermint Pattie	<input type="checkbox"/>	89
Zero	<input type="checkbox"/>	90
	<input type="checkbox"/>	999
OTHER (Write In)		

HARD ROLL CANDY	You Personally:	
	Bought/last 6 months	Rolls/last 7 days
124		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Charms	<input type="checkbox"/>	01
Crema Savers	<input type="checkbox"/>	02
Jolly Rancher	<input type="checkbox"/>	03
Life Savers	<input type="checkbox"/>	04
Mentos Mixed Fruit	<input type="checkbox"/>	05
Sweet 'n Low Sugar Free	<input type="checkbox"/>	06
Werther's Original	<input type="checkbox"/>	07
	<input type="checkbox"/>	999
OTHER (Write In)		

BOXED CHOCOLATES	You Personally:	
	Bought in last 6 months	Boxes/last 30 days
127		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Cadbury Milk Tray	<input type="checkbox"/>	01
Fannie May	<input type="checkbox"/>	02
Ferrero Rocher	<input type="checkbox"/>	03
Ghirardelli	<input type="checkbox"/>	04
Godiva	<input type="checkbox"/>	05
Hershey's Pot of Gold	<input type="checkbox"/>	06
Lindt	<input type="checkbox"/>	07
Perugina	<input type="checkbox"/>	08
Russell Stover	<input type="checkbox"/>	09
See's	<input type="checkbox"/>	10
Whitman's	<input type="checkbox"/>	11
	<input type="checkbox"/>	999
OTHER (Write In)		

How purchased: 128-0

Bought as gift 1

Bought for self 2

PACKAGES OF MINIATURE/LOOSE CANDY	You Personally:	
	Bought last 6 months	Packages last 30 days
130		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
After Eight	<input type="checkbox"/>	01
Almond Joy	<input type="checkbox"/>	02
Andes Candies	<input type="checkbox"/>	03
Baby Ruth	<input type="checkbox"/>	04
Brach's Candy Corn	<input type="checkbox"/>	05
Brach's Jelly Beans	<input type="checkbox"/>	06
Brach's Pick-A-Mix	<input type="checkbox"/>	07
Butterfinger	<input type="checkbox"/>	08
Cadbury Mini Eggs	<input type="checkbox"/>	09
DeMet's Treasures	<input type="checkbox"/>	10
Dove Promises Chocolate	<input type="checkbox"/>	11
Hershey's-Almond	<input type="checkbox"/>	12
Hershey's Bliss	<input type="checkbox"/>	13
Hershey's Drops	<input type="checkbox"/>	14
Hershey's Hugs	<input type="checkbox"/>	15
Hershey's Kisses	<input type="checkbox"/>	16
Hershey's Kisses with Almonds	<input type="checkbox"/>	17
Hershey's Krackel	<input type="checkbox"/>	18
Hershey's Milk Chocolate	<input type="checkbox"/>	19
Hershey's Miniatures	<input type="checkbox"/>	20
Hershey's Nuggets	<input type="checkbox"/>	21
Jelly Belly beans	<input type="checkbox"/>	22
Jolly Rancher Fruit Chews	<input type="checkbox"/>	23
Jolly Rancher Gummies	<input type="checkbox"/>	24
Jolly Rancher Hard Candy	<input type="checkbox"/>	25
Junior Mints Minis	<input type="checkbox"/>	26
Kraft Caramels	<input type="checkbox"/>	27
Life Savers	<input type="checkbox"/>	28
Life Savers Gummies	<input type="checkbox"/>	29
M & M's Almond	<input type="checkbox"/>	30
M & M's Milk Chocolate	<input type="checkbox"/>	31
M & M's Peanut	<input type="checkbox"/>	32
M & M's Peanut Butter	<input type="checkbox"/>	33
M & M's Premiums	<input type="checkbox"/>	34
M & M's Pretzel	<input type="checkbox"/>	35
Milk Duds	<input type="checkbox"/>	36
Milky Way	<input type="checkbox"/>	37
Mounds	<input type="checkbox"/>	38
Mr. Goodbar	<input type="checkbox"/>	39
Nestlé Crunch	<input type="checkbox"/>	40
Raisinets	<input type="checkbox"/>	41
Reese's Peanut Butter Cup	<input type="checkbox"/>	42
Reese's Pieces	<input type="checkbox"/>	43
Rolo	<input type="checkbox"/>	44
Skittles	<input type="checkbox"/>	45
Snickers	<input type="checkbox"/>	46
Sour Patch Kids	<input type="checkbox"/>	47
Starburst Fruit Chews	<input type="checkbox"/>	48
Starburst Jellybeans	<input type="checkbox"/>	49
Swedish Fish	<input type="checkbox"/>	50
3 Musketeers	<input type="checkbox"/>	51
Tootsie Rolls	<input type="checkbox"/>	52
Twix	<input type="checkbox"/>	53
Twizzlers	<input type="checkbox"/>	54
Werther's Original	<input type="checkbox"/>	55
Whoppers	<input type="checkbox"/>	56
York Peppermint Pattie	<input type="checkbox"/>	57
	<input type="checkbox"/>	999
OTHER (Write In)		

MINTS	You Personally:	
	Bought/ last 6 months	Packages/ last 7 days
121		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Sugarless	<input type="checkbox"/>	01
Regular	<input type="checkbox"/>	02
BRANDS:		
Altoids	<input type="checkbox"/>	03
Breath Savers	<input type="checkbox"/>	04
Certs.	<input type="checkbox"/>	05
Doublemint Twins	<input type="checkbox"/>	06
Eclipse Mints	<input type="checkbox"/>	07
Ice Breakers	<input type="checkbox"/>	08
Life Savers	<input type="checkbox"/>	09
Mentos Mint	<input type="checkbox"/>	10
Tic Tac Mint	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999

CHEWING GUM	You Personally:	
	Chewed in last 6 months	Sticks/ pieces last 7 days
123		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Altoids Gum	<input type="checkbox"/>	01
Bazooka	<input type="checkbox"/>	02
Big League Chew	<input type="checkbox"/>	03
Bubble Yum	<input type="checkbox"/>	04
Bubblicious	<input type="checkbox"/>	05
Chiclets	<input type="checkbox"/>	06
Clorets (Squares)	<input type="checkbox"/>	07
Dentyne	<input type="checkbox"/>	08
Dubble Bubble	<input type="checkbox"/>	09
5 Gum	<input type="checkbox"/>	10
Freshen-Up	<input type="checkbox"/>	11
Fruit Stripe Gum	<input type="checkbox"/>	12
Hubba Bubba	<input type="checkbox"/>	13
Ice Breakers	<input type="checkbox"/>	14
Mentos Gum	<input type="checkbox"/>	15
Stride	<input type="checkbox"/>	16
Trident Bubble Gum	<input type="checkbox"/>	17
Trident Layers	<input type="checkbox"/>	18
Trident Splash	<input type="checkbox"/>	19
Trident Sugarless	<input type="checkbox"/>	20
Trident White	<input type="checkbox"/>	21
Trident Xtra Care	<input type="checkbox"/>	22
Wrigley's Big Red	<input type="checkbox"/>	23
Wrigley's Doublemint	<input type="checkbox"/>	24
Wrigley's Eclipse	<input type="checkbox"/>	25
Wrigley's Extra	<input type="checkbox"/>	26
Wrigley's Freedent	<input type="checkbox"/>	27
Wrigley's Juicy Fruit	<input type="checkbox"/>	28
Wrigley's Orbit	<input type="checkbox"/>	29
Wrigley's Orbit White	<input type="checkbox"/>	30
Wrigley's Spearmint	<input type="checkbox"/>	31
Wrigley's Winterfresh	<input type="checkbox"/>	32
OTHER (Write In)	<input type="checkbox"/>	999

SNACK MIXES	You Personally:	
	Bought in last 6 months	Boxes/ last 30 days
126		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Cheerios Snack Mix	<input type="checkbox"/>	01
Cheez-it Party Mix	<input type="checkbox"/>	02
Chex Mix	<input type="checkbox"/>	03
Garden of Eatin'	<input type="checkbox"/>	04
Planters Trail Mix	<input type="checkbox"/>	05
Ritz Snack Mix	<input type="checkbox"/>	06
OTHER (Write In)	<input type="checkbox"/>	999

ARTIFICIAL SWEETENERS	You Personally:	
	Used in last 6 months	Times/ last 7 days
122		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Tablets	<input type="checkbox"/>	01
Packets	<input type="checkbox"/>	02
Loose Powder	<input type="checkbox"/>	03
BRANDS:		
Equal	<input type="checkbox"/>	04
NutraTaste	<input type="checkbox"/>	05
NutraSweet	<input type="checkbox"/>	06
PureVia	<input type="checkbox"/>	07
Splenda	<input type="checkbox"/>	08
Stevia in the Raw	<input type="checkbox"/>	09
SugarTwin	<input type="checkbox"/>	10
Sun Crystals	<input type="checkbox"/>	11
Sweet 'n Low	<input type="checkbox"/>	12
Truvia	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	999

NUTS	You Personally:	
	Bought in last 6 months	Containers/ last 30 days
125		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Dry-roasted	<input type="checkbox"/>	01
Honey Roasted	<input type="checkbox"/>	02
Regular	<input type="checkbox"/>	03
FORMS:		
Salted	<input type="checkbox"/>	04
Unsalted	<input type="checkbox"/>	05
KINDS:		
Almonds (Smoked)	<input type="checkbox"/>	06
Almonds (Other Types)	<input type="checkbox"/>	07
Cashews	<input type="checkbox"/>	08
Hazelnuts	<input type="checkbox"/>	09
Macadamia	<input type="checkbox"/>	10
Mixed Nuts	<input type="checkbox"/>	11
Peanuts	<input type="checkbox"/>	12
Pecans	<input type="checkbox"/>	13
Pistachios	<input type="checkbox"/>	14
Sunflower Seeds	<input type="checkbox"/>	15
Walnuts	<input type="checkbox"/>	16
BRANDS:		
Blue Diamond	<input type="checkbox"/>	17
David	<input type="checkbox"/>	18
Diamond	<input type="checkbox"/>	19
Dole	<input type="checkbox"/>	20
Emerald	<input type="checkbox"/>	21
Fisher	<input type="checkbox"/>	22
Mauna Loa	<input type="checkbox"/>	23
Planters	<input type="checkbox"/>	24
True North	<input type="checkbox"/>	25
OTHER (Write In)	<input type="checkbox"/>	999

READY TO DRINK ICED TEA	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 7 days
136		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Flavored	<input type="checkbox"/>	01
Unflavored	<input type="checkbox"/>	02
BRANDS:		
Arizona	<input type="checkbox"/>	03
Crystal Light	<input type="checkbox"/>	04
Gold Peak	<input type="checkbox"/>	05
Lipton Brisk	<input type="checkbox"/>	06
Lipton's Iced Tea	<input type="checkbox"/>	07
Nestea	<input type="checkbox"/>	08
POM Tea	<input type="checkbox"/>	09
Snapple	<input type="checkbox"/>	10
Turkey Hill	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999

NUTRITION/ ENERGY BARS	You Personally:	
	Used in last 6 months	Bars/ last 30 days
15V		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Atkins Advantage	<input type="checkbox"/>	01
Balance Bar	<input type="checkbox"/>	02
Clif Bar	<input type="checkbox"/>	03
Glucerna Bar	<input type="checkbox"/>	04
Harvest Bar	<input type="checkbox"/>	05
Kashi GOLEAN Bar	<input type="checkbox"/>	06
Luna Bar	<input type="checkbox"/>	07
Met Rx Bar	<input type="checkbox"/>	08
Myoplex Bar	<input type="checkbox"/>	09
Planters NUT-rition Bar	<input type="checkbox"/>	10
PowerBar	<input type="checkbox"/>	11
Pure Protein	<input type="checkbox"/>	12
Slim-Fast Bar	<input type="checkbox"/>	13
Snickers Marathon	<input type="checkbox"/>	14
SOYJOY Bar	<input type="checkbox"/>	15
ZonePerfect Bar	<input type="checkbox"/>	16
OTHER (Write In)	<input type="checkbox"/>	999

BOTTLED WATER & SELTZER	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 7 days
138		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Flavored	<input type="checkbox"/>	01
Non-Flavored	<input type="checkbox"/>	02
KINDS:		
Sparkling	<input type="checkbox"/>	03
Non-Sparkling	<input type="checkbox"/>	04
FORMS:		
Sweetened	<input type="checkbox"/>	05
Unsweetened	<input type="checkbox"/>	06
BRANDS:		
Aquafina	<input type="checkbox"/>	07
Arrowhead	<input type="checkbox"/>	08
Canada Dry Seltzer	<input type="checkbox"/>	09
Capri Sun Roarin' Waters	<input type="checkbox"/>	10
Crystal Geysir	<input type="checkbox"/>	11
Crystal Springs	<input type="checkbox"/>	12
Dasani	<input type="checkbox"/>	13
Deer Park	<input type="checkbox"/>	14
Deja Blue	<input type="checkbox"/>	15
Evian	<input type="checkbox"/>	16
Fiji	<input type="checkbox"/>	17
Fruit ₂ O	<input type="checkbox"/>	18
Ice Mountain	<input type="checkbox"/>	19
Mountain Valley	<input type="checkbox"/>	20
Nestlé Pure Life	<input type="checkbox"/>	21
Ozarka	<input type="checkbox"/>	22
Perrier	<input type="checkbox"/>	23
Poland Spring	<input type="checkbox"/>	24
Propel	<input type="checkbox"/>	25
S. Pellegrino	<input type="checkbox"/>	26
Schweppes Seltzer	<input type="checkbox"/>	27
Smartwater (Glacéau)	<input type="checkbox"/>	28
Snapple Antioxidant	<input type="checkbox"/>	29
SoBe Lifewater	<input type="checkbox"/>	30
Sparkletts	<input type="checkbox"/>	31
Spring!	<input type="checkbox"/>	32
Vintage Seltzer	<input type="checkbox"/>	33
Vitamin Water (Glacéau)	<input type="checkbox"/>	34
Zephyrhills	<input type="checkbox"/>	35
Store's Own Brand	<input type="checkbox"/>	36
OTHER (Write In)	<input type="checkbox"/>	999

Do you receive home delivery of bottled water? Yes 1 139-0

DIET COLA DRINKS	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 7 days
133		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Plastic Bottles.....	<input type="checkbox"/>	01
Glass Bottles.....	<input type="checkbox"/>	02
Cans.....	<input type="checkbox"/>	03
BRANDS:		
Caffeine Free Diet Coke....	<input type="checkbox"/>	04
Coca-Cola Zero.....	<input type="checkbox"/>	05
Diet Cherry Coke.....	<input type="checkbox"/>	06
Diet Coke.....	<input type="checkbox"/>	07
Diet Coke w/Lime.....	<input type="checkbox"/>	08
Diet Coke Plus.....	<input type="checkbox"/>	09
Diet Rite Cola.....	<input type="checkbox"/>	10
Caffeine Free Diet Pepsi....	<input type="checkbox"/>	11
Diet Pepsi.....	<input type="checkbox"/>	12
Diet Pepsi Lime.....	<input type="checkbox"/>	13
Pepsi Max.....	<input type="checkbox"/>	14
Pepsi One.....	<input type="checkbox"/>	15
Store's Own Brand.....	<input type="checkbox"/>	16
OTHER (Write In).....	<input type="checkbox"/>	999

OTHER DIET SOFT DRINKS, NOT COLAS	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 7 days
137		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Plastic Bottles.....	<input type="checkbox"/>	01
Glass Bottles.....	<input type="checkbox"/>	02
Cans.....	<input type="checkbox"/>	03
BRANDS:		
Diet A & W Root Beer.....	<input type="checkbox"/>	04
Diet Barq's Root Beer.....	<input type="checkbox"/>	05
Canada Dry Diet Ginger Ale	<input type="checkbox"/>	06
Diet Dr Pepper.....	<input type="checkbox"/>	07
Fresca.....	<input type="checkbox"/>	08
Diet Mountain Dew.....	<input type="checkbox"/>	09
Diet Mug Root Beer.....	<input type="checkbox"/>	10
Diet Schweppes.....	<input type="checkbox"/>	11
Diet 7 Up.....	<input type="checkbox"/>	12
Diet Cherry 7 Up.....	<input type="checkbox"/>	13
Diet Sierra Mist.....	<input type="checkbox"/>	14
Diet Sprite.....	<input type="checkbox"/>	15
Diet Squirt.....	<input type="checkbox"/>	16
Diet Sunkist Orange.....	<input type="checkbox"/>	17
OTHER (Write In).....	<input type="checkbox"/>	999

SPORTS DRINKS/ THIRST QUENCHERS	You Personally:	
	Drank in last 6 months	Drinks/ last 30 days
135		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
All Sport.....	<input type="checkbox"/>	01
Gatorade.....	<input type="checkbox"/>	02
Gatorade G2.....	<input type="checkbox"/>	03
Gatorade Prime.....	<input type="checkbox"/>	04
Gatorade Recover.....	<input type="checkbox"/>	05
Powerade.....	<input type="checkbox"/>	06
Powerade Zero.....	<input type="checkbox"/>	07
OTHER (Write In).....	<input type="checkbox"/>	999

REGULAR COLA DRINKS, NOT DIET	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 7 days
134		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Plastic Bottles.....	<input type="checkbox"/>	01
Glass Bottles.....	<input type="checkbox"/>	02
Cans.....	<input type="checkbox"/>	03
BRANDS:		
Caffeine Free Coca-Cola....	<input type="checkbox"/>	04
Cherry Coke.....	<input type="checkbox"/>	05
Coca-Cola Classic.....	<input type="checkbox"/>	06
Pepsi-Cola.....	<input type="checkbox"/>	07
Caffeine Free Pepsi.....	<input type="checkbox"/>	08
Wild Cherry Pepsi.....	<input type="checkbox"/>	09
RC Cola.....	<input type="checkbox"/>	10
Store's Own Brand.....	<input type="checkbox"/>	11
OTHER (Write In).....	<input type="checkbox"/>	999

OTHER REGULAR CARBONATED SOFT DRINKS (Not seltzer, colas or diet)	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 7 days
140		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Plastic Bottles.....	<input type="checkbox"/>	01
Glass Bottles.....	<input type="checkbox"/>	02
Cans.....	<input type="checkbox"/>	03
BRANDS:		
A & W Root Beer.....	<input type="checkbox"/>	04
Barq's Root Beer.....	<input type="checkbox"/>	05
Canada Dry Club Soda.....	<input type="checkbox"/>	06
Canada Dry Ginger Ale.....	<input type="checkbox"/>	07
Other Canada Dry.....	<input type="checkbox"/>	08
Crush-Orange.....	<input type="checkbox"/>	09
Dad's Root Beer.....	<input type="checkbox"/>	10
Dr Pepper.....	<input type="checkbox"/>	11
Cherry Vanilla Dr Pepper...	<input type="checkbox"/>	12
Fanta.....	<input type="checkbox"/>	13
Faygo.....	<input type="checkbox"/>	14
Hires Root Beer.....	<input type="checkbox"/>	15
IBC Root Beer.....	<input type="checkbox"/>	16
Mello Yello.....	<input type="checkbox"/>	17
Mountain Dew.....	<input type="checkbox"/>	18
Mountain Dew Code Red....	<input type="checkbox"/>	19
Mountain Dew LiveWire.....	<input type="checkbox"/>	20
Mug Root Beer.....	<input type="checkbox"/>	21
Pibb Xtra.....	<input type="checkbox"/>	22
Seagram's Ginger Ale.....	<input type="checkbox"/>	23
7 Up.....	<input type="checkbox"/>	24
Cherry 7 Up.....	<input type="checkbox"/>	25
Schweppes Club Soda.....	<input type="checkbox"/>	26
Schweppes Ginger Ale.....	<input type="checkbox"/>	27
Schweppes Tonic.....	<input type="checkbox"/>	28
Shasta.....	<input type="checkbox"/>	29
Sierra Mist.....	<input type="checkbox"/>	30
Slice.....	<input type="checkbox"/>	31
Sprite.....	<input type="checkbox"/>	32
Squirt.....	<input type="checkbox"/>	33
Sunkist.....	<input type="checkbox"/>	34
Vault.....	<input type="checkbox"/>	35
Vernors.....	<input type="checkbox"/>	36
Welch's Grape Soda.....	<input type="checkbox"/>	37
OTHER (Write In).....	<input type="checkbox"/>	999

PREPARED MIXED DRINKS WITH LIQUOR	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
156		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Bacardi Party Drinks.....	<input type="checkbox"/>	01
Chi Chi's Margaritas.....	<input type="checkbox"/>	02
José Cuervo Authentic Margaritas.....	<input type="checkbox"/>	03
José Cuervo Golden Margarita.....	<input type="checkbox"/>	04
Kahlúa White Russian.....	<input type="checkbox"/>	05
Other Kahlúa.....	<input type="checkbox"/>	06
Smirnoff Signatures.....	<input type="checkbox"/>	07
TGI Friday's.....	<input type="checkbox"/>	08
OTHER (Write In).....	<input type="checkbox"/>	999

ENERGY DRINKS	You Personally:	
	Drank in last 6 months	Drinks/ last 30 days
143		
TOTAL:	<input type="checkbox"/>	00
SIZE:		
Shot.....	<input type="checkbox"/>	01
Regular.....	<input type="checkbox"/>	02
BRANDS:		
AMP.....	<input type="checkbox"/>	03
Extreme Energy 6-Hour Shot	<input type="checkbox"/>	04
5-hour Energy.....	<input type="checkbox"/>	05
Full Throttle.....	<input type="checkbox"/>	06
Gatorade Energy Formula....	<input type="checkbox"/>	07
Monster.....	<input type="checkbox"/>	08
NOS.....	<input type="checkbox"/>	09
Red Bull.....	<input type="checkbox"/>	10
Rockstar.....	<input type="checkbox"/>	11
6 Hour Power.....	<input type="checkbox"/>	12
SoBe Adrenaline Rush.....	<input type="checkbox"/>	13
OTHER (Write In).....	<input type="checkbox"/>	999

OTHER REGULAR CARBONATED SOFT DRINKS (Not seltzer, colas or diet)	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 7 days
140		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Plastic Bottles.....	<input type="checkbox"/>	01
Glass Bottles.....	<input type="checkbox"/>	02
Cans.....	<input type="checkbox"/>	03
BRANDS:		
A & W Root Beer.....	<input type="checkbox"/>	04
Barq's Root Beer.....	<input type="checkbox"/>	05
Canada Dry Club Soda.....	<input type="checkbox"/>	06
Canada Dry Ginger Ale.....	<input type="checkbox"/>	07
Other Canada Dry.....	<input type="checkbox"/>	08
Crush-Orange.....	<input type="checkbox"/>	09
Dad's Root Beer.....	<input type="checkbox"/>	10
Dr Pepper.....	<input type="checkbox"/>	11
Cherry Vanilla Dr Pepper...	<input type="checkbox"/>	12
Fanta.....	<input type="checkbox"/>	13
Faygo.....	<input type="checkbox"/>	14
Hires Root Beer.....	<input type="checkbox"/>	15
IBC Root Beer.....	<input type="checkbox"/>	16
Mello Yello.....	<input type="checkbox"/>	17
Mountain Dew.....	<input type="checkbox"/>	18
Mountain Dew Code Red....	<input type="checkbox"/>	19
Mountain Dew LiveWire.....	<input type="checkbox"/>	20
Mug Root Beer.....	<input type="checkbox"/>	21
Pibb Xtra.....	<input type="checkbox"/>	22
Seagram's Ginger Ale.....	<input type="checkbox"/>	23
7 Up.....	<input type="checkbox"/>	24
Cherry 7 Up.....	<input type="checkbox"/>	25
Schweppes Club Soda.....	<input type="checkbox"/>	26
Schweppes Ginger Ale.....	<input type="checkbox"/>	27
Schweppes Tonic.....	<input type="checkbox"/>	28
Shasta.....	<input type="checkbox"/>	29
Sierra Mist.....	<input type="checkbox"/>	30
Slice.....	<input type="checkbox"/>	31
Sprite.....	<input type="checkbox"/>	32
Squirt.....	<input type="checkbox"/>	33
Sunkist.....	<input type="checkbox"/>	34
Vault.....	<input type="checkbox"/>	35
Vernors.....	<input type="checkbox"/>	36
Welch's Grape Soda.....	<input type="checkbox"/>	37
OTHER (Write In).....	<input type="checkbox"/>	999

PREPARED MIXED DRINKS WITHOUT LIQUOR	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
157		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Frozen Concentrate.....	<input type="checkbox"/>	01
Liquid.....	<input type="checkbox"/>	02
BRANDS:		
Bacardi Mixers.....	<input type="checkbox"/>	03
Hood Egg Nog.....	<input type="checkbox"/>	04
José Cuervo Margarita Mix	<input type="checkbox"/>	05
Mr. & Mrs. T.....	<input type="checkbox"/>	06
OTHER (Write In).....	<input type="checkbox"/>	999

FLAVORED ALCOHOLIC BEVERAGES/COOLERS	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
148		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Bacardi Silver.....	<input type="checkbox"/>	01
Bartles & Jaymes.....	<input type="checkbox"/>	02
Four Loko.....	<input type="checkbox"/>	03
Jack Daniel's Country Cocktails.....	<input type="checkbox"/>	04
Mike's Hard Tea.....	<input type="checkbox"/>	05
Mike's Hard Lemonade.....	<input type="checkbox"/>	06
Seagram's Escapes.....	<input type="checkbox"/>	07
Smirnoff Ice.....	<input type="checkbox"/>	08
Smirnoff Ice Triple Black...	<input type="checkbox"/>	09
Smirnoff Twisted V.....	<input type="checkbox"/>	10
Sparks.....	<input type="checkbox"/>	11
Twisted Tea.....	<input type="checkbox"/>	12
OTHER (Write In).....	<input type="checkbox"/>	999

REGULAR DOMESTIC BEER/ALE	You Personally:	
	Drank in last 6 months	Glasses/last 7 days
142		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Bottles	<input type="checkbox"/>	01
Cans	<input type="checkbox"/>	02
Draft	<input type="checkbox"/>	03
BRANDS:		
Anchor Steam	<input type="checkbox"/>	04
Blue Moon	<input type="checkbox"/>	05
Budweiser	<input type="checkbox"/>	06
Budweiser Select	<input type="checkbox"/>	07
Bud Dry	<input type="checkbox"/>	08
Bud Ice	<input type="checkbox"/>	09
Busch	<input type="checkbox"/>	10
Coors Extra Gold	<input type="checkbox"/>	11
Coors-Original	<input type="checkbox"/>	12
Genesee Beer	<input type="checkbox"/>	13
George Killian's Irish Red... ..	<input type="checkbox"/>	14
Henry Weinhard's	<input type="checkbox"/>	15
Icehouse	<input type="checkbox"/>	16
Keystone	<input type="checkbox"/>	17
Landshark Lager	<input type="checkbox"/>	18
Leinenkugel's	<input type="checkbox"/>	19
Michelob	<input type="checkbox"/>	20
Michelob AmberBock	<input type="checkbox"/>	21
Michelob Golden Draft	<input type="checkbox"/>	22
Miller Genuine Draft	<input type="checkbox"/>	23
Miller High Life	<input type="checkbox"/>	24
Milwaukee's Best	<input type="checkbox"/>	25
Natural Ice	<input type="checkbox"/>	26
New Belgium	<input type="checkbox"/>	27
Old Milwaukee	<input type="checkbox"/>	28
Pabst Blue Ribbon	<input type="checkbox"/>	29
Pete's Wicked	<input type="checkbox"/>	30
Redhook	<input type="checkbox"/>	31
Rolling Rock	<input type="checkbox"/>	32
Samuel Adams	<input type="checkbox"/>	33
Shiner Bock	<input type="checkbox"/>	34
Sierra Nevada	<input type="checkbox"/>	35
Yuengling	<input type="checkbox"/>	36
OTHER (Write In)	<input type="checkbox"/>	999

IMPORTED BEER/ALE	You Personally:	
	Drank in last 6 months	Glasses/last 7 days
144		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Bottles	<input type="checkbox"/>	01
Cans	<input type="checkbox"/>	02
Draft	<input type="checkbox"/>	03
TYPES:		
Lager (light color)	<input type="checkbox"/>	04
Dark	<input type="checkbox"/>	05
BRANDS:		
Amstel Light	<input type="checkbox"/>	06
Bass	<input type="checkbox"/>	07
Becks	<input type="checkbox"/>	08
Becks Dark	<input type="checkbox"/>	09
Becks Light	<input type="checkbox"/>	10
Corona Extra	<input type="checkbox"/>	11
Corona Light	<input type="checkbox"/>	12
Dos Equis	<input type="checkbox"/>	13
Foster's	<input type="checkbox"/>	14
Grolsch	<input type="checkbox"/>	15
Guinness Draught	<input type="checkbox"/>	16
Guinness Stout	<input type="checkbox"/>	17
Harp	<input type="checkbox"/>	18
Heineken	<input type="checkbox"/>	19
Heineken Dark	<input type="checkbox"/>	20
Heineken Light	<input type="checkbox"/>	21
Kirin	<input type="checkbox"/>	22
Labatt Blue	<input type="checkbox"/>	23
Labatt Blue Light	<input type="checkbox"/>	24
Modelo Especial	<input type="checkbox"/>	25
Molson Canadian	<input type="checkbox"/>	26
Moosehead	<input type="checkbox"/>	27
Negra Modelo	<input type="checkbox"/>	28
Newcastle Brown	<input type="checkbox"/>	29
Pacifico	<input type="checkbox"/>	30
Pilsner Urquell	<input type="checkbox"/>	31
Red Stripe	<input type="checkbox"/>	32
Smithwick's	<input type="checkbox"/>	33
St. Pauli Girl	<input type="checkbox"/>	34
Stella Artois	<input type="checkbox"/>	35
Tecate	<input type="checkbox"/>	36
Tsingtao	<input type="checkbox"/>	37
OTHER (Write In)	<input type="checkbox"/>	999

DOMESTIC DINNER/ TABLE WINES	You Personally:	
	Drank in last 6 months	Drinks or glasses/last 7 days
147		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Cabernet Sauvignon	<input type="checkbox"/>	01
Chardonnay	<input type="checkbox"/>	02
Merlot	<input type="checkbox"/>	03
Pinot Grigio	<input type="checkbox"/>	04
Pinot Noir	<input type="checkbox"/>	05
Sauvignon Blanc	<input type="checkbox"/>	06
Other Red	<input type="checkbox"/>	07
Other White	<input type="checkbox"/>	08
Other	<input type="checkbox"/>	09
BRANDS:		
Almaden	<input type="checkbox"/>	10
Arbor Mist	<input type="checkbox"/>	11
Barefoot	<input type="checkbox"/>	12
Beaulieu Vineyard (BV)	<input type="checkbox"/>	13
Beringer	<input type="checkbox"/>	14
Black Box	<input type="checkbox"/>	15
Blackstone	<input type="checkbox"/>	16
Bogle	<input type="checkbox"/>	17
Carlo Rossi	<input type="checkbox"/>	18
Chalone Vineyard	<input type="checkbox"/>	19
Chateau Ste. Michelle	<input type="checkbox"/>	20
Charles Shaw	<input type="checkbox"/>	21
Clos Du Bois	<input type="checkbox"/>	22
Columbia Crest	<input type="checkbox"/>	23
Corbett Canyon	<input type="checkbox"/>	24
Crane Lake	<input type="checkbox"/>	25
Fetzer	<input type="checkbox"/>	26
Fish Eye	<input type="checkbox"/>	27
Forest Glen	<input type="checkbox"/>	28
Foxhorn	<input type="checkbox"/>	29
Francis Coppola	<input type="checkbox"/>	30
Franzia	<input type="checkbox"/>	31
Gallo	<input type="checkbox"/>	32
Gallo of Sonoma	<input type="checkbox"/>	33
Gnarly Head	<input type="checkbox"/>	34
Glen Ellen	<input type="checkbox"/>	35
Inglenook	<input type="checkbox"/>	36
Kendall-Jackson	<input type="checkbox"/>	37
Livingston Cellars	<input type="checkbox"/>	38
Manischewitz	<input type="checkbox"/>	39
Meridian	<input type="checkbox"/>	40
Mirassou	<input type="checkbox"/>	41
Mogen David	<input type="checkbox"/>	42
Paul Masson	<input type="checkbox"/>	43
Peter Vella	<input type="checkbox"/>	44
Ravenswood	<input type="checkbox"/>	45
Redwood Creek	<input type="checkbox"/>	46
Robert Mondavi	<input type="checkbox"/>	47
Rodney Strong	<input type="checkbox"/>	48
Smoking Loon	<input type="checkbox"/>	49
Sterling Vineyards	<input type="checkbox"/>	50
Stone Cellars	<input type="checkbox"/>	51
Sutter Home	<input type="checkbox"/>	52
Toasted Head	<input type="checkbox"/>	53
Turning Leaf	<input type="checkbox"/>	54
Vendange	<input type="checkbox"/>	55
Wild Vines	<input type="checkbox"/>	56
Woodbridge	<input type="checkbox"/>	57
OTHER (Write In)	<input type="checkbox"/>	999

LOW CALORIE DOMESTIC BEER	You Personally:	
	Drank in last 6 months	Glasses/last 7 days
141		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Bottles	<input type="checkbox"/>	01
Cans	<input type="checkbox"/>	02
Draft	<input type="checkbox"/>	03
BRANDS:		
Bud Light	<input type="checkbox"/>	04
Bud Light Golden Wheat	<input type="checkbox"/>	05
Bud Light Lime	<input type="checkbox"/>	06
Bud Select 55	<input type="checkbox"/>	07
Busch Light	<input type="checkbox"/>	08
Coors Light	<input type="checkbox"/>	09
Keystone Light	<input type="checkbox"/>	10
Michelob Golden Draft Light	<input type="checkbox"/>	11
Michelob Light	<input type="checkbox"/>	12
Michelob Ultra	<input type="checkbox"/>	13
Miller Chill	<input type="checkbox"/>	14
Miller Genuine Draft Light (MGD 64)	<input type="checkbox"/>	15
Miller High Life Light	<input type="checkbox"/>	16
Miller Lite	<input type="checkbox"/>	17
Milwaukee's Best Light	<input type="checkbox"/>	18
Natural Light	<input type="checkbox"/>	19
Sam Adams Light	<input type="checkbox"/>	20
OTHER (Write In)	<input type="checkbox"/>	999

LOW/NO ALCOHOL BEER	You Personally:	
	Drank in last 6 months	Glasses/last 7 days
145		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Bottles	<input type="checkbox"/>	01
Cans	<input type="checkbox"/>	02
BRANDS:		
Busch NA	<input type="checkbox"/>	03
Coors NA	<input type="checkbox"/>	04
O'Doul's	<input type="checkbox"/>	05
O'Doul's Amber	<input type="checkbox"/>	06
OTHER (Write In)	<input type="checkbox"/>	999

MALT LIQUOR	You Personally:	
	Drank in last 6 months	Glasses/last 30 days
149		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Colt 45	<input type="checkbox"/>	01
King Cobra	<input type="checkbox"/>	02
Mickey's	<input type="checkbox"/>	03
Olde English 800	<input type="checkbox"/>	04
OTHER (Write In)	<input type="checkbox"/>	999

IMPORTED DINNER/ TABLE WINES	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 7 days
TOTAL: 150	<input type="checkbox"/>	00
KINDS:		
Australian Red	<input type="checkbox"/>	01
Australian White	<input type="checkbox"/>	02
French Red	<input type="checkbox"/>	03
French White	<input type="checkbox"/>	04
German White	<input type="checkbox"/>	05
Italian Red	<input type="checkbox"/>	06
Italian White	<input type="checkbox"/>	07
South American Red	<input type="checkbox"/>	08
South American White	<input type="checkbox"/>	09
Spanish Red	<input type="checkbox"/>	10
Spanish White	<input type="checkbox"/>	11
Other	<input type="checkbox"/>	12
BRANDS:		
Alice White	<input type="checkbox"/>	13
Bella Sera	<input type="checkbox"/>	14
Black Swan	<input type="checkbox"/>	15
Bolla	<input type="checkbox"/>	16
Cavit	<input type="checkbox"/>	17
Concha y Toro	<input type="checkbox"/>	18
Ecco Domani	<input type="checkbox"/>	19
George DuBoeuf	<input type="checkbox"/>	20
Jacob's Creek	<input type="checkbox"/>	21
Lindemans	<input type="checkbox"/>	22
The Little Penguin	<input type="checkbox"/>	23
Luna di Luna	<input type="checkbox"/>	24
Mouton Cadet	<input type="checkbox"/>	25
Real Sangria	<input type="checkbox"/>	26
Riunite	<input type="checkbox"/>	27
Rosemount Estate	<input type="checkbox"/>	28
Ruffino	<input type="checkbox"/>	29
Santa Margherita	<input type="checkbox"/>	30
Schmitt Söhne	<input type="checkbox"/>	31
Yellow Tail	<input type="checkbox"/>	32
OTHER (Write In)	<input type="checkbox"/>	999

CHAMPAGNE & SPARKLING WINES	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
TOTAL: 151	<input type="checkbox"/>	00
KINDS:		
Asti Spumanti	<input type="checkbox"/>	01
Cava	<input type="checkbox"/>	02
Champagne	<input type="checkbox"/>	03
Prosecco	<input type="checkbox"/>	04
Other Sparkling Wines	<input type="checkbox"/>	05
BRANDS:		
Andre	<input type="checkbox"/>	06
Ballatore	<input type="checkbox"/>	07
Chandon	<input type="checkbox"/>	08
Cook's	<input type="checkbox"/>	09
Dom Perignon	<input type="checkbox"/>	10
Freixenet	<input type="checkbox"/>	11
G.H.Mumm	<input type="checkbox"/>	12
Korbel	<input type="checkbox"/>	13
Krug	<input type="checkbox"/>	14
Martini & Rossi	<input type="checkbox"/>	15
Moët & Chandon	<input type="checkbox"/>	16
Perrier-Jouët	<input type="checkbox"/>	17
Tosti	<input type="checkbox"/>	18
Verdi Spumante	<input type="checkbox"/>	19
Veuve Clicquot	<input type="checkbox"/>	20
Yellow Tail	<input type="checkbox"/>	21
OTHER (Write In)	<input type="checkbox"/>	999

PORT, SHERRY & DESSERT WINES	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
TOTAL: 153	<input type="checkbox"/>	00
TYPES:		
Dry	<input type="checkbox"/>	01
Sweet	<input type="checkbox"/>	02
BRANDS:		
Christian Brothers	<input type="checkbox"/>	03
Gallo	<input type="checkbox"/>	04
Harvey's Bristol Cream	<input type="checkbox"/>	05
Taylor	<input type="checkbox"/>	06
OTHER (Write In)	<input type="checkbox"/>	999

CORDIALS & LIQUEURS	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
TOTAL: 154	<input type="checkbox"/>	00
KINDS:		
Amaretto	<input type="checkbox"/>	01
Anisette	<input type="checkbox"/>	02
Blackberry	<input type="checkbox"/>	03
Coffee	<input type="checkbox"/>	04
Creme de Cacao	<input type="checkbox"/>	05
Creme de Menthe	<input type="checkbox"/>	06
Hazelnut	<input type="checkbox"/>	07
Irish Cream	<input type="checkbox"/>	08
Melon	<input type="checkbox"/>	09
Sambuca	<input type="checkbox"/>	10
Peach Schnapps	<input type="checkbox"/>	11
Peppermint Schnapps	<input type="checkbox"/>	12
Other Schnapps	<input type="checkbox"/>	13
Triple Sec/Orange	<input type="checkbox"/>	14
Other	<input type="checkbox"/>	15
BRANDS:		
Alizé	<input type="checkbox"/>	16
Amaretto Di Amore	<input type="checkbox"/>	17
Bailey's Orig. Irish Cream	<input type="checkbox"/>	18
B & B	<input type="checkbox"/>	19
Chambord	<input type="checkbox"/>	20
Cointreau	<input type="checkbox"/>	21
DeKuyper	<input type="checkbox"/>	22
DiSaronno Originale	<input type="checkbox"/>	23
Drambuie	<input type="checkbox"/>	24
Frangelico	<input type="checkbox"/>	25
Godiva	<input type="checkbox"/>	26
Goldschläger	<input type="checkbox"/>	27
Grand Marnier	<input type="checkbox"/>	28
Hiram Walker	<input type="checkbox"/>	29
Hypnotiq	<input type="checkbox"/>	30
Jägermeister	<input type="checkbox"/>	31
Kahlúa Original	<input type="checkbox"/>	32
Kahlúa Flavors	<input type="checkbox"/>	33
Kamora	<input type="checkbox"/>	34
Midori	<input type="checkbox"/>	35
PAMA	<input type="checkbox"/>	36
Romana Sambuca	<input type="checkbox"/>	37
Southern Comfort	<input type="checkbox"/>	38
St-Germain	<input type="checkbox"/>	39
Tequila Rose	<input type="checkbox"/>	40
OTHER (Write In)	<input type="checkbox"/>	999

VERMOUTH	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
TOTAL: 152	<input type="checkbox"/>	00
BRANDS:		
Martini & Rossi	<input type="checkbox"/>	01
Stock	<input type="checkbox"/>	02
OTHER (Write In)	<input type="checkbox"/>	999

TYPES OF DRINKS	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
TOTAL: 155	<input type="checkbox"/>	00
FORMS:		
Shot or Neat (no ice)	<input type="checkbox"/>	01
On the rocks (over ice)	<input type="checkbox"/>	02
Mixed drink	<input type="checkbox"/>	03
MIXED DRINK TYPES:		
Apple Martini	<input type="checkbox"/>	04
Bloody Mary	<input type="checkbox"/>	05
Cosmopolitan	<input type="checkbox"/>	06
Daiquiri	<input type="checkbox"/>	07
Gin & Tonic	<input type="checkbox"/>	08
Gin Martini	<input type="checkbox"/>	09
Jack & Coke	<input type="checkbox"/>	10
Lemon Drop	<input type="checkbox"/>	11
Long Island Iced Tea	<input type="checkbox"/>	12
Manhattan	<input type="checkbox"/>	13
Margarita	<input type="checkbox"/>	14
Mimosa	<input type="checkbox"/>	15
Mojito	<input type="checkbox"/>	16
Piña Colada	<input type="checkbox"/>	17
Rum & Coke	<input type="checkbox"/>	18
Scotch & Ginger	<input type="checkbox"/>	19
Scotch & Water	<input type="checkbox"/>	20
Screwdriver	<input type="checkbox"/>	21
7 & 7	<input type="checkbox"/>	22
SoCo & Lime	<input type="checkbox"/>	23
Vodka Martini	<input type="checkbox"/>	24
Vodka & Cranberry	<input type="checkbox"/>	25
Vodka & Tonic	<input type="checkbox"/>	26
Whiskey Sour	<input type="checkbox"/>	27
White Russian	<input type="checkbox"/>	28
OTHER (Write In)	<input type="checkbox"/>	999

RUM	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
TOTAL: 160	<input type="checkbox"/>	00
TYPES:		
Light	<input type="checkbox"/>	01
Dark	<input type="checkbox"/>	02
Gold	<input type="checkbox"/>	03
KINDS:		
Flavored	<input type="checkbox"/>	04
Non-Flavored	<input type="checkbox"/>	05
BRANDS:		
Appleton Estate	<input type="checkbox"/>	06
Bacardi Big Apple	<input type="checkbox"/>	07
Bacardi Gold	<input type="checkbox"/>	08
Bacardi Light/Regular/ Superior	<input type="checkbox"/>	09
Bacardi Limón	<input type="checkbox"/>	10
Bacardi Razz	<input type="checkbox"/>	11
Other Bacardi	<input type="checkbox"/>	12
Capt. Morgan Parrot Bay	<input type="checkbox"/>	13
Capt. Morgan Spiced	<input type="checkbox"/>	14
Other Capt. Morgan	<input type="checkbox"/>	15
Cruzan	<input type="checkbox"/>	16
DonQ	<input type="checkbox"/>	17
Malibu Coconut	<input type="checkbox"/>	18
Other Malibu	<input type="checkbox"/>	19
Mount Gay	<input type="checkbox"/>	20
Myers's	<input type="checkbox"/>	21
Unspecified brand at bar/ restaurant	<input type="checkbox"/>	22
OTHER (Write In)	<input type="checkbox"/>	999

COGNAC	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
158		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Courvoisier	<input type="checkbox"/>	01
Hennessy	<input type="checkbox"/>	02
Martell	<input type="checkbox"/>	03
Rémy Martin	<input type="checkbox"/>	04
OTHER (Write In)	<input type="checkbox"/>	999

BRANDY	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
159		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Christian Brothers	<input type="checkbox"/>	01
E&J	<input type="checkbox"/>	02
Korbel	<input type="checkbox"/>	03
Paul Masson/Grand Amber	<input type="checkbox"/>	04
Unspecified brand at bar/ restaurant	<input type="checkbox"/>	05
OTHER (Write In)	<input type="checkbox"/>	999

BOURBON	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
161		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Early Times	<input type="checkbox"/>	01
Evan Williams	<input type="checkbox"/>	02
Gentleman Jack	<input type="checkbox"/>	03
Jack Daniel's	<input type="checkbox"/>	04
Jim Beam	<input type="checkbox"/>	05
Knob Creek	<input type="checkbox"/>	06
Maker's Mark	<input type="checkbox"/>	07
Wild Turkey	<input type="checkbox"/>	08
Woodford Reserve	<input type="checkbox"/>	09
Unspecified brand at bar/ restaurant	<input type="checkbox"/>	10
OTHER (Write In)	<input type="checkbox"/>	999

TEQUILA	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
168		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Gold	<input type="checkbox"/>	01
Silver	<input type="checkbox"/>	02
BRANDS:		
Cazadores	<input type="checkbox"/>	03
Corazón	<input type="checkbox"/>	04
Don Julio	<input type="checkbox"/>	05
1800 Tequila	<input type="checkbox"/>	06
Herradura	<input type="checkbox"/>	07
Hornitos	<input type="checkbox"/>	08
Jose Cuervo	<input type="checkbox"/>	09
Margaritaville	<input type="checkbox"/>	10
Montezuma	<input type="checkbox"/>	11
Patrón	<input type="checkbox"/>	12
Sauza	<input type="checkbox"/>	13
Unspecified brand at bar/ restaurant	<input type="checkbox"/>	14
OTHER (Write In)	<input type="checkbox"/>	999

IRISH WHISKEY	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
162		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Bushmills	<input type="checkbox"/>	01
Jameson	<input type="checkbox"/>	02
Tullamore Dew	<input type="checkbox"/>	03
Unspecified brand at bar/ restaurant	<input type="checkbox"/>	04
OTHER (Write In)	<input type="checkbox"/>	999

RYE OR BLENDED WHISKEY	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
163		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Seagram's 7 Crown	<input type="checkbox"/>	01
Unspecified brand at bar/ restaurant	<input type="checkbox"/>	02
OTHER (Write In)	<input type="checkbox"/>	999

SCOTCH WHISKY	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
164		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Ballantine's	<input type="checkbox"/>	01
Chivas Regal	<input type="checkbox"/>	02
Cutty Sark	<input type="checkbox"/>	03
Dewar's 12	<input type="checkbox"/>	04
Dewar's White Label	<input type="checkbox"/>	05
Famous Grouse	<input type="checkbox"/>	06
Glenfiddich	<input type="checkbox"/>	07
The Glenlivet	<input type="checkbox"/>	08
J & B	<input type="checkbox"/>	09
Johnnie Walker Black Label	<input type="checkbox"/>	10
Johnnie Walker Red Label	<input type="checkbox"/>	11
Other Johnnie Walker	<input type="checkbox"/>	12
The Macallan	<input type="checkbox"/>	13
Other Blended Scotches	<input type="checkbox"/>	14
Other Single Malt Scotches	<input type="checkbox"/>	15
Unspecified brand at bar/ restaurant	<input type="checkbox"/>	16
OTHER (Write In)	<input type="checkbox"/>	999

CANADIAN WHISKY	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
165		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Black Velvet	<input type="checkbox"/>	01
Canadian Club	<input type="checkbox"/>	02
Canadian Mist	<input type="checkbox"/>	03
Crown Royal	<input type="checkbox"/>	04
Seagram's VO	<input type="checkbox"/>	05
Other Seagram's	<input type="checkbox"/>	06
Windsor Canadian	<input type="checkbox"/>	07
Unspecified brand at bar/ restaurant	<input type="checkbox"/>	08
OTHER (Write In)	<input type="checkbox"/>	999

VODKA	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
166		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Flavored	<input type="checkbox"/>	01
Non-Flavored	<input type="checkbox"/>	02
BRANDS:		
Absolut	<input type="checkbox"/>	03
Absolut Citron	<input type="checkbox"/>	04
Absolut Mandrin	<input type="checkbox"/>	05
Other Absolut	<input type="checkbox"/>	06
Belvedere	<input type="checkbox"/>	07
Burnett's	<input type="checkbox"/>	08
Cîroc	<input type="checkbox"/>	09
EFFEN	<input type="checkbox"/>	10
Finlandia	<input type="checkbox"/>	11
Gordon's	<input type="checkbox"/>	12
Grey Goose	<input type="checkbox"/>	13
Grey Goose Flavored	<input type="checkbox"/>	14
Ketel One	<input type="checkbox"/>	15
Level	<input type="checkbox"/>	16
Pinnacle	<input type="checkbox"/>	17
Popov	<input type="checkbox"/>	18
Russian Standard	<input type="checkbox"/>	19
Seagram's	<input type="checkbox"/>	20
Sky	<input type="checkbox"/>	21
Smirnoff No. 21 (80 proof)	<input type="checkbox"/>	22
Smirnoff Twist (Flavors)	<input type="checkbox"/>	23
Stolichnaya	<input type="checkbox"/>	24
Stoli Flavored Vodka	<input type="checkbox"/>	25
Svedka	<input type="checkbox"/>	26
Three Olives	<input type="checkbox"/>	27
Vox	<input type="checkbox"/>	28
Unspecified brand at bar/ restaurant	<input type="checkbox"/>	29
OTHER (Write In)	<input type="checkbox"/>	999

GIN	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
167		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Beefeater	<input type="checkbox"/>	01
Bombay	<input type="checkbox"/>	02
Bombay Sapphire	<input type="checkbox"/>	03
Gilbey's	<input type="checkbox"/>	04
Gordon's	<input type="checkbox"/>	05
Hendrick's	<input type="checkbox"/>	06
Seagram's	<input type="checkbox"/>	07
Tanqueray	<input type="checkbox"/>	08
Tanqueray 10	<input type="checkbox"/>	09
Unspecified brand at bar/ restaurant	<input type="checkbox"/>	10
OTHER (Write In)	<input type="checkbox"/>	999

ALCOHOLIC BEVERAGES: WHERE CONSUMED			
In the last 30 days, where have you consumed alcoholic beverages?			
	Beer	Wine	Liquor
Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Bar/Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Your Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Someone Else's Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
	1	2	3

AUTOMOBILES AND OTHER VEHICLES

How many vehicles do you or other members of your household currently own or personally lease? (Please include cars, trucks, vans, minivans or sport utility vehicles and do not include company cars.) Include both domestic and imported vehicles. The first column is for the vehicle you purchased or leased most recently, the next three columns are for the second, third, and fourth most recent purchase or lease.

One 1 Three 3 Five or more ... 5 169-0
 Two 2 Four 4 None 0

Please fill in the following information for each vehicle currently owned or leased by you or other members of your household.

	Most Recent Purchase/Lease	2nd Most Recent Purchase/Lease	3rd Most Recent Purchase/Lease	4th Most Recent Purchase/Lease
Make (e.g., Ford, Buick, Honda, Dodge, Chevrolet)	_____	_____	_____	_____
	170-0	183-0	196-0	209-0
Model (e.g., Mustang, LaCrosse, Accord, Caravan, TrailBlazer)	_____	_____	_____	_____
Model Year	_____	_____	_____	_____
	171-0	184-0	197-0	210-0
Was vehicle purchased or leased?	172-0	185-0	198-0	211-0
Purchased	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Leased	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Was vehicle bought new or used?				
New	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Used (Certified Pre-Owned)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Used (Other)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
What type of vehicle is it?	173-0	186-0	199-0	212-0
Convertible	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Coupe/Sports Coupe/2 door	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Sedan/Hard Top/4 door	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Sedan/Hard Top/2 door	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Station Wagon	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
3 door Hatchback/Runabout	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Van/Minivan	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Sport Utility Vehicle (SUV)	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Truck (2 door)	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Truck (4 door)	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
What type of fuel does the vehicle use?	174-0	187-0	200-0	213-0
Gasoline (non-diesel) only	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Diesel Gasoline only	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Combination Gas and Electricity (Hybrid vehicle)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Other (e.g. Electricity only, Ethanol (E85), Hydrogen, etc.)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Who decided which make to buy or lease?				
Yourself	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Yourself and someone else	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Someone else	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
When was vehicle purchased or leased?				
In past 12 months	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
1-2 years ago	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
3-4 years ago	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
5 or more years ago	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
(If purchased) How was vehicle purchased? (Check as many as apply.)	175-0	188-0	201-0	214-0
With cash	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
With trade-in	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
With financing from a dealer	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
With a bank loan	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
With a credit union loan	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
With financing from the auto manufacturer	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
What was the total amount spent on purchase of vehicle?	176-0	189-0	202-0	215-0
\$50,000 or more	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
\$40,000-49,999	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
\$30,000-39,999	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
\$20,000-29,999	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
\$15,000-19,999	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
\$10,000-14,999	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Under \$10,000	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
(If leased) Which company (or companies) is the vehicle leased from?				
Bank	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
An auto manufacturer	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Other	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0



AUTOMOBILES AND OTHER VEHICLES
(Continued)

	Most Recent Purchase/Lease	2nd Most Recent Purchase/Lease	3rd Most Recent Purchase/Lease	4th Most Recent Purchase/Lease
(If leased) What is the length of the lease?				
24 months or less	177-0 <input type="checkbox"/> 1	190-0 <input type="checkbox"/> 1	203-0 <input type="checkbox"/> 1	217-0 <input type="checkbox"/> 1
36 months	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
48 months	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
60 months or longer	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Was vehicle bought or leased to replace another vehicle?				
Yes	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
No	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Who is the principal driver?				
Yourself (alone or with someone else)	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Someone else	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Who is primarily responsible for maintenance?				
Yourself (alone or with someone else)	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Someone else	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
What kind of transmission does the vehicle have?				
Automatic	178-0 <input type="checkbox"/> 1	191-0 <input type="checkbox"/> 1	204-0 <input type="checkbox"/> 1	218-0 <input type="checkbox"/> 1
Manual	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
What type of engine does the vehicle have?				
4 cylinder	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
5 cylinder	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
6 cylinder	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
V-6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
V-8	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Other	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Does the vehicle have these audio/entertainment features?				
AM/FM radio	179-0 <input type="checkbox"/> 1	192-0 <input type="checkbox"/> 1	205-0 <input type="checkbox"/> 1	219-0 <input type="checkbox"/> 1
CD player (single CD)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
CD player (multi-disc)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Custom speakers	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
DVD player	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
MP3 player connection	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Satellite Radio	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Was the vehicle's audio/entertainment system:				
Standard with vehicle	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Upgraded with vehicle	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
An aftermarket purchase	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Does the vehicle have:				
Air bags—driver side	180-0 <input type="checkbox"/> 1	193-0 <input type="checkbox"/> 1	206-0 <input type="checkbox"/> 1	220-0 <input type="checkbox"/> 1
Air bags—passenger side	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Air bags—side impact	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Anti-Lock braking system (ABS)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Bluetooth/Hands-free phone capability	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Custom (aluminum) wheels	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Electronic fuel injection	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Four wheel drive/All wheel drive	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Front, Dual Automatic Climate Control	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Front wheel drive	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
GPS/Navigation system (Built-in, not portable)	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
Heated/Cooled Seats				
OnStar, Tele Aid or other Vehicle Monitoring System (currently subscribing)	181-0 <input type="checkbox"/> 1	194-0 <input type="checkbox"/> 1	207-0 <input type="checkbox"/> 1	221-0 <input type="checkbox"/> 1
Radar Detector	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Security/burglar alarm	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Sunroof/moonroof	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Turbo charger	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Turbo charger	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
In the past 12 months has your vehicle been serviced by:				
Car dealer	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Gas station/garage	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Auto repair chain store	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Discount dept. store	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Yourself	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
Yourself/someone else	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
In the past 12 months has vehicle had:				
Alignment service/repair	182-0 <input type="checkbox"/> 1	195-0 <input type="checkbox"/> 1	208-0 <input type="checkbox"/> 1	222-0 <input type="checkbox"/> 1
Brake lining or pad replacement	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Major engine repair	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Minor engine repair	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Paint job	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Tune-up	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
For Trucks only:				
For what purpose(s) is this vehicle used?				
Hauling—Personal	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Hauling—Business	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Local Transportation	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Recreation	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0

MOTORCYCLES

Do you or does anyone else in your household own any motorcycles?

Yes 1 234-0 No 2

If so, how many motorcycles does your whole household own?

One 1 235-0 Two 2 Three or more 3

	Most Recent Purchase	2nd Most Recent Purchase	Other Purchase
What year model is it?	236-0	243-0	250-0
2012	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2011	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
2010	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
2009	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
2008	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
2007 or earlier	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Was it bought new or used?			
New	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Used	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Who decided which make to buy?	237-0	244-0	251-0
Yourself (alone or with someone else)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Someone else	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
When was motorcycle acquired?	238-0	245-0	252-0
In past 12 months	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
1-2 years ago	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3-4 years ago	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
5 or more years ago	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
What type is it?	239-0	246-0	253-0
Off-road/dirt bike (Competition)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Other off-road/dirt/trail bike	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Dual purpose (off-road/street)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Street Bike:			
Cruiser	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Custom	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Standard	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Touring	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Sport/Performance	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Other	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Which engine size is it?	240-0	247-0	254-0
Under 100cc	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
100-449cc	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
450-749cc	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
750-899cc	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
900cc or larger	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Which make is it?	241-0	248-0	255-0
Harley Davidson	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Honda	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Kawasaki	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Suzuki	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Victory	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Yamaha	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Other	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Who is the primary rider?	242-0	249-0	256-0
Yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Someone else	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
How do you transport your off-road bike?		257-0	
Truck <input type="checkbox"/> 1			Trailer <input type="checkbox"/> 2

AUTO CLUBS/ROADSIDE ASSISTANCE

Which, if any, of these auto clubs or roadside assistance programs do you belong to?

AAA	260-0	<input type="checkbox"/> 1
AARP Roadside Assistance	<input type="checkbox"/> 2	
Allstate Motor Club	<input type="checkbox"/> 3	
Other Insurance Company Roadside Assistance Program	<input type="checkbox"/> 4	
Car Dealer/Manufacturer/Dealer Warranty	<input type="checkbox"/> 5	
Other	<input type="checkbox"/> 6	

ATVs/UTVs

Do you or does anyone else in your household own any ATVs or utility vehicles (UTVs)?

Yes 1 228-0 No 2

If so, how many does your whole household own?

One 1 229-0 Two 2 Three or more 3

	Most Recent Purchase	Other Purchase(s)
What kind is it?	230-0	232-0
Utility ATV	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Sport ATV	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Utility Vehicle (UTV)	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Which make is it?		
Arctic Cat	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Honda	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Kawasaki	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Polaris	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Suzuki	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Yamaha	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Other	<input type="checkbox"/> 0	<input type="checkbox"/> 0
When was it acquired?	231-0	233-0
In past 12 months	<input type="checkbox"/> 1	<input type="checkbox"/> 1
1-2 years ago	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3-4 years ago	<input type="checkbox"/> 3	<input type="checkbox"/> 3
5 or more years ago	<input type="checkbox"/> 4	<input type="checkbox"/> 4
What is it used for?		
Recreation	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Work	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Both Recreation and Work	<input type="checkbox"/> 7	<input type="checkbox"/> 7
How is it transported?		
Truck	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Trailer	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Who is the primary rider?		
Yourself	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Someone else	<input type="checkbox"/> X	<input type="checkbox"/> X

TRUCK/TRAILER RENTAL

Have you personally rented a truck/trailer in the last twelve months?

Yes 1 258-0

Which company (or companies) did you rent from:

Budget	<input type="checkbox"/> 2
Enterprise	<input type="checkbox"/> 3
Penske	<input type="checkbox"/> 4
Ryder	<input type="checkbox"/> 5
U-Haul	<input type="checkbox"/> 6
.....	<input type="checkbox"/> 7

OTHER (Write In)

Reason for rental of truck or trailer:

Moving personal/household goods	<input type="checkbox"/> 8
Commercial/business purposes	<input type="checkbox"/> 9
Other	<input type="checkbox"/> 0

PROFESSIONAL MOVING VAN

61X-0

Have you used a professional moving van line in the last 12 months?

Yes 1

AUTOS/OTHER VEHICLE INSURANCE

Number of vehicles in your household covered by insurance:

- | | | | | | |
|---------------|--------------------------|---|--------------------------|---|--------------------------|
| None | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> |
| One | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| Two | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| Three or more | <input type="checkbox"/> | 4 | <input type="checkbox"/> | | |

With which company(s)?

- | | | | | | |
|--------------------------|--------------------------|----|--------------------------|----|--------------------------|
| AAA | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> |
| AARP from The Hartford | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| Allstate | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| American Family | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| Amica | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> |
| Encompass | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> |
| Esurance | <input type="checkbox"/> | 7 | <input type="checkbox"/> | 8 | <input type="checkbox"/> |
| Farm Bureau | <input type="checkbox"/> | 8 | <input type="checkbox"/> | 9 | <input type="checkbox"/> |
| Farmers Insurance Group | <input type="checkbox"/> | 9 | <input type="checkbox"/> | 10 | <input type="checkbox"/> |
| GEICO | <input type="checkbox"/> | 10 | <input type="checkbox"/> | 11 | <input type="checkbox"/> |
| The Hartford | <input type="checkbox"/> | 11 | <input type="checkbox"/> | 12 | <input type="checkbox"/> |
| Infinity | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> |
| Liberty Mutual | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> |
| Mercury | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> |
| MetLife | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> |
| Nationwide | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 | <input type="checkbox"/> |
| Progressive | <input type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> |
| SafeAuto | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19 | <input type="checkbox"/> |
| State Farm | <input type="checkbox"/> | 19 | <input type="checkbox"/> | 20 | <input type="checkbox"/> |
| Travelers | <input type="checkbox"/> | 20 | <input type="checkbox"/> | 21 | <input type="checkbox"/> |
| 21 st Century | <input type="checkbox"/> | 21 | <input type="checkbox"/> | 22 | <input type="checkbox"/> |
| USAA | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | 23 | | | |

How was it acquired?

- | | | |
|---|--------------------------|---|
| From an agent | <input type="checkbox"/> | 1 |
| Direct from insurance company via phone | <input type="checkbox"/> | 2 |
| Direct from insurance company via website | <input type="checkbox"/> | 3 |
| At place of work or union | <input type="checkbox"/> | 4 |
| At dealership where car/vehicle was purchased or leased | <input type="checkbox"/> | 5 |
| Other | <input type="checkbox"/> | 6 |

How did you hear about the company?

- | | | |
|-----------------------------------|--------------------------|---|
| Insurance agent | <input type="checkbox"/> | 1 |
| Newspaper or magazine ad | <input type="checkbox"/> | 2 |
| Television or radio ad | <input type="checkbox"/> | 3 |
| Internet ad | <input type="checkbox"/> | 4 |
| Search engine | <input type="checkbox"/> | 5 |
| Direct mail at home | <input type="checkbox"/> | 6 |
| Internet quote comparison service | <input type="checkbox"/> | 7 |
| Family or Friends | <input type="checkbox"/> | 8 |
| Other | <input type="checkbox"/> | 9 |

What type carried?

- | | | |
|----------------------------|--------------------------|---|
| Collision | <input type="checkbox"/> | 1 |
| Liability- Bodily Injury | <input type="checkbox"/> | 2 |
| Liability- Property Damage | <input type="checkbox"/> | 3 |
| Medical Payments | <input type="checkbox"/> | 4 |
| Uninsured Motorist | <input type="checkbox"/> | 5 |
| Comprehensive | <input type="checkbox"/> | 6 |
| Towing | <input type="checkbox"/> | 7 |

How many times, if any, have you changed your auto insurance carrier in the last 5 years?

- | | | |
|---------------------|--------------------------|---|
| Did not change | <input type="checkbox"/> | 1 |
| One time | <input type="checkbox"/> | 2 |
| Two times | <input type="checkbox"/> | 3 |
| Three or more times | <input type="checkbox"/> | 4 |

Did you acquire a new or different policy in the last 12 months?

- Yes 1 268-0

Other Vehicles (e.g. Motorcycles, ATVs, RVs, Marine)

Cars/Trucks/Vans/SUVs 64V

CAR RENTAL BUSINESS USE

For business use you:

Rented/last 12 months | Times/last 12 months

269

TOTAL: _____ 00

FROM WHAT COMPANIES:

- | | | |
|------------------|--------------------------|-----|
| Alamo | <input type="checkbox"/> | 01 |
| Avis | <input type="checkbox"/> | 02 |
| Budget | <input type="checkbox"/> | 03 |
| Dollar | <input type="checkbox"/> | 04 |
| Enterprise | <input type="checkbox"/> | 05 |
| Hertz | <input type="checkbox"/> | 06 |
| National | <input type="checkbox"/> | 07 |
| Thrifty | <input type="checkbox"/> | 08 |
| OTHER (Write In) | <input type="checkbox"/> | 999 |

WHERE RENTED:

- | | | |
|------------------------|--------------------------|---|
| Airport | <input type="checkbox"/> | 1 |
| Adjacent to airport | <input type="checkbox"/> | 2 |
| At home (local rental) | <input type="checkbox"/> | 3 |
| Somewhere else | <input type="checkbox"/> | 4 |

Your organization's guidelines on rentals for business use:

- | | | |
|---|--------------------------|---|
| I can rent from any firm I like | <input type="checkbox"/> | 1 |
| I must always rent from specified firm(s) | <input type="checkbox"/> | 2 |

Most recent rental (choose one):

- | | | | | | |
|------------|--------------------------|---|----------|--------------------------|---|
| Alamo | <input type="checkbox"/> | 3 | Hertz | <input type="checkbox"/> | 8 |
| Avis | <input type="checkbox"/> | 4 | National | <input type="checkbox"/> | 9 |
| Budget | <input type="checkbox"/> | 5 | Thrifty | <input type="checkbox"/> | 0 |
| Dollar | <input type="checkbox"/> | 6 | Other | <input type="checkbox"/> | X |
| Enterprise | <input type="checkbox"/> | 7 | | | |

CAR RENTAL PERSONAL USE

You Personally:

Rented/last 12 months | Times/last 12 months

272

TOTAL: _____ 00

FROM WHAT COMPANIES:

- | | | |
|------------------|--------------------------|-----|
| Alamo | <input type="checkbox"/> | 01 |
| Avis | <input type="checkbox"/> | 02 |
| Budget | <input type="checkbox"/> | 03 |
| Dollar | <input type="checkbox"/> | 04 |
| Enterprise | <input type="checkbox"/> | 05 |
| Hertz | <input type="checkbox"/> | 06 |
| National | <input type="checkbox"/> | 07 |
| Thrifty | <input type="checkbox"/> | 08 |
| OTHER (Write In) | <input type="checkbox"/> | 999 |

WHERE RENTED:

- | | | |
|------------------------|--------------------------|---|
| Airport | <input type="checkbox"/> | 1 |
| Adjacent to airport | <input type="checkbox"/> | 2 |
| At home (local rental) | <input type="checkbox"/> | 3 |
| Somewhere else | <input type="checkbox"/> | 4 |

WHY RENTED:

- | | | |
|----------------------------|--------------------------|---|
| Leisure | <input type="checkbox"/> | 5 |
| Own car in accident/repair | <input type="checkbox"/> | 6 |
| Other | <input type="checkbox"/> | 7 |

HOW RENTED:

- | | | |
|--|--------------------------|---|
| Direct from company/walk-in (no reservation) | <input type="checkbox"/> | 8 |
| Direct from company by phone | <input type="checkbox"/> | 9 |
| Direct from company via company's website | <input type="checkbox"/> | 0 |
| Through general travel or price comparison website | <input type="checkbox"/> | X |
| Other | <input type="checkbox"/> | Y |

Most recent rental (choose one):

- | | | | | | |
|------------|--------------------------|---|----------|--------------------------|---|
| Alamo | <input type="checkbox"/> | 1 | Hertz | <input type="checkbox"/> | 6 |
| Avis | <input type="checkbox"/> | 2 | National | <input type="checkbox"/> | 7 |
| Budget | <input type="checkbox"/> | 3 | Thrifty | <input type="checkbox"/> | 8 |
| Dollar | <input type="checkbox"/> | 4 | Other | <input type="checkbox"/> | 9 |
| Enterprise | <input type="checkbox"/> | 5 | | | |

YOUR TRANSPORTATION

Transportation method(s), if any, you use on an average weekday and average weekend:

- | | | | | |
|----------------------------|--------------------------|-----------------|--------------------------|-----------------|
| | <input type="checkbox"/> | Average Weekday | <input type="checkbox"/> | Average Weekend |
| Walking | <input type="checkbox"/> | | <input type="checkbox"/> | 01 |
| Bicycle | <input type="checkbox"/> | | <input type="checkbox"/> | 02 |
| Driving (not in a carpool) | <input type="checkbox"/> | | <input type="checkbox"/> | 03 |
| Driving in a carpool | <input type="checkbox"/> | | <input type="checkbox"/> | 04 |
| Motorcycle | <input type="checkbox"/> | | <input type="checkbox"/> | 05 |
| Taxi | <input type="checkbox"/> | | <input type="checkbox"/> | 06 |
| Bus | <input type="checkbox"/> | | <input type="checkbox"/> | 07 |
| Subway/Metro | <input type="checkbox"/> | | <input type="checkbox"/> | 08 |
| Train | <input type="checkbox"/> | | <input type="checkbox"/> | 09 |
| Other | <input type="checkbox"/> | | <input type="checkbox"/> | 10 |

DRIVING

Do you personally have a current driver's license?

- Yes 1

Which vehicle(s) do you drive?

- | | | |
|-----------------------|--------------------------|---|
| Automobile | <input type="checkbox"/> | 2 |
| Motorcycle | <input type="checkbox"/> | 3 |
| Van | <input type="checkbox"/> | 4 |
| Minivan | <input type="checkbox"/> | 5 |
| Compact Pick-up | <input type="checkbox"/> | 6 |
| Regular Pick-up | <input type="checkbox"/> | 7 |
| Heavy Duty Truck | <input type="checkbox"/> | 8 |
| Recreational Vehicle | <input type="checkbox"/> | 9 |
| Sport/Utility Vehicle | <input type="checkbox"/> | 0 |
| Other Truck | <input type="checkbox"/> | X |
| Other Vehicle | <input type="checkbox"/> | Y |

Number of miles you personally drove in the past 12 months:

- | | | |
|----------------|--------------------------|---|
| None | <input type="checkbox"/> | 1 |
| 1- 999 | <input type="checkbox"/> | 2 |
| 1,000- 2,999 | <input type="checkbox"/> | 3 |
| 3,000- 4,999 | <input type="checkbox"/> | 4 |
| 5,000- 7,999 | <input type="checkbox"/> | 5 |
| 8,000- 9,999 | <input type="checkbox"/> | 6 |
| 10,000-14,999 | <input type="checkbox"/> | 7 |
| 15,000-19,999 | <input type="checkbox"/> | 8 |
| 20,000-29,999 | <input type="checkbox"/> | 9 |
| 30,000-39,999 | <input type="checkbox"/> | 0 |
| 40,000-49,999 | <input type="checkbox"/> | X |
| 50,000 or more | <input type="checkbox"/> | Y |

Primary reason(s) you personally drive:

- | | | |
|------------------------|--------------------------|---|
| Commuter to work | <input type="checkbox"/> | 1 |
| Other driving for work | <input type="checkbox"/> | 2 |
| Leisure | <input type="checkbox"/> | 3 |
| Errands | <input type="checkbox"/> | 4 |
| Transport others | <input type="checkbox"/> | 5 |
| Other | <input type="checkbox"/> | 6 |

TRAFFIC REPORTS

If you have listened to traffic reports on the radio in the past 12 months, how often did you do so?

- Regularly 1
- Occasionally 2

GASOLINE	You Personally:	
	Bought in last 6 months	Gallons/last 7 days
280		
TOTAL:	<input type="checkbox"/>	00
GRADES:		
Premium/Super	<input type="checkbox"/>	01
Mid-Grade	<input type="checkbox"/>	02
Regular	<input type="checkbox"/>	03
TYPES:		
Unleaded	<input type="checkbox"/>	04
Diesel	<input type="checkbox"/>	05
Gasohol	<input type="checkbox"/>	06
KINDS:		
Full-service	<input type="checkbox"/>	07
Self-service	<input type="checkbox"/>	08
BRANDS:		
Arco	<input type="checkbox"/>	09
BP/Amoco	<input type="checkbox"/>	10
Chevron	<input type="checkbox"/>	11
Citgo	<input type="checkbox"/>	12
Clark	<input type="checkbox"/>	13
Conoco	<input type="checkbox"/>	14
Exxon	<input type="checkbox"/>	15
Getty	<input type="checkbox"/>	16
Gulf	<input type="checkbox"/>	17
Hess	<input type="checkbox"/>	18
Marathon	<input type="checkbox"/>	19
Mobil	<input type="checkbox"/>	20
Phillips 66	<input type="checkbox"/>	21
Quik Trip	<input type="checkbox"/>	22
Racetrac	<input type="checkbox"/>	23
7-Eleven	<input type="checkbox"/>	24
76	<input type="checkbox"/>	25
Shell	<input type="checkbox"/>	26
Sinclair	<input type="checkbox"/>	27
Speedway	<input type="checkbox"/>	28
Sunoco	<input type="checkbox"/>	29
SuperAmerica	<input type="checkbox"/>	30
Texaco	<input type="checkbox"/>	31
Valero	<input type="checkbox"/>	32
Walmart	<input type="checkbox"/>	33
OTHER (Write In)	<input type="checkbox"/>	999
Amount spent on gasoline in the last 30 days?		
\$ 1 - \$ 49	<input type="checkbox"/>	281-0
\$ 50 - \$ 74	<input type="checkbox"/>	1
\$ 75 - \$ 99	<input type="checkbox"/>	2
\$100 - \$149	<input type="checkbox"/>	3
\$150 - \$199	<input type="checkbox"/>	4
\$200 or more	<input type="checkbox"/>	5
How did you pay for your gasoline in the last 30 days?		
Cash	<input type="checkbox"/>	282-0
Credit Card:		
Oil Company/Gasoline Card	<input type="checkbox"/>	1
General Purpose Card	<input type="checkbox"/>	2
Debit Card	<input type="checkbox"/>	3

TIRE CARE	You Personally:	
	Bought in last 12 months	Times used/last 12 months
283		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Shine	<input type="checkbox"/>	01
Wet/Gel	<input type="checkbox"/>	02
Cleaner	<input type="checkbox"/>	03
Foam	<input type="checkbox"/>	04
Spray/Aerosol	<input type="checkbox"/>	05
BRANDS:		
Armor All	<input type="checkbox"/>	06
Black Magic	<input type="checkbox"/>	07
Eagle One	<input type="checkbox"/>	08
Meguiar's	<input type="checkbox"/>	09
Turtle Wax	<input type="checkbox"/>	10
Westleys	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999

GASOLINE ADDITIVES	You Personally:	
	Bought in last 12 months	Bottles/last 12 months
284		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Chevron Pro-Gard	<input type="checkbox"/>	01
Chevron Techron	<input type="checkbox"/>	02
Gumout	<input type="checkbox"/>	03
Gunk	<input type="checkbox"/>	04
HEET	<input type="checkbox"/>	05
Lucas	<input type="checkbox"/>	06
104+ Octane Boost	<input type="checkbox"/>	07
Prestone	<input type="checkbox"/>	08
Sea Foam	<input type="checkbox"/>	09
STA-BIL Fuel Stabilizer	<input type="checkbox"/>	10
STP Fuel Injector and Carburetor Treatment	<input type="checkbox"/>	11
STP Gas Treatment	<input type="checkbox"/>	12
STP Super Concentrated Fuel Injector Cleaner	<input type="checkbox"/>	13
Other STP	<input type="checkbox"/>	14
Valvoline	<input type="checkbox"/>	15
zMax	<input type="checkbox"/>	16
OTHER (Write In)	<input type="checkbox"/>	999
Who adds it?		285-0
Yourself	<input type="checkbox"/>	1
Another household member	<input type="checkbox"/>	2
Service centers or dealers, etc.	<input type="checkbox"/>	3
Other	<input type="checkbox"/>	4

OIL FILTERS	You Personally:	
	Bought in last 12 months	Number/last 12 months
286		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
AC Delco	<input type="checkbox"/>	01
Champion	<input type="checkbox"/>	02
Fram	<input type="checkbox"/>	03
Mobil 1	<input type="checkbox"/>	04
Mopar	<input type="checkbox"/>	05
Motorcraft	<input type="checkbox"/>	06
NAPA	<input type="checkbox"/>	07
Pennzoil	<input type="checkbox"/>	08
Purolator	<input type="checkbox"/>	09
Quaker State	<input type="checkbox"/>	10
WIX	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999
Who installed?		287-0
Yourself	<input type="checkbox"/>	1
Another household member	<input type="checkbox"/>	2
Service centers or dealers	<input type="checkbox"/>	3
Other	<input type="checkbox"/>	4
Where bought?		288-0
Advance Auto Parts Store	<input type="checkbox"/>	1
AutoZone	<input type="checkbox"/>	2
NAPA	<input type="checkbox"/>	3
O'Reilly Auto Parts	<input type="checkbox"/>	4
Pep Boys	<input type="checkbox"/>	5
Quick Lube Center	<input type="checkbox"/>	6
Walmart	<input type="checkbox"/>	7
Other auto parts store	<input type="checkbox"/>	289-0
Car dealer	<input type="checkbox"/>	1
Discount auto store	<input type="checkbox"/>	2
Gas station/garage	<input type="checkbox"/>	3
Other Discount/Dept. Store	<input type="checkbox"/>	4
Who decides which brand you buy?		290-0
Yourself (alone or with someone else)	<input type="checkbox"/>	1
Someone else	<input type="checkbox"/>	2

MOTOR OIL ADDITIVES	You Personally:	
	Bought in last 12 months	Bottles/last 12 months
291		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Bardahl	<input type="checkbox"/>	01
Bar's Leaks	<input type="checkbox"/>	02
Dura Lube	<input type="checkbox"/>	03
Gunk	<input type="checkbox"/>	04
Lucas	<input type="checkbox"/>	05
Marvel Mystery Oil	<input type="checkbox"/>	06
NO-LEAK Sealer	<input type="checkbox"/>	07
Prolong	<input type="checkbox"/>	08
Restore	<input type="checkbox"/>	09
Rislone	<input type="checkbox"/>	10
Slick 50 Engine Treatment	<input type="checkbox"/>	11
STP	<input type="checkbox"/>	12
zMax	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	999
Who decides which brand you buy?		292-0
Yourself (alone or with someone else)	<input type="checkbox"/>	1
Someone else	<input type="checkbox"/>	2
Who adds it?		293-0
Yourself	<input type="checkbox"/>	1
Another household member	<input type="checkbox"/>	2
Service centers or dealers, etc.	<input type="checkbox"/>	3
Other	<input type="checkbox"/>	4

ANTI-FREEZE/COOLANT	You Personally:	
	Bought in last 12 months	Gallons/last 12 months
294		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Exxon	<input type="checkbox"/>	01
Havoline	<input type="checkbox"/>	02
NAPA	<input type="checkbox"/>	03
Peak	<input type="checkbox"/>	04
Prestone	<input type="checkbox"/>	05
Quaker State	<input type="checkbox"/>	06
Zerex	<input type="checkbox"/>	07
OTHER (Write In)	<input type="checkbox"/>	999
Who decides which brand you buy?		295-0
Yourself (alone or with someone else)	<input type="checkbox"/>	1
Someone else	<input type="checkbox"/>	2
When do you change it?		296-0
Winter only	<input type="checkbox"/>	1
Summer only	<input type="checkbox"/>	2
Year round	<input type="checkbox"/>	3
Who adds it for you?		
Yourself	<input type="checkbox"/>	4
Another household member	<input type="checkbox"/>	5
Service centers or dealers, etc.	<input type="checkbox"/>	6
Other	<input type="checkbox"/>	7
When you change anti-freeze, do you:		
Drain radiator completely	<input type="checkbox"/>	8
Drain radiator partially	<input type="checkbox"/>	9
Top off radiator	<input type="checkbox"/>	0
Where bought?		297-0
Advance Auto Parts Store	<input type="checkbox"/>	1
AutoZone	<input type="checkbox"/>	2
Kmart	<input type="checkbox"/>	3
Pep Boys	<input type="checkbox"/>	4
Sears	<input type="checkbox"/>	5
Walmart	<input type="checkbox"/>	6
Other auto parts store	<input type="checkbox"/>	7
Gas Station	<input type="checkbox"/>	8
Grocery/Supermarket	<input type="checkbox"/>	9
Other Discount/Dept. Store	<input type="checkbox"/>	0

MOTOR OIL	You Personally:	
	Bought/changed in last 12 months	Quarts/last 12 months
298		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Conventional	<input type="checkbox"/>	01
High Mileage	<input type="checkbox"/>	02
Synthetic Blend	<input type="checkbox"/>	03
Full Synthetic	<input type="checkbox"/>	04
BRANDS:		
Castrol Edge	<input type="checkbox"/>	05
Castrol GTX	<input type="checkbox"/>	06
Castrol Syntec	<input type="checkbox"/>	07
Chevron	<input type="checkbox"/>	08
CITGO	<input type="checkbox"/>	09
Exxon Superflo.	<input type="checkbox"/>	10
Havoline	<input type="checkbox"/>	11
Mobil	<input type="checkbox"/>	12
Mobil 1	<input type="checkbox"/>	13
Motorcraft	<input type="checkbox"/>	14
NAPA	<input type="checkbox"/>	15
Peak	<input type="checkbox"/>	16
Pennzoil	<input type="checkbox"/>	17
Pennzoil Platinum.	<input type="checkbox"/>	18
Quaker State	<input type="checkbox"/>	19
Royal Purple.	<input type="checkbox"/>	20
Shell	<input type="checkbox"/>	21
Valvoline	<input type="checkbox"/>	22
Valvoline MaxLife	<input type="checkbox"/>	23
OTHER (Write In)	<input type="checkbox"/>	999
Who adds or changes it for you?		
299-0		
Yourself	<input type="checkbox"/>	1
Other household member	<input type="checkbox"/>	2
Gas station/garage	<input type="checkbox"/>	3
Car dealer	<input type="checkbox"/>	4
Tire dealer	<input type="checkbox"/>	5
Auto repair chain store	<input type="checkbox"/>	6
Jiffy Lube	<input type="checkbox"/>	7
Valvoline Instant Oil Change	<input type="checkbox"/>	8
Other Quick Lube Center	<input type="checkbox"/>	9
Walmart TLE	<input type="checkbox"/>	0
Other Discount Store Service Center	<input type="checkbox"/>	X
Other	<input type="checkbox"/>	Y
If you personally change your oil, where did you purchase it?		
300-0		
Advance Auto Parts Store	<input type="checkbox"/>	1
AutoZone	<input type="checkbox"/>	2
O'Reilly Auto Parts	<input type="checkbox"/>	3
Pep Boys	<input type="checkbox"/>	4
Walmart	<input type="checkbox"/>	5
Other auto parts store	<input type="checkbox"/>	6
Gas Station/garage	<input type="checkbox"/>	7
Other Discount/Dept. Store	<input type="checkbox"/>	8
Who decides which brand you use?		
301-0		
Yourself (alone or with someone else)	<input type="checkbox"/>	1
Someone else	<input type="checkbox"/>	2

BRAKES	You Personally:	
	Had serviced in last 12 months	
	303-0	
Yes	<input type="checkbox"/>	1
COMPANIES:		
Meineke	<input type="checkbox"/>	2
Midas	<input type="checkbox"/>	3
Monro Muffler/Brake	<input type="checkbox"/>	4
Sears	<input type="checkbox"/>	5
Other	<input type="checkbox"/>	6

TRANSMISSION SERVICE	You Personally:	
	Had serviced in last 12 months	
	302-0	
Yes	<input type="checkbox"/>	1
COMPANIES:		
Aamco	<input type="checkbox"/>	2
Cottman	<input type="checkbox"/>	3
Other	<input type="checkbox"/>	4

AIR FILTERS	You Personally:	
	Bought in last 12 months	Number/last 12 months
304		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
AC Delco	<input type="checkbox"/>	01
Champion	<input type="checkbox"/>	02
Fram	<input type="checkbox"/>	03
K & N	<input type="checkbox"/>	04
Motorcraft	<input type="checkbox"/>	05
NAPA	<input type="checkbox"/>	06
Pennzoil	<input type="checkbox"/>	07
Purolator	<input type="checkbox"/>	08
Quaker State	<input type="checkbox"/>	09
WIX	<input type="checkbox"/>	10
OTHER (Write In)	<input type="checkbox"/>	999
Who installed it?		
305-0		
Yourself	<input type="checkbox"/>	1
Another household member	<input type="checkbox"/>	2
Service centers or dealers	<input type="checkbox"/>	3
Other	<input type="checkbox"/>	4
Where bought?		
306-0		
Advance Auto Parts Store	<input type="checkbox"/>	1
AutoZone	<input type="checkbox"/>	2
NAPA	<input type="checkbox"/>	3
Pep Boys	<input type="checkbox"/>	4
Quick Lube Center	<input type="checkbox"/>	5
Walmart	<input type="checkbox"/>	6
Other auto parts store	<input type="checkbox"/>	7
Car dealer	<input type="checkbox"/>	8
Discount auto store	<input type="checkbox"/>	9
Gas station/garage	<input type="checkbox"/>	0
Other Discount/Dept. Store	<input type="checkbox"/>	X
Who decides which brand you buy?		
308-0		
Yourself (alone or with someone else)	<input type="checkbox"/>	1
Someone else	<input type="checkbox"/>	2

LEATHER AND VINYL PROTECTANTS	You Personally:	
	Bought in last 12 months	Times used/last 12 months
309		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Armor All Leather Wipes	<input type="checkbox"/>	01
Armor All Original Protectant	<input type="checkbox"/>	02
Armor All Protectant Wipes	<input type="checkbox"/>	03
Armor All Ultra Shine	<input type="checkbox"/>	04
Other Armor All	<input type="checkbox"/>	05
Black Magic	<input type="checkbox"/>	06
Lexol	<input type="checkbox"/>	07
Meguiar's	<input type="checkbox"/>	08
Mothers	<input type="checkbox"/>	09
Turtle Wax	<input type="checkbox"/>	10
OTHER (Write In)	<input type="checkbox"/>	999

CAR CLEANER WASH/WIPES	You Personally:	
	Bought in last 12 months	Times used/last 12 months
310		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Spray detailer	<input type="checkbox"/>	01
Wash	<input type="checkbox"/>	02
Wipes	<input type="checkbox"/>	03
BRANDS:		
Armor All	<input type="checkbox"/>	04
Blue Coral	<input type="checkbox"/>	05
The Glosser	<input type="checkbox"/>	06
Meguiar's	<input type="checkbox"/>	07
Mothers	<input type="checkbox"/>	08
Nu Finish	<input type="checkbox"/>	09
Rain-X	<input type="checkbox"/>	10
Turtle Wax	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999

MUFFLERS	You Personally:	
	Bought in last 12 months	
	311-0	
Yes	<input type="checkbox"/>	1
BRANDS:		
Borla	<input type="checkbox"/>	2
Flowmaster	<input type="checkbox"/>	3
MagnaFlow	<input type="checkbox"/>	4
Meineke	<input type="checkbox"/>	5
Midas	<input type="checkbox"/>	6
NAPA	<input type="checkbox"/>	7
Other	<input type="checkbox"/>	8
Who installed it?		
312-0		
Yourself	<input type="checkbox"/>	1
Another household member	<input type="checkbox"/>	2
Service center or dealer	<input type="checkbox"/>	3
Auto repair chain store	<input type="checkbox"/>	4
Other	<input type="checkbox"/>	5
Where bought?		
313-0		
Meineke	<input type="checkbox"/>	1
Midas	<input type="checkbox"/>	2
Pep Boys	<input type="checkbox"/>	3
Auto parts store	<input type="checkbox"/>	4
Car dealer	<input type="checkbox"/>	5
Gas station/garage	<input type="checkbox"/>	6
Specialty muffler shop	<input type="checkbox"/>	7
Other	<input type="checkbox"/>	8
Who decides which brand you buy?		
314-0		
Yourself (alone or with someone else)	<input type="checkbox"/>	1
Someone else	<input type="checkbox"/>	2

CAR WAX & POLISH	You Personally:	
	Bought in last 12 months	Times used/last 12 months
315		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Liquid	<input type="checkbox"/>	01
Paste	<input type="checkbox"/>	02
Spray	<input type="checkbox"/>	03
BRANDS:		
Black Magic	<input type="checkbox"/>	04
Blue Coral	<input type="checkbox"/>	05
Eagle One	<input type="checkbox"/>	06
Liquid Glass	<input type="checkbox"/>	07
Meguiar's Gold Class	<input type="checkbox"/>	08
Meguiar's NXT Generation	<input type="checkbox"/>	09
Other Meguiar's	<input type="checkbox"/>	10
Mothers	<input type="checkbox"/>	11
Nu Finish	<input type="checkbox"/>	12
Rain Dance	<input type="checkbox"/>	13
Rain-X	<input type="checkbox"/>	14
Simoniz	<input type="checkbox"/>	15
3M Wax	<input type="checkbox"/>	16
Turtle Wax Ice	<input type="checkbox"/>	17
Turtle Wax Super Hard Shell	<input type="checkbox"/>	18
Other Turtle Wax	<input type="checkbox"/>	19
OTHER (Write In)	<input type="checkbox"/>	999
Used for:		
316-0		
Boats	<input type="checkbox"/>	1
Cars	<input type="checkbox"/>	2
Motorcycles	<input type="checkbox"/>	3
Trucks	<input type="checkbox"/>	4

CAR/OTHER VEHICLE BATTERIES	You Personally:	
	Bought in last 12 months	Number/last 12 months
	317-0	
Yes	<input type="checkbox"/>	1
BRANDS:		
AAA	<input type="checkbox"/>	2
AC Delco	<input type="checkbox"/>	3
Autocraft (Advance Auto Parts)	<input type="checkbox"/>	4
DieHard (Sears)	<input type="checkbox"/>	5
Duralast	<input type="checkbox"/>	6
EverStart (Walmart)	<input type="checkbox"/>	7
Exide	<input type="checkbox"/>	8
Interstate	<input type="checkbox"/>	9
Kirkland Signature	<input type="checkbox"/>	0
	318-0	
Motorcraft	<input type="checkbox"/>	1
NAPA	<input type="checkbox"/>	2
Optima	<input type="checkbox"/>	3
Other	<input type="checkbox"/>	4
Who installed it?		
	319-0	
Yourself	<input type="checkbox"/>	1
Another household member	<input type="checkbox"/>	2
Service centers or dealers, etc.	<input type="checkbox"/>	3
Mobile Battery Service/Tow Truck	<input type="checkbox"/>	4
Other	<input type="checkbox"/>	5
Where bought?		
	320-0	
Advance Auto Parts Store	<input type="checkbox"/>	1
AutoZone	<input type="checkbox"/>	2
NAPA	<input type="checkbox"/>	3
O'Reilly Auto Parts	<input type="checkbox"/>	4
Pep Boys	<input type="checkbox"/>	5
Sears	<input type="checkbox"/>	6
Walmart	<input type="checkbox"/>	7
	321-0	
Other auto parts store	<input type="checkbox"/>	1
Car dealer	<input type="checkbox"/>	2
Gas station/garage	<input type="checkbox"/>	3
Tire Dealer/Store	<input type="checkbox"/>	4
Mobile Battery Service/Tow Truck	<input type="checkbox"/>	5
Other Discount/Dept. Store	<input type="checkbox"/>	6
Warehouse/Club Store	<input type="checkbox"/>	7
Who decides which brand you buy?		
	322-0	
Yourself (alone or with someone else)	<input type="checkbox"/>	1
Someone else	<input type="checkbox"/>	2

WINDSHIELD WIPERS	You Personally:	
	Bought in last 12 months	Number/last 12 months
	324	
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Anco	<input type="checkbox"/>	01
Bosch	<input type="checkbox"/>	02
Michelin	<input type="checkbox"/>	03
Pylon	<input type="checkbox"/>	04
Rain-X	<input type="checkbox"/>	05
Smart Blade	<input type="checkbox"/>	06
Trico	<input type="checkbox"/>	07
Tridon	<input type="checkbox"/>	08
		999
OTHER (Write In)		
Who installed them?		
	325-0	
Yourself	<input type="checkbox"/>	1
Another household member	<input type="checkbox"/>	2
Other	<input type="checkbox"/>	3

SHOCK ABSORBERS/STRUTS	You Personally:	
	Bought in last 12 months	Number/last 12 months
	326	
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
AC Delco	<input type="checkbox"/>	01
Bilstein	<input type="checkbox"/>	02
Gabriel	<input type="checkbox"/>	03
GM Parts/Goodwrench	<input type="checkbox"/>	04
Monroe	<input type="checkbox"/>	05
NAPA	<input type="checkbox"/>	06
		999
OTHER (Write In)		
Who installed it?		
	327-0	
Yourself	<input type="checkbox"/>	1
Another household member	<input type="checkbox"/>	2
Service centers or dealers	<input type="checkbox"/>	3
Other	<input type="checkbox"/>	4
Where bought?		
	328-0	
Advance Auto Parts Store	<input type="checkbox"/>	1
AutoZone	<input type="checkbox"/>	2
Midas	<input type="checkbox"/>	3
Pep Boys	<input type="checkbox"/>	4
Sears	<input type="checkbox"/>	5
Other auto parts store	<input type="checkbox"/>	6
Car dealer	<input type="checkbox"/>	7
Gas station/garage	<input type="checkbox"/>	8
Specialty shop	<input type="checkbox"/>	9
Tire Dealer	<input type="checkbox"/>	0
	64L-0	
Other Discount/Dept. Store	<input type="checkbox"/>	1
Who decides which brand you buy?		
	329-0	
Yourself (alone or with someone else)	<input type="checkbox"/>	1
Someone else	<input type="checkbox"/>	2

SPARK PLUGS	You Personally:	
	Bought in last 12 months	Number/last 12 months
	330	
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
AC Delco	<input type="checkbox"/>	01
Autolite	<input type="checkbox"/>	02
Bosch	<input type="checkbox"/>	03
Champion	<input type="checkbox"/>	04
Motorcraft	<input type="checkbox"/>	05
NGK	<input type="checkbox"/>	06
Pulstar	<input type="checkbox"/>	07
SplitFire	<input type="checkbox"/>	08
		999
OTHER (Write In)		
Who installed them for you?		
	331-0	
Yourself	<input type="checkbox"/>	1
Another household member	<input type="checkbox"/>	2
Other (including all dealers, service centers, etc.)	<input type="checkbox"/>	3
Where bought?		
	332-0	
Advance Auto Parts Store	<input type="checkbox"/>	1
AutoZone	<input type="checkbox"/>	2
NAPA	<input type="checkbox"/>	3
O'Reilly Auto Parts	<input type="checkbox"/>	4
Pep Boys	<input type="checkbox"/>	5
Walmart	<input type="checkbox"/>	6
Other auto parts store	<input type="checkbox"/>	7
Car dealer	<input type="checkbox"/>	8
Gas station/garage	<input type="checkbox"/>	9
Other Discount/Dept. Store	<input type="checkbox"/>	0
Who decides which brand you buy?		
	333-0	
Yourself (alone or with someone else)	<input type="checkbox"/>	1
Someone else	<input type="checkbox"/>	2

TIRES	You Personally:	
	Bought in last 12 months	Number purchased/last 12 months
	334	
TOTAL:	<input type="checkbox"/>	00
KINDS:		
All terrain	<input type="checkbox"/>	01
All season	<input type="checkbox"/>	02
High performance	<input type="checkbox"/>	03
Mud/Snow	<input type="checkbox"/>	04
Mud/Terrain	<input type="checkbox"/>	05
Regular passenger	<input type="checkbox"/>	06
Touring	<input type="checkbox"/>	07
BRANDS:		
B.F. Goodrich	<input type="checkbox"/>	08
Big O	<input type="checkbox"/>	09
Bridgestone	<input type="checkbox"/>	10
Continental	<input type="checkbox"/>	11
Cooper	<input type="checkbox"/>	12
Dunlop	<input type="checkbox"/>	13
Falken	<input type="checkbox"/>	14
Firestone	<input type="checkbox"/>	15
General	<input type="checkbox"/>	16
Goodyear	<input type="checkbox"/>	17
Hankook	<input type="checkbox"/>	18
Kelly Springfield	<input type="checkbox"/>	19
Kumho	<input type="checkbox"/>	20
Michelin	<input type="checkbox"/>	21
Pirelli	<input type="checkbox"/>	22
Sumitomo	<input type="checkbox"/>	23
Toyo	<input type="checkbox"/>	24
Uniroyal	<input type="checkbox"/>	25
Yokohama	<input type="checkbox"/>	26
		999
OTHER (Write In)		
Where bought?		
	335-0	
Big O Tires	<input type="checkbox"/>	1
Discount Tire Co.	<input type="checkbox"/>	2
Firestone Complete Auto Care	<input type="checkbox"/>	3
Goodyear	<input type="checkbox"/>	4
NTB National Tire & Battery	<input type="checkbox"/>	5
Pep Boys	<input type="checkbox"/>	6
Sears	<input type="checkbox"/>	7
Tire Kingdom	<input type="checkbox"/>	8
Walmart	<input type="checkbox"/>	9
Auto parts store	<input type="checkbox"/>	0
Gas station	<input type="checkbox"/>	X
Other tire dealer/Store	<input type="checkbox"/>	Y
Who decides which brand you buy?		
	337-0	
Yourself (alone or with someone else)	<input type="checkbox"/>	1
Someone else	<input type="checkbox"/>	2
How much did you spend for tires in the last 12 months?		
	338-0	
Under \$100	<input type="checkbox"/>	1
\$100 - \$249	<input type="checkbox"/>	2
\$250 - \$499	<input type="checkbox"/>	3
\$500 or more	<input type="checkbox"/>	4

FAST FOOD & DRIVE-IN RESTAURANTS

You Personally:
 Ate/Bought at last 6 months | Number of times/last 30 days

TOTAL:	351	<input type="checkbox"/>	_____	00
RESTAURANTS:				
A & W		<input type="checkbox"/>	_____	01
Arby's		<input type="checkbox"/>	_____	02
Au Bon Pain		<input type="checkbox"/>	_____	03
Baja Fresh Mexican Grill		<input type="checkbox"/>	_____	04
Baskin-Robbins		<input type="checkbox"/>	_____	05
Ben & Jerry's		<input type="checkbox"/>	_____	06
Blimpie Subs & Salads		<input type="checkbox"/>	_____	07
Bojangles		<input type="checkbox"/>	_____	08
Boston Market		<input type="checkbox"/>	_____	09
Burger King		<input type="checkbox"/>	_____	10
Captain D's		<input type="checkbox"/>	_____	11
Carl's Jr.		<input type="checkbox"/>	_____	12
Checkers		<input type="checkbox"/>	_____	13
Chick-Fil-A		<input type="checkbox"/>	_____	14
Chipotle Mexican Grill		<input type="checkbox"/>	_____	15
Chuck E. Cheese		<input type="checkbox"/>	_____	16
Church's Fried Chicken		<input type="checkbox"/>	_____	17
Cold Stone Creamery		<input type="checkbox"/>	_____	18
Culver's		<input type="checkbox"/>	_____	19
Dairy Queen		<input type="checkbox"/>	_____	20
Del Taco		<input type="checkbox"/>	_____	21
Domino's Pizza		<input type="checkbox"/>	_____	22
Dunkin' Donuts		<input type="checkbox"/>	_____	23
Einstein Bros. Bagel Shop		<input type="checkbox"/>	_____	24
El Pollo Loco		<input type="checkbox"/>	_____	25
Fazoli's		<input type="checkbox"/>	_____	26
Fuddruckers		<input type="checkbox"/>	_____	27
Godfather's Pizza		<input type="checkbox"/>	_____	28
Hardee's		<input type="checkbox"/>	_____	29
Jack in the Box		<input type="checkbox"/>	_____	30
Jimmy John's		<input type="checkbox"/>	_____	31
KFC		<input type="checkbox"/>	_____	32
Krispy Kreme Doughnuts		<input type="checkbox"/>	_____	33
Krystal		<input type="checkbox"/>	_____	34
Little Caesars		<input type="checkbox"/>	_____	35
Long John Silver's		<input type="checkbox"/>	_____	36
McDonald's		<input type="checkbox"/>	_____	37
Orange Julius		<input type="checkbox"/>	_____	38
Panda Express		<input type="checkbox"/>	_____	39
Panera Bread		<input type="checkbox"/>	_____	40
Papa John's		<input type="checkbox"/>	_____	41
Papa Murphy's		<input type="checkbox"/>	_____	42
Pizza Hut		<input type="checkbox"/>	_____	43
Pizza Inn		<input type="checkbox"/>	_____	44
Popeyes Chicken		<input type="checkbox"/>	_____	45
Qdoba Mexican Grill		<input type="checkbox"/>	_____	46
Quiznos		<input type="checkbox"/>	_____	47
Rally's		<input type="checkbox"/>	_____	48
Round Table Pizza		<input type="checkbox"/>	_____	49
Sbarro		<input type="checkbox"/>	_____	50
Schlotzsky's Deli		<input type="checkbox"/>	_____	51
Sonic Drive-In		<input type="checkbox"/>	_____	52
Starbucks		<input type="checkbox"/>	_____	53
Steak 'N Shake		<input type="checkbox"/>	_____	54
Subway		<input type="checkbox"/>	_____	55
Taco Bell		<input type="checkbox"/>	_____	56
Taco John's		<input type="checkbox"/>	_____	57
Taco Time		<input type="checkbox"/>	_____	58
TCBY		<input type="checkbox"/>	_____	59
Tim Hortons		<input type="checkbox"/>	_____	60
Wendy's		<input type="checkbox"/>	_____	61
Whataburger		<input type="checkbox"/>	_____	62
White Castle		<input type="checkbox"/>	_____	63
Wiener Schnitzel		<input type="checkbox"/>	_____	64
Wing•Stop		<input type="checkbox"/>	_____	65
Zaxby's		<input type="checkbox"/>	_____	66
OTHER (Write In)		<input type="checkbox"/>	_____	999

Who made the decision of where to go?
 352-0
 Yourself 1
 Other Adult 2
 Child 3

FAMILY RESTAURANTS & STEAK HOUSES

You Personally:
 Ate/Bought at last 6 months | Number of times/last 30 days

TOTAL:	353	<input type="checkbox"/>	_____	00
RESTAURANTS:				
Applebee's		<input type="checkbox"/>	_____	01
Baker's Square		<input type="checkbox"/>	_____	02
Benihana		<input type="checkbox"/>	_____	03
Bennigans		<input type="checkbox"/>	_____	04
Bertucci's		<input type="checkbox"/>	_____	05
Big Boy		<input type="checkbox"/>	_____	06
Black Angus Steakhouse		<input type="checkbox"/>	_____	07
Bob Evans Farms		<input type="checkbox"/>	_____	08
Buffalo Wild Wings		<input type="checkbox"/>	_____	09
California Pizza Kitchen		<input type="checkbox"/>	_____	10
Carino's Italian Grill		<input type="checkbox"/>	_____	11
Carrabba's Italian Grill		<input type="checkbox"/>	_____	12
The Cheesecake Factory		<input type="checkbox"/>	_____	13
Chevy's		<input type="checkbox"/>	_____	14
Chili's Grill & Bar		<input type="checkbox"/>	_____	15
CiCi's Pizza		<input type="checkbox"/>	_____	16
Cracker Barrel		<input type="checkbox"/>	_____	17
Damon's		<input type="checkbox"/>	_____	18
Dave & Buster's		<input type="checkbox"/>	_____	19
Denny's		<input type="checkbox"/>	_____	20
Don Pablo's		<input type="checkbox"/>	_____	21
El Torito		<input type="checkbox"/>	_____	22
Famous Dave's		<input type="checkbox"/>	_____	23
Friendly's		<input type="checkbox"/>	_____	24
Golden Corral		<input type="checkbox"/>	_____	25
Hard Rock Cafe		<input type="checkbox"/>	_____	26
HomeTown Buffet		<input type="checkbox"/>	_____	27
Hooters		<input type="checkbox"/>	_____	28
Houlihan's		<input type="checkbox"/>	_____	29
International House of Pancakes (IHOP)		<input type="checkbox"/>	_____	30
Joe's Crab Shack		<input type="checkbox"/>	_____	31
Logan's Roadhouse		<input type="checkbox"/>	_____	32
Lone Star Steakhouse		<input type="checkbox"/>	_____	33
LongHorn Steakhouse		<input type="checkbox"/>	_____	34
Marie Callenders		<input type="checkbox"/>	_____	35
O'Charley's		<input type="checkbox"/>	_____	36
Old Country Buffet		<input type="checkbox"/>	_____	37
Olive Garden		<input type="checkbox"/>	_____	38
On The Border		<input type="checkbox"/>	_____	39
Outback Steakhouse		<input type="checkbox"/>	_____	40
Perkins		<input type="checkbox"/>	_____	41
Ponderosa		<input type="checkbox"/>	_____	42
Red Lobster		<input type="checkbox"/>	_____	43
Red Robin		<input type="checkbox"/>	_____	44
Romano's Macaroni Grill		<input type="checkbox"/>	_____	45
Ruby Tuesday		<input type="checkbox"/>	_____	46
Ruth's Chris Steak House		<input type="checkbox"/>	_____	47
Ryan's		<input type="checkbox"/>	_____	48
Shoney's		<input type="checkbox"/>	_____	49
Sizzler		<input type="checkbox"/>	_____	50
Smokey Bones		<input type="checkbox"/>	_____	51
Texas Roadhouse		<input type="checkbox"/>	_____	52
T.G.I. Friday's		<input type="checkbox"/>	_____	53
Tony Roma's		<input type="checkbox"/>	_____	54
Uno Chicago Grill		<input type="checkbox"/>	_____	55
Village Inn Restaurant		<input type="checkbox"/>	_____	56
Waffle House		<input type="checkbox"/>	_____	57
OTHER (Write In)		<input type="checkbox"/>	_____	999

Who made the decision of where to go?
 354-0
 Yourself 1
 Other Adult 2
 Child 3

MORE ABOUT RESTAURANTS

You Personally:
 Ate/Bought at last 6 months | Number of times/last 30 days

TOTAL:	351	<input type="checkbox"/>	_____	00
FAST FOOD & DRIVE-IN RESTAURANTS				
What Meals:				
Breakfast		<input type="checkbox"/>	_____	68
Lunch		<input type="checkbox"/>	_____	69
Snacks		<input type="checkbox"/>	_____	70
Supper/Dinner		<input type="checkbox"/>	_____	71
What Days:				
Weekdays		<input type="checkbox"/>	_____	72
Weekends		<input type="checkbox"/>	_____	73
How Ordered:				
Eat-in		<input type="checkbox"/>	_____	74
Home Delivery		<input type="checkbox"/>	_____	75
Take-Out: Drive-Thru		<input type="checkbox"/>	_____	76
Take-Out: Walk-In		<input type="checkbox"/>	_____	77
FAMILY RESTAURANTS & STEAK HOUSES				
What Meals: 353				
Breakfast		<input type="checkbox"/>	_____	59
Lunch		<input type="checkbox"/>	_____	60
Snacks		<input type="checkbox"/>	_____	61
Supper/Dinner		<input type="checkbox"/>	_____	62
What Days:				
Weekdays		<input type="checkbox"/>	_____	63
Weekends		<input type="checkbox"/>	_____	64
How Ordered:				
Eat-in		<input type="checkbox"/>	_____	65
Home Delivery		<input type="checkbox"/>	_____	66
Take-Out		<input type="checkbox"/>	_____	67
FINE DINING RESTAURANTS 61Y				
Any Visit		<input type="checkbox"/>	_____	01
OTHER RESTAURANTS				
Any Visit		<input type="checkbox"/>	_____	02

RESTAURANT EXPENDITURES

61Z

How much did you spend at the following types of restaurants in the last 6 months? (Write in amount)

Fast Food & Drive-In Restaurants . . \$ _____ 01

Family Restaurants & Steak Houses \$ _____ 02

Fine Dining Restaurants \$ _____ 03

Other Restaurants \$ _____ 04

CAMPING

How many overnight camping trips did you take in the last 12 months?
 Total number of trips: _____ 339-0

Where did you camp? **Number of Nights Camped in Past Year**

PUBLIC CAMPGROUNDS: 340
 National Parks/Forests... 01
 State Parks/Forests... 02
 Other Publicly Owned Campgrounds... 03

PRIVATE CAMPGROUNDS:
 (Open to the public)
 KOA Campgrounds... 04
 Independently Owned Campgrounds... 05

CAMPING EQUIPMENT

Your Household:

	Owns	Bought last 12 months
341	1	2
Air Mattress (Inflatable) ...	<input type="checkbox"/>	<input type="checkbox"/>
Backpack ...	<input type="checkbox"/>	<input type="checkbox"/>
Beverage Containers ...	<input type="checkbox"/>	<input type="checkbox"/>
Compass ...	<input type="checkbox"/>	<input type="checkbox"/>
Daypack ...	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping Bag ...	<input type="checkbox"/>	<input type="checkbox"/>
Hunting Knife ...	<input type="checkbox"/>	<input type="checkbox"/>
Tent ...	<input type="checkbox"/>	<input type="checkbox"/>
Cooler or Ice Chest (under 24 quarts) ...	<input type="checkbox"/>	<input type="checkbox"/>
Cooler or Ice Chest (24 quarts & over) ...	<input type="checkbox"/>	<input type="checkbox"/>
Camp Cookware ...	<input type="checkbox"/>	<input type="checkbox"/>
Lantern (gas) ...	<input type="checkbox"/>	<input type="checkbox"/>
Lantern (electric) ...	<input type="checkbox"/>	<input type="checkbox"/>
Camp Stove ...	<input type="checkbox"/>	<input type="checkbox"/>
Insulated Picnic Jug ...	<input type="checkbox"/>	<input type="checkbox"/>
Waterproof/Breathable Apparel ...	<input type="checkbox"/>	<input type="checkbox"/>

Amount your household spent on camping equipment, last 12 months: 342-0

\$1-\$49	\$50-\$99	\$100-\$199	\$200 or more
1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECREATION ITEMS/VEHICLES

Your Household:

	Owns	Acquired in last 12 months
343	1	2
Outboard motor (under 25 HP) ...	<input type="checkbox"/>	<input type="checkbox"/>
Outboard motor (25-75 HP) ...	<input type="checkbox"/>	<input type="checkbox"/>
Outboard motor (over 75 HP) ...	<input type="checkbox"/>	<input type="checkbox"/>
Inboard/outboard power boat (sterndrive) ...	<input type="checkbox"/>	<input type="checkbox"/>
Power boat (under 16 ft.) ...	<input type="checkbox"/>	<input type="checkbox"/>
Power boat (16 ft. +) ...	<input type="checkbox"/>	<input type="checkbox"/>
Bass/Fishing Boat (under 16 ft.) ...	<input type="checkbox"/>	<input type="checkbox"/>
Bass/Fishing Boat (16 ft. +) ...	<input type="checkbox"/>	<input type="checkbox"/>
Sailboat (under 16 ft.) ...	<input type="checkbox"/>	<input type="checkbox"/>
Sailboat (16 ft. +) ...	<input type="checkbox"/>	<input type="checkbox"/>
Inflatable boat ...	<input type="checkbox"/>	<input type="checkbox"/>
Personal watercraft ...	<input type="checkbox"/>	<input type="checkbox"/>
Rowboat ...	<input type="checkbox"/>	<input type="checkbox"/>
Canoe ...	<input type="checkbox"/>	<input type="checkbox"/>
Boat Trailer ...	<input type="checkbox"/>	<input type="checkbox"/>
Motorhome ...	<input type="checkbox"/>	<input type="checkbox"/>
Towable trailer camper ...	<input type="checkbox"/>	<input type="checkbox"/>
Towable folding tent camper (pop-up) ...	<input type="checkbox"/>	<input type="checkbox"/>
Other camper/trailer ...	<input type="checkbox"/>	<input type="checkbox"/>
Snowmobile ...	<input type="checkbox"/>	<input type="checkbox"/>

THEME PARKS

Have you visited a theme park in the last 12 months?
 Yes ... 1 344-0

If yes, which did you visit? 345-0

Adventure Island (Florida) ... 1
 Busch Gardens (Florida) ... 2
 Busch Gardens (Virginia) ... 3
 Carowinds (North Carolina) ... 4
 Cedar Point (Ohio) ... 5

Darien Lake Theme Park Resort (New York) ... 6
 Discovery Cove (Florida) ... 7
 Disney's California Adventure ... 8
 Disneyland (California) ... 9
 Dollywood (Tennessee) ... 0

Dorney Park & Wild Water Kingdom (Pennsylvania) ... 1
 Elitch Gardens (Colorado) ... 2
 Frontier City (Oklahoma) ... 3
 Great America (California) ... 4
 Hershey Park (Pennsylvania) ... 5
 Kings Dominion (Virginia) ... 6
 King's Island (Ohio) ... 7
 Knott's Berry Farm (California) ... 8
 Legoland (California) ... 9

Sea World California ... 1
 Sea World Florida ... 2
 Sea World Texas ... 3
 Sesame Place (Pennsylvania) ... 4
 Silver Dollar City (Missouri) ... 5

Six Flags America (Maryland) ... 6
 Six Flags Discovery Kingdom (California) ... 7
 Six Flags Fiesta (Texas) ... 8
 Six Flags Great Adventure (New Jersey) ... 9
 Six Flags Great America (Illinois) ... 0

Six Flags Magic Mountain (California) ... 1
 Six Flags New England (Massachusetts) ... 2
 Six Flags Over Georgia ... 3
 Six Flags Over Texas ... 4
 Six Flags St. Louis ... 5
 Other Six Flags ... 6

Universal Studios (California) ... 1
 Universal Studios (Florida) ... 2
 Universal Studios Islands of Adventure (Florida) ... 3
 Valleyfair (Minnesota) ... 4

Walt Disney World (Florida):
 Blizzard Beach ... 5
 Disney's Animal Kingdom ... 6
 Disney's Hollywood Studios ... 7
 Epcot Center ... 8
 Magic Kingdom ... 9
 Typhoon Lagoon ... 0

Wet 'n Wild (Florida) ... X
 Wisconsin Dells ... Y

Other ... 1

Who made the decision to visit?
 Yourself (Alone or with someone else) ... 2
 Child ... 3
 Someone Else ... 4

In total, on how many different days did you visit all theme parks in the last 12 months?
 _____ 226-0

Have you visited an indoor water park in the last 12 months? 64S-0
 Yes 1

LUGGAGE

355

You Personally:

	Own	Number bought last 12 months
--	-----	------------------------------

TOTAL: ... 00

TYPES:

Attache ... 01
 Duffel ... 02
 Garment Bag ... 03
 Pullman/Suitcase ... 04
 Shoulder Briefcase/Bag ... 05
 Other ... 06

KINDS:

Hard side ... 07
 Soft side ... 08

BRANDS:

American Tourister ... 09
 Atlantic ... 10
 Coach ... 11
 Delsey ... 12
 Hartmann ... 13
 High Sierra ... 14
 Jansport ... 15
 Land's End ... 16
 Louis Vuitton ... 17
 Pierre Cardin ... 18
 Samsonite ... 19
 Skyway ... 20
 Travelpro ... 21
 Tumi ... 22
 Victorinox Swiss Army ... 23

OTHER (Write In) _____ 999

What was the total amount spent for all pieces in the last 12 months?
 356-0

\$1 - \$49 ... 1
 \$50 - \$99 ... 2
 \$100 - \$199 ... 3
 \$200 - \$299 ... 4
 \$300 + ... 5

PASSPORT

Do you personally own a valid passport?
 357-0

Yes ... 1
 No ... 2

FOREIGN VACATIONS

How much did you spend on foreign vacations in the past 12 months?
 358-0

Less than \$1,000 ... 1
 \$1,000 - \$2,999 ... 2
 \$3,000 - \$5,999 ... 3
 \$6,000 - \$7,999 ... 4
 \$8,000 or more ... 5

DOMESTIC VACATIONS

How much did you spend on domestic vacations in the past 12 months?
 359-0

Less than \$1,000 ... 1
 \$1,000 - \$1,499 ... 2
 \$1,500 - \$1,999 ... 3
 \$2,000 - \$2,999 ... 4
 \$3,000 - \$4,999 ... 5
 \$5,000 - \$6,999 ... 6
 \$7,000 or more ... 7

FOREIGN TRAVEL (including Alaska & Hawaii)

Did you personally take a trip outside the United States or to Alaska or Hawaii in the last 3 years? Yes 1 No 2 360-0

If yes, how many trips did you take? _____ 361-0

ANSWER FOR EACH TRIP:

Year trip was taken:	Last Trip	Second Last Trip	Other Trips
2012	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2011	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
2010	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
2009	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
2008	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

Which countries or destinations did you visit on each trip?

	363-0	377-0	391-0
Aruba	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Barbados	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Bermuda	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Bahamas	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Cayman Islands	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Dominican Republic	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Jamaica	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Puerto Rico	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Virgin Islands	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Other Caribbean Islands	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Alaska	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Hawaii	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Canada	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Mexico	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Central America	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
South America	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
England	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Ireland	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Scotland	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
France	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Germany	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Austria	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Switzerland	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Netherlands (Holland)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Scandinavia	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Italy	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Spain/Portugal	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Greece	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Other Western European countries	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Russia	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
Eastern Europe	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Turkey	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Israel	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Other Middle East	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Japan	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
China	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Hong Kong	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
India	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
South-East Asia	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Other Asian countries	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Australia/New Zealand/South Pacific	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
Africa	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y

Reason for trip:	60G-0	60H-0	60J-0
Business (paid by firm)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Honeymoon	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Vacation	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Personal (not vacation)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Business/vacation combined	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

Who did you travel with?			
Yourself (alone)	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Spouse or mate	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Child(ren) less than 18 years old	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Friend(s)	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Other	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0

Did you use the service of a Travel Agent or Internet travel site for each trip?	367-0	381-0	395-0
Yes, used travel agent	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Yes, used airline-specific Internet site	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Yes, used general Internet travel site	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
No	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4

If yes, for what purpose:			
Flight Reservations	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Hotel Reservations	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Local Sightseeing	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Entire Trip	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8

FOREIGN TRAVEL (including Alaska & Hawaii) (Continued)

Last Trip Second Last Trip Other Trips

Number of nights away on trip:

	368-0	382-0	396-0
1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3-4	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
5-7	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
8-10	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
11-14	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
15-29	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
30 +	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8

When was each trip taken?

	369-0	383-0	397-0
January-March	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
April-June	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
July-September	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
October-December	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4

Means of travel for each trip:

Bus	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Personal Vehicle	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Cruise Ship	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Plane (charter/private)	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Plane (scheduled flight)	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Railroad/Train	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Rental Vehicle	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X

If by airplane, which airlines did you use during each trip?

	370-0	384-0	398-0
Aer Lingus	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
AeroMexico	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Air Canada	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Air France	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Air Jamaica	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Alaska Airlines	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Alitalia	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
American/American Eagle	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
British Airways	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Continental	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Delta/Northwest	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
JetBlue	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
KLM	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Lufthansa	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Mexicana	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
United	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6

	371-0	385-0	399-0
US Airways	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Virgin Atlantic	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Other Asia/Pacific based airline	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Other European based airline	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Other Latin America based airline	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Other	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6

For each airplane trip what did you fly?	373-0	387-0	401-0
First Class	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Business	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Coach	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

For each airplane trip, did you use any in-flight entertainment on the plane?	374-0	388-0	402-0
Listened to radio	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Watched movie/ Used in-flight video equipment	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Read in-flight publication	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Used Wi-Fi	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4

Was this trip taken on an all inclusive travel package?			
Yes	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

For vacation or honeymoon trips only: What activities did you do on each vacation trip?	375-0	389-0	403-0
Attend a specific event	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Fine dining	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
General sightseeing	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Go to beach	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Play golf	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Running/Jogging	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Sailing	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Scuba diving	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Shopping	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Skiing (cross country/downhill)	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Other outdoor sports or recreation	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
Visit relatives or friends	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y



DOMESTIC TRAVEL

Have you personally made any trips of more than one day's duration in the past 12 months, within the continental U.S., including business, vacation and weekend travel?
 Yes 1 No 2 404-0

If yes, how many such trips have you made in the last 12 months. _____ 405-0

ANSWER FOR EACH TRIP:

	Last Trip	Second Last Trip	Other Trips
Number of nights away on each trip:			
1	406-0 <input type="checkbox"/> 1	419-0 <input type="checkbox"/> 1	432-0 <input type="checkbox"/> 1
2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3-4	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
5-6	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
7-8	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
9-14	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
15 +	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7

Number of household members, including yourself, on each trip:

Write in #	Write in #	Write in #
407-0	420-0	433-0

Which states did you visit on each trip?

	408-0	421-0	434-0
Maine, New Hampshire, Vermont . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Massachusetts, Connecticut, Rhode Island . . .	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
New York, Pennsylvania, New Jersey .	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Delaware, Maryland, District of Columbia . . .	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Michigan, Wisconsin . . .	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Ohio, Indiana, Illinois . . .	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Nebraska, Kansas . . .	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
N. Dakota, S. Dakota, Minnesota . . .	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Iowa, Missouri . . .	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
N. Carolina, S. Carolina . . .	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Alabama, Georgia . . .	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
Florida . . .	409-0 <input type="checkbox"/> 1	422-0 <input type="checkbox"/> 1	435-0 <input type="checkbox"/> 1
Kentucky, Tennessee . . .	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Mississippi, Louisiana . . .	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Texas . . .	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Arkansas, Oklahoma . . .	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Virginia, West Virginia . . .	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Montana, Idaho, Wyoming . . .	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Washington, Oregon . . .	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
California . . .	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Utah, Colorado . . .	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Arizona, New Mexico . . .	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
Nevada . . .	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y

Reason for each trip:

	410-0	423-0	436-0
Business (paid for by company)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Business (paid for by self)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Honeymoon	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Vacation	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Personal (not vacation)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Part business/Part vacation	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6

Who did you travel with?

	411-0	424-0	437-0
Yourself (alone)	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Spouse or mate	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Child(ren) less than 18 years old	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Friend(s)	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Other	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X

Number of miles traveled from home (round trip) for each trip:

	411-0	424-0	437-0
Under 500	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
500-999	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
1000 +	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

Who decided upon the destination of each trip?

	411-0	424-0	437-0
Yourself (alone or with someone else)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Travel Agent	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Spouse or Mate	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6

DOMESTIC TRAVEL (Continued)

Last Trip **Second Last Trip** **Other Trips**

Did you use the service of a Travel Agent or Internet travel site for each trip?

Yes, used travel agent	413-0 <input type="checkbox"/> 1	426-0 <input type="checkbox"/> 1	439-0 <input type="checkbox"/> 1
Yes, used airline-specific Internet site	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Yes, used general Internet travel site	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
No	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4

If yes, for what purpose:

Flight Reservations	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Hotel Reservations	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Entire Trip	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7

When was each trip taken?

	412-0	425-0	438-0
January – March	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
April – June	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
July – September	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
October – December	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4

Means of Travel for each trip:

	414-0	427-0	440-0
Plane (charter/private)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Plane (scheduled)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Rental Vehicle	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Personal Vehicle	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Bus (charter or tour)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Bus (scheduled)	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Railroad/Train	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Motor Home/RV	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8

If by plane, which airlines did you use during each trip?

AirTran Airways	415-0 <input type="checkbox"/> 1	428-0 <input type="checkbox"/> 1	441-0 <input type="checkbox"/> 1
Alaska Airlines	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
American/American Eagle	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Continental	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Delta/Northwest	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Frontier	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
JetBlue	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Midwest Airlines	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Southwest	416-0 <input type="checkbox"/> 1	429-0 <input type="checkbox"/> 1	442-0 <input type="checkbox"/> 1
United	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
US Airways	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Virgin America	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Other _____ (Write In)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

For each airplane trip, what did you fly?

First Class	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Business	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Coach	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8

For each trip, did you use any in-flight entertainment on the plane?

Listened to radio	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Watched movie/Used in-flight video equipment	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Read in-flight publication	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
Used Wi-Fi	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y

For vacation or honeymoon trips only:

What activities did you do on each vacation trip?

Go to beach	417-0 <input type="checkbox"/> 1	430-0 <input type="checkbox"/> 1	443-0 <input type="checkbox"/> 1
General sightseeing	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Attend a specific event	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Shopping	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Fine dining	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Play tennis	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Visit National Park	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Play golf	418-0 <input type="checkbox"/> 1	431-0 <input type="checkbox"/> 1	444-0 <input type="checkbox"/> 1
Backpacking/Hiking	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Bicycle riding	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Fishing	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Hunting	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Running/Jogging	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Skating (cross country/downhill)	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Other outdoor sports or recreation	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Visit relatives or friends	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Visit a health spa/retreat	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0



HOTELS & MOTELS, PLANE TRIPS, FREQUENT FLYER, CRUISE SHIPS & TRAVEL PLANNING

HOTELS & MOTELS

Number of nights spent in a hotel or motel last 12 months:

	You Personally: Stayed in for Business	Stayed in for Personal/ Vacation
1	448-0 <input type="checkbox"/> 1	453-0 <input type="checkbox"/> 1
2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3-4	<input type="checkbox"/> 3	<input type="checkbox"/> 3
5-7	<input type="checkbox"/> 4	<input type="checkbox"/> 4
8-10	<input type="checkbox"/> 5	<input type="checkbox"/> 5
11-14	<input type="checkbox"/> 6	<input type="checkbox"/> 6
15+	<input type="checkbox"/> 7	<input type="checkbox"/> 7

Hotel or Motel stayed at, last 12 months:

	449-0	454-0
America's Best Value Inn.	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Baymont Inns & Suites	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Best Western.	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Comfort Inns	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Comfort Suites	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Country Inns & Suites	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Courtyard (by Marriott)	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Crowne Plaza	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Days Inn	<input type="checkbox"/> 9	<input type="checkbox"/> 9
DoubleTree	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Econo Lodge	<input type="checkbox"/> X	<input type="checkbox"/> X
Embassy Suites	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Extended StayAmerica	450-0 <input type="checkbox"/> 1	455-0 <input type="checkbox"/> 1
Fairfield Inn (by Marriott).	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Fairmont Hotels.	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Four Seasons	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Hampton Inn	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Hilton	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Hilton Garden Inn	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Holiday Inn	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Holiday Inn Express	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Homewood Suites (by Hilton)	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Howard Johnson	<input type="checkbox"/> X	<input type="checkbox"/> X
Hyatt	<input type="checkbox"/> Y	<input type="checkbox"/> Y
InterContinental Hotels	451-0 <input type="checkbox"/> 1	456-0 <input type="checkbox"/> 1
La Quinta Inns & Suites	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Marriott Hotels, Resorts and Suites.	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Microtel	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Motel 6	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Quality Inns.	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Radisson	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Ramada Inn.	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Red Roof Inn.	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Renaissance	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Residence Inn (by Marriott)	<input type="checkbox"/> X	<input type="checkbox"/> X
Ritz Carlton	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Sheraton	452-0 <input type="checkbox"/> 1	457-0 <input type="checkbox"/> 1
Sleep Inn.	<input type="checkbox"/> 2	<input type="checkbox"/> 2
SpringHill Suites (by Marriott)	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Super 8	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Travelodge.	<input type="checkbox"/> 5	<input type="checkbox"/> 5
W Hotel	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Westin	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Wingate	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Wyndham	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Other hotel/motel (chain).	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Other hotel/motel (non-chain)	<input type="checkbox"/> X	<input type="checkbox"/> X
Bed and Breakfast.	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Other	60K-0 <input type="checkbox"/> 1	60L-0 <input type="checkbox"/> 1

Who generally makes your reservations?

Self	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Other Family Member	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Secretary/Administrative Assistant	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Travel Agent	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Other	<input type="checkbox"/> 6	<input type="checkbox"/> 6

ROUND TRIPS BY PLANE

How many round trips BY PLANE, if any, have you made in the last 12 months?

	Business	Vacation/ Personal/ Honeymoon
Number of trips made for:	60M	60V

How many of these were:

Within the continental U.S.	_____ 01 <small>(Write in Number)</small>	_____ 01 <small>(Write in Number)</small>
Outside the continental U.S.	_____ 02 <small>(Write in Number)</small>	_____ 02 <small>(Write in Number)</small>

FREQUENT FLYER

Are you a member of a frequent flyer program? 458-0 Yes 1 No 2

If yes, which program(s) are you a member of?

	Regular member	Elite member
60T		
American AAdvantage.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Continental OnePass.	<input type="checkbox"/>	<input type="checkbox"/> 01
Delta SkyMiles.	<input type="checkbox"/>	<input type="checkbox"/> 02
Southwest Rapid Rewards	<input type="checkbox"/>	<input type="checkbox"/> 03
United Mileage Plus	<input type="checkbox"/>	<input type="checkbox"/> 04
US Airways Dividend Miles	<input type="checkbox"/>	<input type="checkbox"/> 05
Other	<input type="checkbox"/>	<input type="checkbox"/> 06
	<input type="checkbox"/>	<input type="checkbox"/> 07

Have you redeemed any frequent flyer miles in the last 12 months? Yes 1 60U-0

HOTEL REWARDS PROGRAMS

Are you currently enrolled in any hotel rewards programs? Yes 1 No 2 65L-0

If yes, which program(s) are you a member of?

Hilton HHonors	<input type="checkbox"/> 3
Hyatt Gold Passport	<input type="checkbox"/> 4
IHG Priority Club	<input type="checkbox"/> 5
Marriott Rewards	<input type="checkbox"/> 6
Starwood Preferred Guest.	<input type="checkbox"/> 7
Wyndham Rewards	<input type="checkbox"/> 8
Other	<input type="checkbox"/> 9

CRUISE SHIPS

Have you personally taken a cruise of more than one day's duration in the past three years?

459-0 Yes 1 No 2

Which of the following cruise lines did you use in the past 3 years?

Carnival.	460-0 <input type="checkbox"/> 1
Celebrity	<input type="checkbox"/> 2
Cunard.	<input type="checkbox"/> 3
Disney Cruise Line	<input type="checkbox"/> 4
Holland America Line	<input type="checkbox"/> 5
Norwegian	<input type="checkbox"/> 6
Princess.	<input type="checkbox"/> 7
Royal Caribbean	<input type="checkbox"/> 8
Other	<input type="checkbox"/> 9

How many cruises have you taken in the past three years? _____ 461-0
(Write in Number)

TRAVEL PLANNING

Whether or not you made a purchase, in the last 12 months, which, if any, of these did you use for ADVICE regarding fares & travel arrangements or sightseeing & activities for an overnight trip?

	You personally obtained advice about:	
	Fares/Travel arrangements, last 12 months	Sightseeing/Activities, last 12 months
Advised by:	60N-0	60Q-0
Travel Agent	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Travel guidebook	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Travel magazine	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Other magazine.	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Newspaper	<input type="checkbox"/> 5	<input type="checkbox"/> 5
TV	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Radio.	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Friends/Family Recommendations	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Expedia.com	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Hotels.com	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Hotwire.com	<input type="checkbox"/> X	<input type="checkbox"/> X
Kayak.com	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Orbitz.com	60P-0 <input type="checkbox"/> 1	60R-0 <input type="checkbox"/> 1
Priceline.com.	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Travelocity.com	<input type="checkbox"/> 3	<input type="checkbox"/> 3
TripAdvisor.com.	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Other general Internet travel site	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Other Internet site	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Other	<input type="checkbox"/> 7	<input type="checkbox"/> 7

How long before traveling do you typically book your trips?

More than 6 months before traveling.	60S-0 <input type="checkbox"/> 1
3-6 months before traveling.	<input type="checkbox"/> 2
Less than 3 months, but more than 1 week before traveling	<input type="checkbox"/> 3
1 week or less before traveling	<input type="checkbox"/> 4

INTERNET AND CATALOG SHOPPING	By mail/ phone last 12 months	By Internet last 12 months	INTERNET AND CATALOG SHOPPING (Continued)		You Personally Ordered:		INTERNET AND CATALOG SHOPPING (Continued)	
			By Catalog (mail/phone) last 12 months	By Internet (Website) last 12 months	By Catalog (mail/phone) last 12 months	By Internet (Website) last 12 months	By Catalog (mail/phone) last 12 months	By Internet (Website) last 12 months
Items personally ordered, last 12 months:			Catalogs or Websites ordered from:				Websites personally ordered from, last 12 months:	
Airline tickets	462-0	468-0	1800PetMeds	65N-0	65Q-0	1800flowers.com	65U-0	
Automotive Products	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Avon	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Amazon.com	<input type="checkbox"/> 1	
Baby Accessories	<input type="checkbox"/> 2	<input type="checkbox"/> 2	BMG Music	<input type="checkbox"/> 2	<input type="checkbox"/> 2	American Eagle Outfitters (ae.com)	<input type="checkbox"/> 2	
Banking Services	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Book of the Month Club	<input type="checkbox"/> 3	<input type="checkbox"/> 3	BananaRepublic.com	<input type="checkbox"/> 3	
Bedding/Linens	<input type="checkbox"/> 4	<input type="checkbox"/> 4	Brookstone Collection	<input type="checkbox"/> 4	<input type="checkbox"/> 4	Barnes&Noble.com	<input type="checkbox"/> 4	
Books	<input type="checkbox"/> 5	<input type="checkbox"/> 5	Coldwater Creek	<input type="checkbox"/> 5	<input type="checkbox"/> 5	BathandBodyWorks.com	<input type="checkbox"/> 5	
Cameras and equipment	<input type="checkbox"/> 6	<input type="checkbox"/> 6	Columbia House	<input type="checkbox"/> 6	<input type="checkbox"/> 6	BedBathandBeyond.com	<input type="checkbox"/> 6	
Car/Vehicle Rental Reservations	<input type="checkbox"/> 7	<input type="checkbox"/> 7	Crate & Barrel	<input type="checkbox"/> 7	<input type="checkbox"/> 7	Belk.com	<input type="checkbox"/> 7	
CDs	<input type="checkbox"/> 8	<input type="checkbox"/> 8	Eddie Bauer	<input type="checkbox"/> 8	<input type="checkbox"/> 8	BestBuy.com	<input type="checkbox"/> 8	
Cell phones/accessories	<input type="checkbox"/> 9	<input type="checkbox"/> 9	Fingerhut	<input type="checkbox"/> 9	<input type="checkbox"/> 9	Bluefly.com	<input type="checkbox"/> 9	
Clothing/Apparel	<input type="checkbox"/> 0	<input type="checkbox"/> 0	Gevalia	<input type="checkbox"/> 0	<input type="checkbox"/> 0	Buy.com	<input type="checkbox"/> 0	
Coffee & Tea	<input type="checkbox"/> X	<input type="checkbox"/> X	Hammacher Schlemmer	<input type="checkbox"/> X	<input type="checkbox"/> X	Costco.com	<input type="checkbox"/> X	
	463-0	469-0		<input type="checkbox"/> Y	<input type="checkbox"/> Y		<input type="checkbox"/> Y	
Collector's items (coins, stamps, etc.)	<input type="checkbox"/> Y	<input type="checkbox"/> Y	Home Shopping Network	65P-0	65R-0	CVS.com	65V-0	
Computers	<input type="checkbox"/> 1	<input type="checkbox"/> 1	J. Crew	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Dell.com	<input type="checkbox"/> 1	
Computer Software/Accessories	<input type="checkbox"/> 2	<input type="checkbox"/> 2	JCPenney	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Dillard's.com	<input type="checkbox"/> 2	
Cooking/Kitchen accessories	<input type="checkbox"/> 3	<input type="checkbox"/> 3	L.L. Bean	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Drugstore.com	<input type="checkbox"/> 3	
Cosmetics/toiletries	<input type="checkbox"/> 4	<input type="checkbox"/> 4	Lands' End	<input type="checkbox"/> 4	<input type="checkbox"/> 4	eBay.com	<input type="checkbox"/> 4	
Credit Cards	<input type="checkbox"/> 5	<input type="checkbox"/> 5	Lillian Vernon	<input type="checkbox"/> 5	<input type="checkbox"/> 5	EdibleArrangements.com	<input type="checkbox"/> 5	
DVDs/Blu-ray Discs	<input type="checkbox"/> 6	<input type="checkbox"/> 6	Macy's	<input type="checkbox"/> 6	<input type="checkbox"/> 6	Expedia.com	<input type="checkbox"/> 6	
Educational Programs	<input type="checkbox"/> 7	<input type="checkbox"/> 7	Neidstrom	<input type="checkbox"/> 7	<input type="checkbox"/> 7	FTD.com	<input type="checkbox"/> 7	
Fitness Apparel/Equipment	<input type="checkbox"/> 8	<input type="checkbox"/> 8	Office Depot	<input type="checkbox"/> 8	<input type="checkbox"/> 8	Gap.com	<input type="checkbox"/> 8	
Flowers	<input type="checkbox"/> 9	<input type="checkbox"/> 9	Pottery Barn	<input type="checkbox"/> 9	<input type="checkbox"/> 9	HomeDepot.com	<input type="checkbox"/> 9	
Food/Groceries	<input type="checkbox"/> 0	<input type="checkbox"/> 0	ProFlowers	<input type="checkbox"/> 0	<input type="checkbox"/> 0	Hotels.com	<input type="checkbox"/> 0	
Garden supplies	<input type="checkbox"/> X	<input type="checkbox"/> X		<input type="checkbox"/> 0	<input type="checkbox"/> 0	Hotwire.com	<input type="checkbox"/> 0	
	<input type="checkbox"/> Y	<input type="checkbox"/> Y		<input type="checkbox"/> X	<input type="checkbox"/> X		<input type="checkbox"/> X	
Gift Baskets	464-0	470-0	Publishers Clearing House	65S-0	65T-0	HP.com	65W-0	
Handbags/Other Accessories	<input type="checkbox"/> 1	<input type="checkbox"/> 1	QVC	<input type="checkbox"/> 1	<input type="checkbox"/> 1	iTunes.com (Apple Store)	<input type="checkbox"/> 1	
Hobby or craft supplies	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Reader's Digest Store	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Joann.com	<input type="checkbox"/> 2	
Home furnishings	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Red Envelope	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Kmart.com	<input type="checkbox"/> 3	
Home improvement items/tools	<input type="checkbox"/> 4	<input type="checkbox"/> 4	REI	<input type="checkbox"/> 4	<input type="checkbox"/> 4	Kohls.com	<input type="checkbox"/> 4	
Hotel reservations	<input type="checkbox"/> 5	<input type="checkbox"/> 5	Staples	<input type="checkbox"/> 5	<input type="checkbox"/> 5	LiveNation.com	<input type="checkbox"/> 5	
Household/small appliances	<input type="checkbox"/> 6	<input type="checkbox"/> 6	Teleflora	<input type="checkbox"/> 6	<input type="checkbox"/> 6	Lowes.com	<input type="checkbox"/> 6	
Housewares	<input type="checkbox"/> 7	<input type="checkbox"/> 7	Victoria's Secret	<input type="checkbox"/> 7	<input type="checkbox"/> 7	Michaels.com	<input type="checkbox"/> 7	
Hunting, fishing, camping equipment	<input type="checkbox"/> 8	<input type="checkbox"/> 8	Other Department/Specialty Store	<input type="checkbox"/> 8	<input type="checkbox"/> 8	OldNavy.com	<input type="checkbox"/> 8	
Jewelry/watches	<input type="checkbox"/> 9	<input type="checkbox"/> 9	Other Catalog or Mail Order Service	<input type="checkbox"/> 9	<input type="checkbox"/> 9	Orbitz.com	<input type="checkbox"/> 9	
MP3 Players	<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 9	<input type="checkbox"/> 9	Overstock.com	<input type="checkbox"/> 9	
Office Supplies	<input type="checkbox"/> X	<input type="checkbox"/> X		<input type="checkbox"/> 0	<input type="checkbox"/> 0	PacSun.com	<input type="checkbox"/> 0	
	<input type="checkbox"/> Y	<input type="checkbox"/> Y		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Pet products/supplies	465-0	471-0		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Prescription Drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 1		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Religious Products	<input type="checkbox"/> 2	<input type="checkbox"/> 2		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Shoes/Footwear	<input type="checkbox"/> 3	<input type="checkbox"/> 3		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Sports apparel/memorabilia	<input type="checkbox"/> 4	<input type="checkbox"/> 4		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Sports equipment	<input type="checkbox"/> 5	<input type="checkbox"/> 5		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Stereo/Audio Equipment	<input type="checkbox"/> 6	<input type="checkbox"/> 6		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Tickets – Concerts, shows, other entertainment	<input type="checkbox"/> 7	<input type="checkbox"/> 7		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Tickets – Movies	<input type="checkbox"/> 8	<input type="checkbox"/> 8		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Tickets – Sports Events	<input type="checkbox"/> 9	<input type="checkbox"/> 9		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Toys/Games	<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
TVs	<input type="checkbox"/> X	<input type="checkbox"/> X		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
	<input type="checkbox"/> Y	<input type="checkbox"/> Y		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Video Games/Systems	466-0	472-0		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Vitamins	<input type="checkbox"/> 1	<input type="checkbox"/> 1		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Wedding/Occasion Gifts	<input type="checkbox"/> 2	<input type="checkbox"/> 2		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Wines/Champagnes	<input type="checkbox"/> 3	<input type="checkbox"/> 3		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Other Electronics	<input type="checkbox"/> 4	<input type="checkbox"/> 4		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Other Financial/Insurance Products	<input type="checkbox"/> 5	<input type="checkbox"/> 5		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Other Health/Medical Supplies	<input type="checkbox"/> 6	<input type="checkbox"/> 6		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Other Travel Services	<input type="checkbox"/> 7	<input type="checkbox"/> 7		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Other	<input type="checkbox"/> 8	<input type="checkbox"/> 8		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
	<input type="checkbox"/> 9	<input type="checkbox"/> 9		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
	<input type="checkbox"/> 9	<input type="checkbox"/> 9		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	
Amount spent, last 12 months:	Mail/Phone	Internet						
\$1 - \$49	467-0	473-0						
\$50 - \$99	<input type="checkbox"/> 1	<input type="checkbox"/> 1						
\$100 - \$199	<input type="checkbox"/> 2	<input type="checkbox"/> 2						
\$200 - \$499	<input type="checkbox"/> 3	<input type="checkbox"/> 3						
\$500 - \$799	<input type="checkbox"/> 4	<input type="checkbox"/> 4						
\$800+	<input type="checkbox"/> 5	<input type="checkbox"/> 5						
	<input type="checkbox"/> 6	<input type="checkbox"/> 6						
	<input type="checkbox"/> 6	<input type="checkbox"/> 6						

Continued in next Column

Continued in next Column

BANKING & FINANCIAL SERVICES

You Personally or Jointly:

Have	Acquired last 12 months
481	
1	2

Bank Accounts/Services:

- Savings Account 01
- Certificate of Deposit (CD) 02
- Interest Checking Account 03
- Non-Interest Checking Account 04
- Money Market Account 05
- Overdraft Protection 06
- Other Banking Services 07
- Business Checking Account 08
- Other Small Business Banking Services 09

Banks or Financial Institutions you personally used, last 12 months:

- Bank of America 1
- BB&T (Branch Banking & Trust) 2
- Capital One 3
- Chase 4
- Citibank 5
- Citizens 6
- Fifth Third Bank 7
- HSBC 8
- ING Direct 9
- KeyBank 0
- PNC X
- Regions Bank Y
- Sun Trust 1
- TD Bank 2
- U.S. Bank 3
- Wells Fargo 4
- Other National Bank 5
- Local/Community Bank 6
- Credit Union 7
- Mutual Funds Co. 8
- Internet Bank 9

Banking methods you personally used, last 12 months:

- Bank in person 1
- ATM/Cash Machine 2
- Bank by Mail 3
- Direct Deposit (payroll check) 4
- Bank by Phone 5
- Banking Online/Internet 6
- Banking on Mobile Device 7
- Paperless Statements 8

In the last 6 months have you done any of the following?

- Wired or sent money with: 61B-0
- MoneyGram 1
 - Western Union 2
 - PayPal 3
 - Bank Wire Transfer 4
 - U.S. Postal Service 5
 - Overnight Courier 6
 - Another Way 7
 - Purchased a money order 8
 - Used a check cashing service 9

Which, if any, of the following do you consider very important when choosing a bank or financial institution?

- 63R-0
- Customer Service 1
 - Financial Stability of Company 2
 - Friend's/Relative's Recommendation 3
 - Interest Rates 4
 - Location of Branch 5
 - Reputation of Company 6
 - Reward Programs 7
 - Size of Company 8
 - Years in Business 9
 - Other 0

Did you choose to change from one bank to another in the last 12 months? Yes No X

INVESTMENT ACTIVITY

Have you used any of the following for financial services or advice in the last 12 months?

- 492-0
- Stock Rating Service 1
 - Financial Planner/Certified Financial Planner (CFP) 2
 - Personal Money Manager 3
 - Financial Advisor/Broker 4
 - Newspaper/Magazine 5
 - TV or Radio show 6
 - Internet site 7
 - Friends/Family 8
 - Other Source 9

If you contacted a brokerage firm in the last 12 months, what was the reason for the contact?

- 493
- | | | | |
|---|--------------------------------|------------------------------------|------------------------------|
| | Discount Brokerage Firm | Full Service Brokerage Firm | Online Brokerage Firm |
| | 1 | 2 | 3 |
| Advice or Price Quotes <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 01 |
| Purchased or Sold Bonds <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 02 |
| Purchased or Sold Stocks <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 03 |
| Purchased or Sold Mutual Funds <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 04 |

Brokerage Firms or other financial institutions, used in last 12 months:

- 494-0
- Charles Schwab 1
 - Chase Investment Services 2
 - Edward Jones 3
 - E*Trade 4
 - Fidelity 5
 - Invesco/Van Kampen 6
 - Merrill Lynch/Banc of America Investment Services 7
 - Morgan Stanley Smith Barney 8
 - Raymond James 9
 - Scottrade 1
 - ShareBuilder/ING Direct 2
 - TD Ameritrade 3
 - TIAA-CREF 4
 - T. Rowe Price 5
 - UBS 6
 - USAA 7
 - Vanguard Group 8
 - Wells Fargo Advisors 9
 - Other full service firm 1
 - Other discount brokerage firm 2
 - Other online brokerage firm 3
 - Other bank 4
 - Other 5

Investment transactions (stocks, bonds, mutual funds) executed in the past 12 months: (Please count each buy and sell separately.)

- 216-0
- | | | |
|---------------------------------|----------------------------------|----------------------------------|
| None <input type="checkbox"/> 1 | 3-9 <input type="checkbox"/> 3 | 20-49 <input type="checkbox"/> 5 |
| 1-2 <input type="checkbox"/> 2 | 10-19 <input type="checkbox"/> 4 | 50+ <input type="checkbox"/> 6 |

MUTUAL FUNDS

Do you invest in a mutual fund managed by any of these mutual fund families/companies?

- | | | |
|--|--------------------------|---|
| | Own | Acquired or added to in last 12 months |
| | 1 | 2 |
| American Century <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 01 |
| American Funds <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 02 |
| Charles Schwab/Schwab <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 03 |
| Dreyfus <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 04 |
| DWS Investments <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 05 |
| Fidelity Investments <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 06 |
| Franklin Templeton <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 07 |
| The Hartford <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 08 |
| ING <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 09 |
| Invesco <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 10 |
| Janus <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 11 |
| Lord Abbett <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 12 |
| Merrill Lynch <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 13 |
| Morgan Stanley Smith Barney <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 14 |
| Oppenheimer <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 15 |
| Prudential Investments/JennisonDryden <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 16 |
| Putnam <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 17 |
| SSgA (State Street Global Advisors) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 18 |
| TIAA-CREF <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 19 |
| T. Rowe Price <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 20 |
| UBS <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 21 |
| USAA <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 22 |
| Vanguard Group <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 23 |
| Other <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 24 |

LIFE INSURANCE		LIFE INSURANCE (Continued)		Have Policy		Acquired Last 12 Months	PAYING BILLS	
				1	509	2		
Do you currently carry any life insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> 504-0		With which company:					Bill-paying methods you personally used, last 12 months: 64M-0	
Which kind(s) do you carry? 508-0		AAA <input type="checkbox"/>				<input type="checkbox"/> 01	Pay in person <input type="checkbox"/> 1	
Separate term policy <input type="checkbox"/> 1		AARP from New York Life ... <input type="checkbox"/>				<input type="checkbox"/> 02	Pay by mail <input type="checkbox"/> 2	
Separate whole life policy <input type="checkbox"/> 2		Aetna <input type="checkbox"/>				<input type="checkbox"/> 03	Pay by Internet/Online <input type="checkbox"/> 3	
Combination term/whole life policy <input type="checkbox"/> 3		AFLAC <input type="checkbox"/>				<input type="checkbox"/> 04	Pay by phone using credit card <input type="checkbox"/> 4	
Universal life <input type="checkbox"/> 4		AIG American General <input type="checkbox"/>				<input type="checkbox"/> 05	Pay by mobile phone <input type="checkbox"/> 5	
Variable life <input type="checkbox"/> 5		Allstate <input type="checkbox"/>				<input type="checkbox"/> 06	Bills automatically charged to credit card <input type="checkbox"/> 6	
Credit life <input type="checkbox"/> 6		American Family <input type="checkbox"/>				<input type="checkbox"/> 07	Bills automatically deducted from bank account <input type="checkbox"/> 7	
How many different life insurance policies do you carry? 507-0		AXA Equitable <input type="checkbox"/>				<input type="checkbox"/> 08	Other <input type="checkbox"/> 8	
Number of policies		Bankers Life & Casualty <input type="checkbox"/>				<input type="checkbox"/> 09		
How acquired: 505-0		Cigna <input type="checkbox"/>				<input type="checkbox"/> 10		
From a union <input type="checkbox"/> 1		Colonial Penn <input type="checkbox"/>				<input type="checkbox"/> 11		
From a place of work <input type="checkbox"/> 2		Farm Bureau <input type="checkbox"/>				<input type="checkbox"/> 12		
From a fraternal or other membership group <input type="checkbox"/> 3		Farmers Insurance Group ... <input type="checkbox"/>				<input type="checkbox"/> 13		
Veterans life insurance <input type="checkbox"/> 4		Genworth <input type="checkbox"/>				<input type="checkbox"/> 14		
From a bank <input type="checkbox"/> 5		Gerber Life <input type="checkbox"/>				<input type="checkbox"/> 15		
With loan, mortgage or installment payments <input type="checkbox"/> 6		Guardian <input type="checkbox"/>				<input type="checkbox"/> 16		
Through an agent representing one company <input type="checkbox"/> 7		The Hartford <input type="checkbox"/>				<input type="checkbox"/> 17		
Through an agent (broker) representing more than one company <input type="checkbox"/> 8		ING <input type="checkbox"/>				<input type="checkbox"/> 18		
In response to mail advertising (no agent) <input type="checkbox"/> 9		John Hancock <input type="checkbox"/>				<input type="checkbox"/> 19		
Direct from insurance company via phone (no agent) <input type="checkbox"/> 0		Lincoln Financial Group <input type="checkbox"/>				<input type="checkbox"/> 20		
Direct from insurance company via website (no agent) <input type="checkbox"/> X		MassMutual <input type="checkbox"/>				<input type="checkbox"/> 21		
Total face value of all the life insurance you currently carry: 506-0		MetLife <input type="checkbox"/>				<input type="checkbox"/> 22		
Less than \$20,000 <input type="checkbox"/> 1		Mutual of Omaha <input type="checkbox"/>				<input type="checkbox"/> 23		
\$ 20,000 - \$ 49,999 <input type="checkbox"/> 2		Nationwide <input type="checkbox"/>				<input type="checkbox"/> 24		
\$ 50,000 - \$ 99,999 <input type="checkbox"/> 3		New York Life <input type="checkbox"/>				<input type="checkbox"/> 25		
\$ 100,000 - \$ 149,999 <input type="checkbox"/> 4		Northwestern Mutual <input type="checkbox"/>				<input type="checkbox"/> 26		
\$ 150,000 - \$ 249,999 <input type="checkbox"/> 5		Pacific Life <input type="checkbox"/>				<input type="checkbox"/> 27		
\$ 250,000 - \$ 499,999 <input type="checkbox"/> 6		Principal Financial <input type="checkbox"/>				<input type="checkbox"/> 28		
\$ 500,000 or more <input type="checkbox"/> 7		Prudential <input type="checkbox"/>				<input type="checkbox"/> 29		
Continued in next Column		SBLI <input type="checkbox"/>				<input type="checkbox"/> 30		
		State Farm <input type="checkbox"/>				<input type="checkbox"/> 31		
		TIAA-CREF <input type="checkbox"/>				<input type="checkbox"/> 32		
		Unum Group <input type="checkbox"/>				<input type="checkbox"/> 33		
		USAA <input type="checkbox"/>				<input type="checkbox"/> 34		
		Veterans Group Life (VGLI) <input type="checkbox"/>				<input type="checkbox"/> 35		
		Other <input type="checkbox"/>				<input type="checkbox"/> 36		
						<input type="checkbox"/> 37		

TRAVELERS CHEQUES	
Have you personally bought travelers cheques in the last 12 months?	
Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 483-0	
Total amount bought in past 12 months: 484-0	
\$ 1-\$ 249 <input type="checkbox"/> 1	
\$ 250-\$ 499 <input type="checkbox"/> 2	
\$ 500-\$ 999 <input type="checkbox"/> 3	
\$1000 or more <input type="checkbox"/> 4	
Companies: 485-0	
American Express <input type="checkbox"/> 1	
Other <input type="checkbox"/> 2	
Where purchased:	
AAA <input type="checkbox"/> 3	
Bank <input type="checkbox"/> 4	
Other <input type="checkbox"/> 5	

SECURITIES	Please mark the securities and/or retirement/college savings plans you personally own. For each type owned, what is the approximate current market value and was any part acquired in the last 12 months?						TOTAL VALUE OF HOLDINGS					
	500	Own	Under \$10,000	\$10,000-\$49,999	\$50,000-\$149,999	\$150,000 or more	Acquired or added to in last 12 months					
								1	2	3	4	5
Securities you personally own:												
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01	
U.S. Treasury Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02	
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03	
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04	
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05	
Preferred 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06	
Privately held shares of Companies or Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07	
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08	
Corporate Bonds or Debentures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09	
Money Market 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10	
Mutual Funds (Bonds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	
Mutual Funds (Stocks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12	
Tax Exempt 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13	
Exchange Traded Funds (ETFs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14	
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15	
Savings Certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16	
Insured Money Market Accounts (Bank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17	
CD (Certificate(s) of Deposit)—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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18	
CD (Certificate(s) of Deposit)—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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19	
Investments in Gold or other Precious Metals or Gems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20	
Investment Collections of Antiques, Books, Stamps, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21	
Other investments (Commodities/Puts/Calls, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22	
Retirement or college savings plans you personally have:												
IRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23	
Keogh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	
401(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25	
403(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26	
457(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 27	
529 Plan (College Savings Plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 28	
	1	2	3	4	5	6						

HOMEOWNERS OR PERSONAL PROPERTY INSURANCE

Do you currently carry fire, theft or other type of loss insurance on either your home or your personal belongings?

511	Your Household	
	Currently Carries	Acquired Last 12 Months
	1	2
Homeowner	<input type="checkbox"/>	<input type="checkbox"/> 01
Renter	<input type="checkbox"/>	<input type="checkbox"/> 02
Condominium/Co-op	<input type="checkbox"/>	<input type="checkbox"/> 03

With what company? 513-0

AAA	<input type="checkbox"/> 1
AIG	<input type="checkbox"/> 2
Allstate	<input type="checkbox"/> 3
American Family	<input type="checkbox"/> 4
Chubb	<input type="checkbox"/> 5
Country	<input type="checkbox"/> 6
Encompass	<input type="checkbox"/> 7
Farmers Insurance Group	<input type="checkbox"/> 8
Foremost	<input type="checkbox"/> 9
Geico	<input type="checkbox"/> 0

514-0

The Hartford	<input type="checkbox"/> 1
Liberty Mutual	<input type="checkbox"/> 2
MetLife	<input type="checkbox"/> 3
Nationwide	<input type="checkbox"/> 4
Safeco	<input type="checkbox"/> 5
State Farm	<input type="checkbox"/> 6
Travelers	<input type="checkbox"/> 7
USAA	<input type="checkbox"/> 8
Other	<input type="checkbox"/> 9

How was it acquired? 515-0

From an agent	<input type="checkbox"/> 1
In response to direct mail advertising	<input type="checkbox"/> 2
Direct from insurance company via phone	<input type="checkbox"/> 3
Direct from insurance company via website	<input type="checkbox"/> 4

Who decided which company to use? 516-0

Yourself (alone or with someone else)	<input type="checkbox"/> 1
Someone else	<input type="checkbox"/> 2

Total value for loss covered by policies: 518-0

Less than \$10,000	<input type="checkbox"/> 1
\$ 10,000 - \$ 24,999	<input type="checkbox"/> 2
\$ 25,000 - \$ 49,999	<input type="checkbox"/> 3
\$ 50,000 - \$ 74,999	<input type="checkbox"/> 4
\$ 75,000 - \$ 99,999	<input type="checkbox"/> 5
\$100,000 - \$199,999	<input type="checkbox"/> 6
\$200,000 - \$299,999	<input type="checkbox"/> 7
\$300,000 - \$499,999	<input type="checkbox"/> 8
\$500,000 or more	<input type="checkbox"/> 9

Floater policy(s) or additional coverage carried: 519-0

Floater for jewelry or furs	<input type="checkbox"/> 1
Floater for collections (antiques, coins, etc.)	<input type="checkbox"/> 2
Floater for other personal items	<input type="checkbox"/> 3
Coverage for earthquakes or floods	<input type="checkbox"/> 4
Other additional coverage	<input type="checkbox"/> 5

Do you have a combined home and auto policy? Yes 6

MEDICAL INSURANCE

Do you personally carry any medical, hospital or accident insurance? 520-0

Yes 1

Who is covered?

You and other household members	<input type="checkbox"/> 2
You alone	<input type="checkbox"/> 3

With which company? 523-0

Aetna	<input type="checkbox"/> 1
AFLAC	<input type="checkbox"/> 2
Bankers Life & Casualty	<input type="checkbox"/> 3
BlueCross BlueShield	<input type="checkbox"/> 4
Cigna	<input type="checkbox"/> 5
Delta Dental	<input type="checkbox"/> 6
Group Health Cooperative	<input type="checkbox"/> 7
Health Net	<input type="checkbox"/> 8

524-0

Humana	<input type="checkbox"/> 1
Kaiser Permanente	<input type="checkbox"/> 2
Mutual of Omaha	<input type="checkbox"/> 3
Oxford	<input type="checkbox"/> 4
State Farm	<input type="checkbox"/> 5
United Healthcare	<input type="checkbox"/> 6
Other	<input type="checkbox"/> 7

How was policy obtained? 521-0

From a union	<input type="checkbox"/> 1
From a place of work	<input type="checkbox"/> 2
From a fraternal or other membership group	<input type="checkbox"/> 3
Medicaid	<input type="checkbox"/> 4
Medicare	<input type="checkbox"/> 5
Other government source	<input type="checkbox"/> 6
Through an agent representing one company	<input type="checkbox"/> 7
Through an agent (broker) representing more than one company	<input type="checkbox"/> 8
In response to mail advertising or phone contact (no agent)	<input type="checkbox"/> 9
Through the Internet	<input type="checkbox"/> 0

What kind of policy is it? 64K-0

EPO (Exclusive Provider Organization)	<input type="checkbox"/> 1
HMO (Health Maintenance Organization)	<input type="checkbox"/> 2
POS (Point-of-Service)	<input type="checkbox"/> 3
PPO (Preferred Provider Organization)	<input type="checkbox"/> 4
Traditional Indemnity/Fee-for-Service	<input type="checkbox"/> 5
Catastrophic/High Deductible	<input type="checkbox"/> 6
Other	<input type="checkbox"/> 7

OTHER INSURANCE

Which of the following types of insurance do you personally carry? 526-0

Dental	<input type="checkbox"/> 1
Disability/Loss of income through medical causes	<input type="checkbox"/> 2
Prescription drugs	<input type="checkbox"/> 3
Vision care	<input type="checkbox"/> 4
Accidental death and dismemberment	<input type="checkbox"/> 5
Boat owners	<input type="checkbox"/> 6
Identity theft	<input type="checkbox"/> 7
Long term care	<input type="checkbox"/> 8
Mortgage	<input type="checkbox"/> 9
Personal liability (not Automotive or Homeowners)	<input type="checkbox"/> 0
Small business	<input type="checkbox"/> X
Travel	<input type="checkbox"/> Y

TAX PREPARATION

How were your personal federal income taxes prepared in the last 12 months? 64A-0

Prepared by: 64A-0

You, personally, manually	<input type="checkbox"/> 1
You, personally, using a computer software program:	
H&R Block TaxCut	<input type="checkbox"/> 2
TaxACT	<input type="checkbox"/> 3
TurboTax	<input type="checkbox"/> 4
Other software	<input type="checkbox"/> 5

You, personally, using an Internet/online tax preparation program or service:

H&R Block TaxCut	<input type="checkbox"/> 6
TaxACT	<input type="checkbox"/> 7
TurboTax	<input type="checkbox"/> 8
Other online program/service	<input type="checkbox"/> 9
H&R Block (on-site)	<input type="checkbox"/> 0
Jackson Hewitt (on-site)	<input type="checkbox"/> X
Other tax preparation service, on-site	<input type="checkbox"/> Y

64N-0

CPA or other tax professional	<input type="checkbox"/> 1
Friend or family member	<input type="checkbox"/> 2
Other	<input type="checkbox"/> 3

When filed, last 12 months:

Before IRS deadline	<input type="checkbox"/> 4
Same day of the IRS deadline	<input type="checkbox"/> 5
After the IRS deadline	<input type="checkbox"/> 6

MORE ABOUT INSURANCE

Which of the following, if any, are very important to you when choosing an Insurance provider? (Check all that apply)

64Z

	VERY IMPORTANT WHEN CHOOSING		
	Auto Insurance	Homeowners/ Personal Property Insurance	Life Insurance
Agent Recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Financial Stability of Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Reputation of Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Simplicity of Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Size of Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Years in Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
	1	2	3

ATHLETIC SHOES	Pairs purchased in last 12 months	AMOUNT SPENT IN TOTAL IN THE LAST 12 MONTHS:			
		Under \$50	\$50-\$74	\$75-\$149	\$150 +
530					
Aerobic/Fitness shoes . . .	01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball/Softball shoes . . .	03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball shoes	05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boat/Deck shoes	07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowling shoes	09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross Training shoes	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf shoes	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking/Backpacking boots . .	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running/Jogging shoes . . .	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer shoes	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports Sandals	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis shoes	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking shoes	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight Lifting/Training shoes	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4

BRANDS PURCHASED LAST 12 MONTHS:

531-0		532-0	
Adidas	<input type="checkbox"/>	Merrell	<input type="checkbox"/>
Airwalk	<input type="checkbox"/>	New Balance	<input type="checkbox"/>
Asics	<input type="checkbox"/>	Nike	<input type="checkbox"/>
Avia	<input type="checkbox"/>	Puma	<input type="checkbox"/>
Brooks	<input type="checkbox"/>	Reebok	<input type="checkbox"/>
Converse	<input type="checkbox"/>	Rockport	<input type="checkbox"/>
Easy Spirit	<input type="checkbox"/>	Saucony	<input type="checkbox"/>
Ecko	<input type="checkbox"/>	Skechers	<input type="checkbox"/>
Fila	<input type="checkbox"/>	Timberland	<input type="checkbox"/>
Jordan	<input type="checkbox"/>	Under Armour	<input type="checkbox"/>
Keds	<input type="checkbox"/>	Vans	<input type="checkbox"/>
K-Swiss	<input type="checkbox"/>	Wolverine	<input type="checkbox"/>
		Other	<input type="checkbox"/>

SHOES	Pairs purchased in last 12 months	AMOUNT SPENT IN TOTAL IN THE LAST 12 MONTHS:			
		Under \$50	\$50-\$99	\$100-\$249	\$250 +
529					
Canvas	01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casual/Leisure	03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress Boots	05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress Shoes	07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandals	09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slippers	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Western Boots	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Boots	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Work Shoes	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4

BRANDS PURCHASED LAST 12 MONTHS:

62A-0		62B-0	
Aersoles	<input type="checkbox"/>	Kenneth Cole	<input type="checkbox"/>
ALDO	<input type="checkbox"/>	Naturalizer	<input type="checkbox"/>
Allen-Edmonds	<input type="checkbox"/>	Nina	<input type="checkbox"/>
Børn	<input type="checkbox"/>	Nine West	<input type="checkbox"/>
Coach	<input type="checkbox"/>	Rockport	<input type="checkbox"/>
Cole Haan	<input type="checkbox"/>	Skechers	<input type="checkbox"/>
Crocs	<input type="checkbox"/>	Sperry	<input type="checkbox"/>
Florsheim	<input type="checkbox"/>	Stacy Adams	<input type="checkbox"/>
Geox	<input type="checkbox"/>	Steve Madden	<input type="checkbox"/>
Havaianas	<input type="checkbox"/>	UGG	<input type="checkbox"/>
Johnston & Murphy	<input type="checkbox"/>	Other	<input type="checkbox"/>
Keen	<input type="checkbox"/>		

FASHION & STYLE ATTITUDES	Please indicate how much you AGREE or DISAGREE with each of the following statements by checking the box that comes closest to how you feel.	DISAGREE		AGREE	
		Completely	Somewhat	Somewhat	Completely
62C					
1. Being able to customize an item makes me more willing to purchase it		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Comfort is one of the most important factors when selecting fashion products to purchase.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I prefer fashion that is classic and timeless as opposed to trendy.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I rely on magazines to keep me up to date on fashion.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am loyal to only a few fashion brands and stick with them.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I only buy shoes and clothing when I have to replace something.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I often spend more money than I expected to on my fashion purchases.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. When buying fashion products, the overall look is more important than the brand.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. When I find a haircut that suits me, I stick with it.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I follow a strict skin-care routine.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am content with my appearance.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I must admit I wear designer brands partially to impress other people.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. When a celebrity designs a product, I am more likely to buy it.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I consider my fashion style to be trendy.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I often use natural or organic beauty products.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I buy new clothes at the beginning of each season.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I only spend what I budget on fashion items.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I often try different ways to style my hair.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I love to mix and match high and low end designers when putting together an outfit.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I'll buy trendy clothes even if they're not the highest quality.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I am more likely to buy a brand that I know supports a charity.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. You can tell a lot about a person by the clothes they wear.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Clothes made by fashion designers are more appealing.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I'm willing to use the Internet to shop for fashion products.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I generally wear sunscreen.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I prefer to shop for fashion products on my own, rather than with friends.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I dress more to please myself than to please others.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I would consider having a cosmetic surgery or procedure to improve my appearance.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. When I smell a perfume or cologne sample that I like in a magazine, I will purchase it.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEN'S CLOTHING

	How many did you buy in the last 12 months	AMOUNT SPENT IN TOTAL IN THE LAST 12 MONTHS:		
		Under \$100	\$100-\$249	\$250 +
527				
All-Weather Coats	01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Leather Coat, Jacket	03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Fur Coat, Jacket	05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Overcoat	07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Parka	09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Ski Jacket	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Formalwear (tuxedo)	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Business Suit	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Casual/Non-Business Suit	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Sports Jacket	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
		1	2	3

		AMOUNT SPENT IN TOTAL IN THE LAST 12 MONTHS:			
		Under \$50	\$50-\$99	\$100-\$249	\$250 +
528					
Lightweight Jacket	01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Casual Slacks	03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Dress Slacks	05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Designer Jeans	07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Jeans	09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Sweater	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Dress Shirt	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Sports Shirt	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Nightwear	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Underwear (Number of pairs)	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
Cloth Handkerchiefs	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
Gloves	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
Hat	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26
Necktie	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 28
Belt	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30
Wallet	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 32
T-shirt (not undershirt)	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34
Socks	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36
Sweatpants	37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38
Sweatshirt	39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40
Swimsuit	41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42
		1	2	3	4

BRANDS PURCHASED LAST 12 MONTHS:

62D-0	Armani	<input type="checkbox"/> 1	Hanes	<input type="checkbox"/> 1	62E-0
	Banana Republic	<input type="checkbox"/> 2	Jones New York	<input type="checkbox"/> 2	
	Brooks Brothers	<input type="checkbox"/> 3	Kenneth Cole	<input type="checkbox"/> 3	
	Calvin Klein	<input type="checkbox"/> 4	Lands' End	<input type="checkbox"/> 4	
	Carhartt	<input type="checkbox"/> 5	Lee	<input type="checkbox"/> 5	
	Claiborne	<input type="checkbox"/> 6	Levi's	<input type="checkbox"/> 6	
	DKNY	<input type="checkbox"/> 7	Nautica	<input type="checkbox"/> 7	
	Dockers	<input type="checkbox"/> 8	Old Navy	<input type="checkbox"/> 8	
	Eddie Bauer	<input type="checkbox"/> 9	Polo	<input type="checkbox"/> 9	
	Express	<input type="checkbox"/> 0	Ralph Lauren	<input type="checkbox"/> 0	
	The Gap	<input type="checkbox"/> X	Tommy Hilfiger	<input type="checkbox"/> X	
		535-0	Wrangler	<input type="checkbox"/> Y	
	H&M	<input type="checkbox"/> 1			64C-0
	Haggar	<input type="checkbox"/> 2	Other	<input type="checkbox"/> 1	

SPORTS CLOTHING

	536	Total Amount You Spent in the Last 12 Months:		
		Under \$100	\$100-\$149	\$150 +
Athletic/Workout wear		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Bicycle clothing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Golf clothing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Hiking/Backpacking clothing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Hunting clothing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Marine/Boating attire		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Running clothing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Ski clothing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Team Sports clothing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Tennis clothing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
		1	2	3

WOMEN'S CLOTHING

	How many did you buy in the last 12 months	AMOUNT SPENT IN TOTAL IN THE LAST 12 MONTHS:		
		Under \$100	\$100-\$249	\$250 +
533				
Fur Coat, Jacket, Stole	01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Leather Coat, Jacket	03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Cloth Coat	05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Raincoat	07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Parka	09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Ski Jacket	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Suit (with skirt)	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Evening Dress	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Pants Suit	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Blazer	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
		1	2	3

		AMOUNT SPENT IN TOTAL IN THE LAST 12 MONTHS:			
		Under \$50	\$50-\$99	\$100-\$249	\$250 +
534					
Dress	01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Maternity Clothes	03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Skirt	05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Casual Slacks	07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Dress Slacks	09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Designer Jeans	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Jeans	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Sweater	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Blouse/Shirt	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Nightwear	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
Brassiere/Bra	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
Sports Bra	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
Girdle/Shapewear	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26
Purse (handbag)	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 28
Underpants/Panties	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30
Gloves	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 32
Hat	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34
Belt	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36
T-shirt	37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38
Socks	39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40
Sweatpants	41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42
Sweatshirt	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44
Swimsuit	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46
		1	2	3	4

BRANDS PURCHASED LAST 12 MONTHS:

62F-0	Alfred Dunner	<input type="checkbox"/> 1	Levi's	<input type="checkbox"/> 7
	Ann Taylor	<input type="checkbox"/> 2	Liz Claiborne	<input type="checkbox"/> 8
	Ann Taylor LOFT	<input type="checkbox"/> 3	Lucky Brand	<input type="checkbox"/> 9
	Armani	<input type="checkbox"/> 4	New York & Company	<input type="checkbox"/> 0
	Banana Republic	<input type="checkbox"/> 5	Old Navy	<input type="checkbox"/> X
	Calvin Klein	<input type="checkbox"/> 6	Polo	<input type="checkbox"/> Y
544-0	DKNY	<input type="checkbox"/> 1	Ralph Lauren	<input type="checkbox"/> 1
	Dockers	<input type="checkbox"/> 2	Riders	<input type="checkbox"/> 2
	Eddie Bauer	<input type="checkbox"/> 3	Sag Harbor	<input type="checkbox"/> 3
	Express	<input type="checkbox"/> 4	Talbots	<input type="checkbox"/> 4
	The Gap	<input type="checkbox"/> 5	Tommy Hilfiger	<input type="checkbox"/> 5
	Guess	<input type="checkbox"/> 6	Wrangler	<input type="checkbox"/> 6
	H&M	<input type="checkbox"/> 7	Other	<input type="checkbox"/> 7
62G-0	Hanes	<input type="checkbox"/> 1		
	Inc.	<input type="checkbox"/> 2		
	Jones New York	<input type="checkbox"/> 3		
	Juicy Couture	<input type="checkbox"/> 4		
	Kenneth Cole	<input type="checkbox"/> 5		
	Lee	<input type="checkbox"/> 6		

CLOTHING EXPENDITURES

537-0	In the past 12 months, how much did you spend on the purchase of clothing:
Under \$100	<input type="checkbox"/> 1
\$ 100 - \$299	<input type="checkbox"/> 2
\$ 300 - \$499	<input type="checkbox"/> 3
\$ 500 - \$999	<input type="checkbox"/> 4
\$1,000 - \$1,999	<input type="checkbox"/> 5
\$2,000 - \$2,999	<input type="checkbox"/> 6
\$3,000 +	<input type="checkbox"/> 7

FINE JEWELRY	You Personally:	
	Bought/last 12 months	Number Bought last 12 months
538		
KINDS:		
Bracelet	<input type="checkbox"/>	01
Brooch/Pin	<input type="checkbox"/>	02
Earrings	<input type="checkbox"/>	03
Necklace	<input type="checkbox"/>	04
Engagement Ring	<input type="checkbox"/>	05
Other Ring	<input type="checkbox"/>	06
TYPES:		
Diamond	<input type="checkbox"/>	07
Gold	<input type="checkbox"/>	08
Platinum	<input type="checkbox"/>	09
Sterling	<input type="checkbox"/>	10
Other	<input type="checkbox"/>	11
Total amount spent on fine jewelry in the last 12 months:		
539-0		
Under \$100	<input type="checkbox"/>	1
\$100-\$399	<input type="checkbox"/>	2
\$400-\$749	<input type="checkbox"/>	3
\$750-\$999	<input type="checkbox"/>	4
\$1,000-\$1,499	<input type="checkbox"/>	5
\$1,500+	<input type="checkbox"/>	6
Where Purchased:		
64B-0		
Independent Jeweler	<input type="checkbox"/>	1
Department Store	<input type="checkbox"/>	2
Jared	<input type="checkbox"/>	3
Kay Jewelers	<input type="checkbox"/>	4
Zales	<input type="checkbox"/>	5
Other Retail Chain	<input type="checkbox"/>	6
Warehouse/Club Store	<input type="checkbox"/>	7
Other	<input type="checkbox"/>	8
Purchased for:		
Yourself	<input type="checkbox"/>	9
Someone else (gift)	<input type="checkbox"/>	0

WATCHES	You Personally:	
	Own	Bought/last 12 months
541		
KINDS:		
Sport	<input type="checkbox"/>	01
Dress	<input type="checkbox"/>	02
Casual	<input type="checkbox"/>	03
BRANDS:		
Breitling	<input type="checkbox"/>	04
Bulova	<input type="checkbox"/>	05
Casio	<input type="checkbox"/>	06
Citizen	<input type="checkbox"/>	07
Fossil	<input type="checkbox"/>	08
Gucci	<input type="checkbox"/>	09
Guess	<input type="checkbox"/>	10
Movado	<input type="checkbox"/>	11
Nike	<input type="checkbox"/>	12
Omega	<input type="checkbox"/>	13
Rolux	<input type="checkbox"/>	14
Seiko	<input type="checkbox"/>	15
Swatch	<input type="checkbox"/>	16
Tag Heuer	<input type="checkbox"/>	17
Tiffany	<input type="checkbox"/>	18
Timex	<input type="checkbox"/>	19
Tommy Hilfiger	<input type="checkbox"/>	20
Victorinox Swiss Army	<input type="checkbox"/>	21
Other	<input type="checkbox"/>	22
Total amount spent on watches in the last 12 months:		
542-0		
\$1-\$49 <input type="checkbox"/> 1	\$100-\$299 <input type="checkbox"/> 3	\$500+ <input type="checkbox"/> 5
\$50-\$99 <input type="checkbox"/> 2	\$300-\$499 <input type="checkbox"/> 4	
If purchased in last 12 months, purchased for:		
Yourself	<input type="checkbox"/>	6
Gift for a man	<input type="checkbox"/>	7
Gift for a woman	<input type="checkbox"/>	8

STOCKINGS & PANTYHOSE	You Personally:	
	Bought last 6 months	Number Bought last 30 days
545		
TOTAL:	<input type="checkbox"/>	00
STYLE:		
Knee-highs	<input type="checkbox"/>	01
Leggings	<input type="checkbox"/>	02
Pantyhose	<input type="checkbox"/>	03
Panty Pantyhose		
Combination	<input type="checkbox"/>	04
Stockings	<input type="checkbox"/>	05
Tights/Opaques	<input type="checkbox"/>	06
TYPES:		
Control Top	<input type="checkbox"/>	07
Regular	<input type="checkbox"/>	08
SIZE:		
Queen/Proportional	<input type="checkbox"/>	09
Regular	<input type="checkbox"/>	10
BRANDS:		
Calvin Klein/CK	<input type="checkbox"/>	11
Donna Karan/DKNY	<input type="checkbox"/>	12
Hanes Silk Reflections	<input type="checkbox"/>	13
Hanes Too	<input type="checkbox"/>	14
Other Hanes	<input type="checkbox"/>	15
Hue	<input type="checkbox"/>	16
Just My Size	<input type="checkbox"/>	17
L'eggs Sheer Energy	<input type="checkbox"/>	18
L'eggs Silken Mist	<input type="checkbox"/>	19
Other L'eggs	<input type="checkbox"/>	20
No Nonsense	<input type="checkbox"/>	21
Victoria's Secret	<input type="checkbox"/>	22
OTHER (Write In)	<input type="checkbox"/>	999

COSTUME JEWELRY	You Personally:	
	Bought/last 12 months	Number Bought last 12 months
540		
KINDS:		
Bracelet	<input type="checkbox"/>	01
Pin	<input type="checkbox"/>	02
Earrings	<input type="checkbox"/>	03
Necklace	<input type="checkbox"/>	04
Ring	<input type="checkbox"/>	05
Total amount spent on costume jewelry in the last 12 months:		
277-0		
\$1-\$24 <input type="checkbox"/> 1	\$50-\$99 <input type="checkbox"/> 3	\$200+ <input type="checkbox"/> 5
\$25-\$49 <input type="checkbox"/> 2	\$100-\$199 <input type="checkbox"/> 4	

WRITING INSTRUMENTS	You Personally:	
	Bought in last 12 months	Bought as gift
546		
TYPES:		
Matched Set	<input type="checkbox"/>	01
Ball Point	<input type="checkbox"/>	02
Mechanical Lead Pencil	<input type="checkbox"/>	03
Rollerball	<input type="checkbox"/>	04
Marker	<input type="checkbox"/>	05
BRANDS:		
Bic	<input type="checkbox"/>	06
Classic	<input type="checkbox"/>	07
Crayola	<input type="checkbox"/>	08
Cross	<input type="checkbox"/>	09
Expo	<input type="checkbox"/>	10
Flair	<input type="checkbox"/>	11
Montblanc	<input type="checkbox"/>	12
Paper Mate	<input type="checkbox"/>	13
Parker	<input type="checkbox"/>	14
Pentel	<input type="checkbox"/>	15
Pilot	<input type="checkbox"/>	16
Scripto	<input type="checkbox"/>	17
Sharpie	<input type="checkbox"/>	18
Uni-ball	<input type="checkbox"/>	19
Waterman	<input type="checkbox"/>	20
Other	<input type="checkbox"/>	21

NEEDLECRAFT AND SEWING	You Personally:	
	Stitched in last 6 months	Number of times/last 6 months
543		
TYPES:		
Sewing – General Mending	<input type="checkbox"/>	01
Sewing – Garments from Patterns	<input type="checkbox"/>	02
Knitting	<input type="checkbox"/>	03
Crocheting	<input type="checkbox"/>	04
Cross-stitch	<input type="checkbox"/>	05
Needlepoint	<input type="checkbox"/>	06
Quilting	<input type="checkbox"/>	07

TOOLS	Your Household:	
	Owns	Acquired/last 12 months
225		
	1	2
Air compressor (not 12 volt inflator)	<input type="checkbox"/>	<input type="checkbox"/> 01
Automotive tools	<input type="checkbox"/>	<input type="checkbox"/> 02
Car vacuum	<input type="checkbox"/>	<input type="checkbox"/> 03
Chain saw (gas)	<input type="checkbox"/>	<input type="checkbox"/> 04
Chain saw (electric)	<input type="checkbox"/>	<input type="checkbox"/> 05
Chipper/Shredder	<input type="checkbox"/>	<input type="checkbox"/> 06
Circular saw (portable)	<input type="checkbox"/>	<input type="checkbox"/> 07
Decorative paint tools/kits	<input type="checkbox"/>	<input type="checkbox"/> 08
Drive bits	<input type="checkbox"/>	<input type="checkbox"/> 09
Electric car polisher	<input type="checkbox"/>	<input type="checkbox"/> 10
Electric drill – cordless	<input type="checkbox"/>	<input type="checkbox"/> 11
Electric drill – corded	<input type="checkbox"/>	<input type="checkbox"/> 12
Electric router	<input type="checkbox"/>	<input type="checkbox"/> 13
Electric sander	<input type="checkbox"/>	<input type="checkbox"/> 14
Electric screwdriver (cordless)	<input type="checkbox"/>	<input type="checkbox"/> 15
Glue gun	<input type="checkbox"/>	<input type="checkbox"/> 16
Hand tools	<input type="checkbox"/>	<input type="checkbox"/> 17
Jig/sabre saw (portable)	<input type="checkbox"/>	<input type="checkbox"/> 18
Lawn mower – riding	<input type="checkbox"/>	<input type="checkbox"/> 19
Lawn mower (non-power)	<input type="checkbox"/>	<input type="checkbox"/> 20
Lawn mower, walk behind (electric)	<input type="checkbox"/>	<input type="checkbox"/> 21
Lawn mower, walk behind (gas)	<input type="checkbox"/>	<input type="checkbox"/> 22
Lawn or garden tractor	<input type="checkbox"/>	<input type="checkbox"/> 23
Lawn sprinkler	<input type="checkbox"/>	<input type="checkbox"/> 24
Leaf shredder	<input type="checkbox"/>	<input type="checkbox"/> 25
Outdoor blower (gas)	<input type="checkbox"/>	<input type="checkbox"/> 26
Outdoor blower (electric)	<input type="checkbox"/>	<input type="checkbox"/> 27
Paint sprayer	<input type="checkbox"/>	<input type="checkbox"/> 28
Pliers	<input type="checkbox"/>	<input type="checkbox"/> 29
Pneumatic tools	<input type="checkbox"/>	<input type="checkbox"/> 30
Power ratchet; cordless	<input type="checkbox"/>	<input type="checkbox"/> 31
Saw blades	<input type="checkbox"/>	<input type="checkbox"/> 32
Shears (non-electric)	<input type="checkbox"/>	<input type="checkbox"/> 33
Shovel	<input type="checkbox"/>	<input type="checkbox"/> 34
Snowblower	<input type="checkbox"/>	<input type="checkbox"/> 35
Staple gun	<input type="checkbox"/>	<input type="checkbox"/> 36
Stationary band saw	<input type="checkbox"/>	<input type="checkbox"/> 37
Stationary drill press	<input type="checkbox"/>	<input type="checkbox"/> 38
Stationary table saw	<input type="checkbox"/>	<input type="checkbox"/> 39
Stationary radial arm saw	<input type="checkbox"/>	<input type="checkbox"/> 40
Tiller (garden)	<input type="checkbox"/>	<input type="checkbox"/> 41
Trimmer/edger (electric)	<input type="checkbox"/>	<input type="checkbox"/> 42
Trimmer/edger (gas)	<input type="checkbox"/>	<input type="checkbox"/> 43
Wallpaper stripper	<input type="checkbox"/>	<input type="checkbox"/> 44
Welder	<input type="checkbox"/>	<input type="checkbox"/> 45
Wet-dry shop vacuum	<input type="checkbox"/>	<input type="checkbox"/> 46
Workbench (portable)	<input type="checkbox"/>	<input type="checkbox"/> 47
Other	<input type="checkbox"/>	<input type="checkbox"/> 48
Who decided to make these purchases?		
227-0		
Yourself (alone or with someone else)	<input type="checkbox"/>	1
Someone else	<input type="checkbox"/>	2

HOUSEHOLD FURNISHINGS	Your Household:		AMOUNT SPENT IN LAST 12 MONTHS			
	Owns	Bought last 12 months	\$1-	\$250-	\$400-	\$700 or more
			\$249	\$399	\$699	
550	1	2	3	4	5	6
Wall unit/wall system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Sofa/sectional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Recliner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Sofa-bed convertible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Other living room furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Bed frame/headboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Box spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Mattress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Cedar chests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Other bedroom furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Kitchen furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Dining room furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Family room furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
Home office furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Piano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
Picture frames—custom made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Window coverings—custom made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
Wall-to-wall carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Horizontal blinds—custom made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19
Vertical blinds—custom made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
551	1	2	3	4	5	6
Awning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Draperies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Horizontal blinds—ready made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Vertical blinds—ready made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Pleated shades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Lawn/porch furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Patio/deck cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Air mattress (Inflatable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Upholstery fabric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Area rug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Room size rug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Indoor/outdoor carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
Table/floor lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14

Who decided to make these purchases?
 552-0 1 Yourself (alone or with someone else)
 2 Someone else

Did your household rent any of the above furnishings in the last 12 months?
 Yes 3

PAINT/STAIN	You Personally:	
	Bought/last 12 months	Gallons/last 12 months
	555	
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Interior paint	<input type="checkbox"/>	01
Exterior paint	<input type="checkbox"/>	02
Interior stain	<input type="checkbox"/>	03
Exterior stain	<input type="checkbox"/>	04
KINDS:		
Brush/roller	<input type="checkbox"/>	05
Spray	<input type="checkbox"/>	06
FORMS:		
Latex/water-based	<input type="checkbox"/>	07
Oil-based	<input type="checkbox"/>	08
BRANDS:		
Ace	<input type="checkbox"/>	09
Behr	<input type="checkbox"/>	10
Benjamin Moore	<input type="checkbox"/>	11
Cabot	<input type="checkbox"/>	12
Dutch Boy	<input type="checkbox"/>	13
Glidden	<input type="checkbox"/>	14
Krylon	<input type="checkbox"/>	15
Martha Stewart	<input type="checkbox"/>	16
Minwax	<input type="checkbox"/>	17
Mythic	<input type="checkbox"/>	18
Olympic	<input type="checkbox"/>	19
Pittsburgh	<input type="checkbox"/>	20
Ralph Lauren	<input type="checkbox"/>	21
Rust-Oleum	<input type="checkbox"/>	22
Sherwin Williams	<input type="checkbox"/>	23
Thompson's WaterSeal	<input type="checkbox"/>	24
True Value	<input type="checkbox"/>	25
Valspar	<input type="checkbox"/>	26
Walmart (Color Place)	<input type="checkbox"/>	27
OTHER (Write In)	<input type="checkbox"/>	999
WHERE PURCHASED:	556-0	
Hardware Store	<input type="checkbox"/>	1
Home Center Store	<input type="checkbox"/>	2
Department Store	<input type="checkbox"/>	3
Discount Store	<input type="checkbox"/>	4
Lumber/Building Supply	<input type="checkbox"/>	5
Paint Store	<input type="checkbox"/>	6
Other	<input type="checkbox"/>	7
AMOUNT SPENT:		
Less than \$50	<input type="checkbox"/>	8
\$50-\$100	<input type="checkbox"/>	9
\$101-\$300	<input type="checkbox"/>	0
Over \$300	<input type="checkbox"/>	X

APPLIANCES FOR CLIMATE CONTROL	Your Household:		AMOUNT SPENT IN LAST 12 MONTHS			
	Owns	Bought last 12 months	\$1-	\$100-	\$400-	\$1000 or more
			\$99	\$399	\$999	
553	1	2	3	4	5	6
Air cleaner—electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Central air conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Air conditioner—separate room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Attic/whole house fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Ceiling fan (not bathroom vent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Coal/wood stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Central heating—gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Central heating—oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Electric heating (central)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Space heater (electric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Automatic setback thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Dehumidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Heat pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
Kerosene heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16

Who decided to make these purchases?
 554-0 1 Yourself (alone or with someone else)
 2 Someone else

FURNITURE STORES	You Personally:	
	Shopped last 12 months	Times in last 12 months
	67J	
Art Van Furniture	<input type="checkbox"/>	01
Ashley Furniture		
HomeStore	<input type="checkbox"/>	02
Cost Plus World Market	<input type="checkbox"/>	03
Ethan Allen	<input type="checkbox"/>	04
Havertys	<input type="checkbox"/>	05
IKEA	<input type="checkbox"/>	06
Jennifer Leather/Convertibles	<input type="checkbox"/>	07
Jordan's Furniture	<input type="checkbox"/>	08
LA-Z-Boy Furniture		
Galleries	<input type="checkbox"/>	09
RAC Rent-A-Center	<input type="checkbox"/>	10
Rooms To Go	<input type="checkbox"/>	11
Thomasville	<input type="checkbox"/>	12
Value City Furniture	<input type="checkbox"/>	13
Walter E. Smithe	<input type="checkbox"/>	14

KITCHEN & HOUSEHOLD APPLIANCES & DURABLES

KITCHEN COOKING AND SERVING PRODUCTS

Your Household:

	Owens		Bought last 12 months	
	1	2	1	2
560				
Aluminum cookware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other metal cookware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbecue equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canning jars & lids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceramic coated cookware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cutlery (kitchen knives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulated coffee carafe/server	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wok (non-electric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass storage containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic storage containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass ovenware/bakeware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-stick metal bakeware/ovenware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass rangetop cookware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave cookware:				
glass/ceramic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
paper/disposable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Who decided to make these purchases?
 561-0 1 Yourself (alone or with someone else)
 2 Someone else

Have you purchased any of the above as a gift? 562-0
 Yes 1 No 2

LARGE KITCHEN & COOKING APPLIANCES

Your Household:

	Owens		Bought last 12 months	
	1	2	1	2
567				
Dishwasher – built-in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher – portable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Built-in range oven – electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Built-in range oven – gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric stove/range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas stove/range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous cleaning oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convection oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook top	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combination range/microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rangehood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charcoal grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric grill – outdoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage disposer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did your household rent any of the above items in the last 12 months?
 568-0 Yes 1 No 2

Who decided to make these purchases?
 569-0 1 Yourself (alone or with someone else)
 2 Someone else

SMALL KITCHEN APPLIANCES

Your Household:

	Owens		Bought last 12 months	
	1	2	1	2
563				
Bread making machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee maker – automatic drip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee maker – electric perk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee maker – single cup/pod brewing system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee maker – other electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Espresso/Cappuccino Maker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep fryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric blender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric can opener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric coffee grinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric food processor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric fry pan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric grill – indoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric juicer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric knife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric mixer – hand held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric mixer – stationary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric popcorn maker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric slow cooker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric steam cooker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric wok	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice cream machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasta machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure cooker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toaster oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum sealer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Who decided to make these purchases?
 564-0 1 Yourself (alone or with someone else)
 2 Someone else

HOUSEHOLD APPLIANCES & DURABLES

Your Household:

	Owens		Bought last 12 months	
	1	2	1	2
565				
Air purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglar alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpet steam cleaner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothes dryer – electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothes dryer – gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage door opener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator (portable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot tub/whirlpool spa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locks or lock sets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rechargeable flashlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other battery flashlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke/fire detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum cleaner – canister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum cleaner – hand held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum cleaner – upright	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine – high efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine – standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washer/dryer – stacked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water softener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Who decided to make these purchases?
 566-0 1 Yourself (alone or with someone else)
 2 Someone else

PERSONAL APPLIANCES

You Personally:

Amount spent last 12 months

	Own		Bought last 12 months		
	1	2	\$1-\$24	\$25-\$49	\$50 +
570					
Blood glucose monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clock – battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clock radio – electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic ear thermometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand-held massagers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home blood pressure monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighted make-up mirror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massaging shower head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral irrigation device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scale (bathroom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TABLE SETTINGS

You Personally:

	Bought last 12 months			Bought as gift
	Own	1	2	
571				
Cloth tablecloth/napkins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine china dinnerware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glassware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine china serving pieces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine crystal barware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead crystal hollowware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead crystal stemware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silverplated flatware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stainless flatware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterling silver flatware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoneware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placemats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other dinnerware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much did you personally spend on table settings in the last 12 months?

Amount Spent \$ _____ 572-0

HOME REMODELING	Your Household:					
	Had done last 12 months	Who did the work:		Amount Spent		
		Other Household Member	Yourself or Member	Outside Contractor	Under \$1000	\$1000-\$2999
573	1	2	3	4	5	6
Conversion of garage/attic/basement into living space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Remodel bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Remodel kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Remodel bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Convert room to home office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Convert room to home theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Remodel other rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Add bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Add/extend garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Add other rooms – exterior addition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Add deck/porch/patio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Siding – vinyl/metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
Aluminum windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Clad-wood/Wood windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
Vinyl windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Ceramic tile floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
Hardwood floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Laminate flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19
Vinyl flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
Carpeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21
Kitchen cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
Kitchen counter tops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23
Skylights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
Exterior doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25
Interior doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26
Garage doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 27
Concrete or masonry work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 28
Swimming pool – in ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 29
Wall paneling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30
Ceramic wall tile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 31

Did you use any environmentally friendly/"green" products in any of the above remodeling jobs?
 63C-0 Yes 1

How many of the above remodeling jobs did you personally do?
 (Write in number) _____ 574-0

HOME IMPROVEMENTS	Your Household:					
	Purchased last 12 months	Who did the work:		Amount Spent		
		Other Household Member	Yourself or Member	Outside Contractor	Under \$100	\$100-\$499
575	1	2	3	4	5	6
Bathroom or kitchen faucets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Other bathroom or kitchen plumbing fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Insulation for ceiling, floor, and/or walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Exterior light fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Interior light fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Clean-air filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Down spouts/gutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Yard fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Wallpaper/covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Exterior painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Interior painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11

Has your household used a home decorating service in the last 12 months? 576-0 Yes 1

Did you use any environmentally friendly/"green" products in any of the above home improvements? 63D-0 Yes 1

How many of the above improvements did you personally do? (Write in number) _____ 577-0

HOUSEKEEPING SERVICES	In the past 12 months how often did you have your home cleaned by:			
		Maid or Housekeeper		Professional Cleaning Service
		578-0		579-0
More than once a week	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/> 1	
Once a week	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 2	
2-3 times a month	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/> 3	
Once a month	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/> 4	
Less than once a month	<input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/> 5	

In the last 12 months, have you used the following: 580-0

Professional carpet cleaning service 1

Professional furniture cleaning service 2

BEDDING AND BATH GOODS	Your Household:	
	Bought last 12 months	557-0
Bathmat (in tub)	<input type="checkbox"/> 1	
Shower Curtain	<input type="checkbox"/> 2	
Towels	<input type="checkbox"/> 3	
Pillowcases	<input type="checkbox"/> 4	
Sheets	<input type="checkbox"/> 5	
Electric blankets	<input type="checkbox"/> 6	
Other blankets	<input type="checkbox"/> 7	
Bedspreads	<input type="checkbox"/> 8	
Pillows	<input type="checkbox"/> 9	
Pillow shams	<input type="checkbox"/> 0	
Comforters/quilts	<input type="checkbox"/> X	
Dust ruffles	<input type="checkbox"/> Y	

Total amount spent in last 12 months: 558-0

Less than \$50 1

\$50-\$149 2

\$150+ 3

Who decided to make these purchases?
 559-0 1 Yourself (alone or with someone else)
 2 Someone else

CONVENIENCE STORES	You Personally:	
	Shopped in last 6 months	Times/last 30 days
584		
AM/PM	<input type="checkbox"/>	01
BP/Amoco Food Mart	<input type="checkbox"/>	02
Circle K	<input type="checkbox"/>	03
Citgo Quik Mart	<input type="checkbox"/>	04
Cumberland Farms	<input type="checkbox"/>	05
Exxon/Mobil On the Run	<input type="checkbox"/>	06
Quiktrip	<input type="checkbox"/>	07
7-Eleven	<input type="checkbox"/>	08
Sheetz	<input type="checkbox"/>	09
Stop-N-Go	<input type="checkbox"/>	10
SuperAmerica/Speedway	<input type="checkbox"/>	11
Wawa	<input type="checkbox"/>	12
Other	<input type="checkbox"/>	13

What time of day do you usually shop at convenience stores? 585-0

Morning (5 am-10 am) 1

Mid Day (10 am-2 pm) 2

Afternoon (2 pm-7 pm) 3

Evening (7 pm-midnight) 4

Which of the following items have you bought/used in a convenience store in the last 30 days? 586-0

Breakfast sandwich 1

Lunch sandwich 2

Hot dogs 3

Other grill food 4

Ice cream 5

Candy 6

Snack foods 7

Dairy products 8

Bread 9

Other bakery items 0

Coffee-Brewed X

Milk Y

704-0

Soft drinks – bottle/can 1

Soft drinks – fountain 2

Juice drinks 3

Beer 4

Frozen beverage 5

Cigarettes 6

Lottery tickets 7

Non-prescription drug/OTC 8

ATM/Financial services 9

Gas 0

Other (non-food) X

How much money did you personally spend in convenience stores in the last 30 days?
 Amount Spent \$ _____ 587-0

SHOPPING

In the last 6 months, where did you purchase the following items?

502

	Department Store	Discount Store	Drug Store	Grocery Store	Online
Cosmetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Perfume/Cologne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Toiletries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Non-prescription drugs/OTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
	1	2	3	4	5

In the last 6 months, where did you purchase the following alcoholic beverages?

589

	Convenience Store	Super-market	Liquor Store	Drug Store	Wholesale Club	Online	Other
Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
	1	2	3	4	5	6	7

CAMERAS

590

	You Personally:	
	Own	Bought last 12 months
TYPES:	1	2
Digital Point & Shoot	<input type="checkbox"/>	<input type="checkbox"/> 01
Digital SLR (Single Lens Reflex)	<input type="checkbox"/>	<input type="checkbox"/> 02
Instant Developing Camera	<input type="checkbox"/>	<input type="checkbox"/> 03
35mm Disposable	<input type="checkbox"/>	<input type="checkbox"/> 04
35mm Point & Shoot	<input type="checkbox"/>	<input type="checkbox"/> 05
35mm SLR (Single Lens Reflex)	<input type="checkbox"/>	<input type="checkbox"/> 06
Other	<input type="checkbox"/>	<input type="checkbox"/> 07
BRANDS:		
Canon	<input type="checkbox"/>	<input type="checkbox"/> 08
Casio	<input type="checkbox"/>	<input type="checkbox"/> 09
Fujifilm	<input type="checkbox"/>	<input type="checkbox"/> 10
Kodak	<input type="checkbox"/>	<input type="checkbox"/> 11
Nikon	<input type="checkbox"/>	<input type="checkbox"/> 12
Olympus	<input type="checkbox"/>	<input type="checkbox"/> 13
Panasonic	<input type="checkbox"/>	<input type="checkbox"/> 14
Pentax	<input type="checkbox"/>	<input type="checkbox"/> 15
Polaroid	<input type="checkbox"/>	<input type="checkbox"/> 16
Samsung	<input type="checkbox"/>	<input type="checkbox"/> 17
Sony	<input type="checkbox"/>	<input type="checkbox"/> 18
Vivitar	<input type="checkbox"/>	<input type="checkbox"/> 19
Other	<input type="checkbox"/>	<input type="checkbox"/> 20
What level of photographer do you consider yourself to be?	63T-0	
Amateur	<input type="checkbox"/> 1	
Advanced Amateur	<input type="checkbox"/> 2	
Professional	<input type="checkbox"/> 3	
Amount spent on cameras, last 12 months:		
\$1-\$99	<input type="checkbox"/> 4	
\$100-\$199	<input type="checkbox"/> 5	
\$200-\$299	<input type="checkbox"/> 6	
\$300-\$499	<input type="checkbox"/> 7	
\$500+	<input type="checkbox"/> 8	

CAMERA & DEVELOPING ACCESSORIES

591

	You Personally:	
	Own	Bought last 12 months
Albums	<input type="checkbox"/>	<input type="checkbox"/> 01
Batteries	<input type="checkbox"/>	<input type="checkbox"/> 02
Camera case	<input type="checkbox"/>	<input type="checkbox"/> 03
Flash unit	<input type="checkbox"/>	<input type="checkbox"/> 04
Gadget bags	<input type="checkbox"/>	<input type="checkbox"/> 05
Lens filter(s)	<input type="checkbox"/>	<input type="checkbox"/> 06
Memory cards	<input type="checkbox"/>	<input type="checkbox"/> 07
Photo paper	<input type="checkbox"/>	<input type="checkbox"/> 08
Photo printer	<input type="checkbox"/>	<input type="checkbox"/> 09
Picture Frames (Digital)	<input type="checkbox"/>	<input type="checkbox"/> 10
Picture Frames (Traditional)	<input type="checkbox"/>	<input type="checkbox"/> 11
Telephoto/zoom lens	<input type="checkbox"/>	<input type="checkbox"/> 12
Tripod	<input type="checkbox"/>	<input type="checkbox"/> 13
Wideangle lens	<input type="checkbox"/>	<input type="checkbox"/> 14
Other accessory lens(es)	<input type="checkbox"/>	<input type="checkbox"/> 15
	1	2
How much did you spend on camera accessories in the last 12 months?	592-0	
\$1-\$19	<input type="checkbox"/> 1	
\$20-\$99	<input type="checkbox"/> 2	
\$100-\$199	<input type="checkbox"/> 3	
\$200+	<input type="checkbox"/> 4	

GIFT CARDS & PREPAID CARDS

61N

	You Personally:	
	Bought last 6 months	Number of cards bought/last 6 months
TOTAL:	<input type="checkbox"/>	_____ 00
TYPES:		
American Express	<input type="checkbox"/>	_____ 01
Discover	<input type="checkbox"/>	_____ 02
MasterCard	<input type="checkbox"/>	_____ 03
VISA	<input type="checkbox"/>	_____ 04
Book Store	<input type="checkbox"/>	_____ 05
Coffee Shop/Store	<input type="checkbox"/>	_____ 06
Department Store	<input type="checkbox"/>	_____ 07
Discount Store	<input type="checkbox"/>	_____ 08
Electronics Store	<input type="checkbox"/>	_____ 09
Mall	<input type="checkbox"/>	_____ 10
Restaurant	<input type="checkbox"/>	_____ 11
Other	<input type="checkbox"/>	_____ 12
Bought for/Gave to:	61R-0	
Family—Adult	<input type="checkbox"/>	_____ 1
Family—Child under 18 years	<input type="checkbox"/>	_____ 2
Friend	<input type="checkbox"/>	_____ 3
Yourself	<input type="checkbox"/>	_____ 4
Other	<input type="checkbox"/>	_____ 5
Where purchased:	63S-0	
Bank	<input type="checkbox"/>	_____ 1
Department Store	<input type="checkbox"/>	_____ 2
Discount Store	<input type="checkbox"/>	_____ 3
Mall	<input type="checkbox"/>	_____ 4
Supermarket	<input type="checkbox"/>	_____ 5
Drugstore/Pharmacy	<input type="checkbox"/>	_____ 6
Other Store	<input type="checkbox"/>	_____ 7
Internet/Online	<input type="checkbox"/>	_____ 8
Other	<input type="checkbox"/>	_____ 9
Amount spent in total, last 6 months:	61S-0	
\$ _____ (Write in Amount)		
Have you received a gift or prepaid card (from someone other than yourself) in the last 6 months?	61T-0	Yes <input type="checkbox"/> 1
Received from:	63V-0	
Family—Adult	<input type="checkbox"/>	_____ 1
Family—Child under 18 years	<input type="checkbox"/>	_____ 2
Friend	<input type="checkbox"/>	_____ 3
Other	<input type="checkbox"/>	_____ 4
After receiving, how long do you usually wait before redeeming gift or prepaid cards?	61W-0	
Less than one month	<input type="checkbox"/>	_____ 1
1 month to less than 6 months	<input type="checkbox"/>	_____ 2
6 months to less than 12 months	<input type="checkbox"/>	_____ 3
12 months or more	<input type="checkbox"/>	_____ 4
Do not usually redeem	<input type="checkbox"/>	_____ 5
When redeeming a gift or prepaid card do you typically spend:		
Less than the total amount on the card	<input type="checkbox"/>	_____ 6
About the same amount on the card	<input type="checkbox"/>	_____ 7
More than the amount on the card	<input type="checkbox"/>	_____ 8

EXPENDITURES

593

	You Personally:	
	Used in last 6 months	Amount spent last 6 months
Barber Shop	<input type="checkbox"/>	\$ _____ 01
Beauty Parlor	<input type="checkbox"/>	\$ _____ 02
Dry Cleaning	<input type="checkbox"/>	\$ _____ 03
Flowers by Phone/Internet	<input type="checkbox"/>	\$ _____ 04
Flower Shop	<input type="checkbox"/>	\$ _____ 05
Laundry/Laundromats	<input type="checkbox"/>	\$ _____ 06
Quick Service Copy/Printing	<input type="checkbox"/>	\$ _____ 07

FILM & PHOTO PROCESSING

594

	You Personally:	
	Purchased last 12 months	Rolls or packs last 12 months
TOTAL:	<input type="checkbox"/>	_____ 00
TYPES:		
35mm (black & white)	<input type="checkbox"/>	_____ 01
35mm (color prints/slides)	<input type="checkbox"/>	_____ 02
Instant developing film	<input type="checkbox"/>	_____ 03
Movie	<input type="checkbox"/>	_____ 04
Other	<input type="checkbox"/>	_____ 05
BRANDS:		
Fujifilm	<input type="checkbox"/>	_____ 06
Kodak	<input type="checkbox"/>	_____ 07
Store's Own Brand	<input type="checkbox"/>	_____ 08
OTHER (Write In) _____		_____ 999
	600-0	
	Where did you buy the film?	Where was film processed?
Camera store	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Department store	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Discount store	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Drug store	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Grocery store	<input type="checkbox"/> 5	<input type="checkbox"/> 5
1 hour service	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Internet/Online	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Warehouse/Club Store	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Develop film yourself	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Other	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Have you printed digital photos in the last 12 months?	600-0	Yes <input type="checkbox"/> 1
If yes, where printed?		
Kodak Picture Maker	<input type="checkbox"/>	_____ 2
Other digital photo kiosk	<input type="checkbox"/>	_____ 3
In-store photo center	<input type="checkbox"/>	_____ 4
Internet/Online	<input type="checkbox"/>	_____ 5
Home/personal photo printer	<input type="checkbox"/>	_____ 6
Other	<input type="checkbox"/>	_____ 7

CAMCORDERS

619

	Your Household:	
	Owns	Bought last 12 months
KINDS:	1	2
Digital (DVD)	<input type="checkbox"/>	<input type="checkbox"/> 01
Digital (Flash Memory)	<input type="checkbox"/>	<input type="checkbox"/> 02
Digital (Hard Drive)	<input type="checkbox"/>	<input type="checkbox"/> 03
Digital (MiniDV)	<input type="checkbox"/>	<input type="checkbox"/> 04
VHS-C	<input type="checkbox"/>	<input type="checkbox"/> 05
HI-8	<input type="checkbox"/>	<input type="checkbox"/> 06
TYPES:		
HD (High Definition)	<input type="checkbox"/>	<input type="checkbox"/> 07
Standard (Non-HD)	<input type="checkbox"/>	<input type="checkbox"/> 08
BRANDS:		
Canon	<input type="checkbox"/>	<input type="checkbox"/> 09
Flip Video	<input type="checkbox"/>	<input type="checkbox"/> 10
Hitachi	<input type="checkbox"/>	<input type="checkbox"/> 11
JVC	<input type="checkbox"/>	<input type="checkbox"/> 12
Kodak	<input type="checkbox"/>	<input type="checkbox"/> 13
Panasonic	<input type="checkbox"/>	<input type="checkbox"/> 14
Samsung	<input type="checkbox"/>	<input type="checkbox"/> 15
Sony	<input type="checkbox"/>	<input type="checkbox"/> 16
OTHER (Write In) _____		_____ 17
Total amount spent last 12 months: \$ _____	620-0	
Write in amount		

TELEVISION SETS	How many television sets does your household own?		
	None	One	Two
634-0	None <input type="checkbox"/> 1	One <input type="checkbox"/> 2	Two <input type="checkbox"/> 3
	Three <input type="checkbox"/> 4	Four or more <input type="checkbox"/> 5	
For each set currently owned:	Most Recent Purchase	2nd Most Recent Purchase	Other Purchase
SCREEN SIZE:	635-0	640-0	645-0
Miniature (under 13")	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Regular (13"-26")	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Large (27"-35")	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Big Screen (36"-42")	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Giant Screen (over 42")	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
KINDS:			
Regular (tube)	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
LCD	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Plasma	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Projection	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
DLP	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
BRANDS:	636-0	641-0	646-0
Emerson	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Hitachi	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Insignia	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
JVC	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
LG	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Magnavox	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Mitsubishi	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Panasonic	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Philips	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
RCA	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Samsung	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
Sanyo	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
	637-0	642-0	647-0
Sharp	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Sony	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Sylvania	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Toshiba	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Vizio	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Westinghouse	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Zenith	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Other	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Was TV purchased in the past 12 months?	638-0	643-0	648-0
Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
How much did set cost?			
Less than \$100	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
\$100-\$299	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
\$300-\$699	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
\$700-\$999	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
\$1,000-\$1,499	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
\$1,500-\$2,999	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
\$3,000+	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Does your television set have the following:	639-0	644-0	649-0
3D TV	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
HDTV	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
HDTV Ready	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Monitor input/output jacks	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Stereo broadcast capability	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Picture in Picture	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Combination TV/DVD	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Closed captioning	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Internet Connectable	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Who decided which brand to buy?			
Yourself/alone or with someone else	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Someone else	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X

DVD & BLU-RAY PLAYERS	Your Household:	
	Owens	Bought last 12 months
608	1	2
DVD or Blu-ray Player	<input type="checkbox"/>	<input type="checkbox"/> 01
TYPES:		
Portable	<input type="checkbox"/>	<input type="checkbox"/> 02
Standard	<input type="checkbox"/>	<input type="checkbox"/> 03
VCR combination	<input type="checkbox"/>	<input type="checkbox"/> 04
KINDS:		
3D	<input type="checkbox"/>	<input type="checkbox"/> 05
Internet Connectable	<input type="checkbox"/>	<input type="checkbox"/> 06
Recordable	<input type="checkbox"/>	<input type="checkbox"/> 07
Non-recordable	<input type="checkbox"/>	<input type="checkbox"/> 08
FORMATS:		
DVD	<input type="checkbox"/>	<input type="checkbox"/> 09
Blu-ray	<input type="checkbox"/>	<input type="checkbox"/> 10
BRANDS:		
Apex	<input type="checkbox"/>	<input type="checkbox"/> 11
Audiovox	<input type="checkbox"/>	<input type="checkbox"/> 12
Insignia	<input type="checkbox"/>	<input type="checkbox"/> 13
JVC	<input type="checkbox"/>	<input type="checkbox"/> 14
LG	<input type="checkbox"/>	<input type="checkbox"/> 15
Magnavox	<input type="checkbox"/>	<input type="checkbox"/> 16
Panasonic	<input type="checkbox"/>	<input type="checkbox"/> 17
Philips	<input type="checkbox"/>	<input type="checkbox"/> 18
Pioneer	<input type="checkbox"/>	<input type="checkbox"/> 19
RCA	<input type="checkbox"/>	<input type="checkbox"/> 20
Samsung	<input type="checkbox"/>	<input type="checkbox"/> 21
Sony	<input type="checkbox"/>	<input type="checkbox"/> 22
Toshiba	<input type="checkbox"/>	<input type="checkbox"/> 23
Other	<input type="checkbox"/>	<input type="checkbox"/> 24
	(Write In)	
Total amount spent in last 12 months:	65H-0	
Less than \$200	<input type="checkbox"/> 1	
\$200-\$399	<input type="checkbox"/> 2	
\$400 or more	<input type="checkbox"/> 3	

INTERNET VIDEO DEVICES FOR TV	
The following devices attach to your TV and let you view video through the Internet. Which of the following devices, if any, does your household own?	
601-0	
Apple TV	<input type="checkbox"/> 1
Boxee Box by D-Link	<input type="checkbox"/> 2
Logitech Revue	<input type="checkbox"/> 3
Netgear Media Player	<input type="checkbox"/> 4
Roku	<input type="checkbox"/> 5
Slingbox	<input type="checkbox"/> 6
Sony Internet TV Blu-Ray with Google TV	<input type="checkbox"/> 7
WD TV Live	<input type="checkbox"/> 8
Other	<input type="checkbox"/> 9

PORTABLE GPS NAVIGATION DEVICES (Not Factory-installed/ Not Built-In)	Your Household:	
	Owens	Bought last 12 months
64P	1	2
Portable GPS Navigation Device	<input type="checkbox"/>	<input type="checkbox"/> 01
BRANDS:		
Garmin	<input type="checkbox"/>	<input type="checkbox"/> 02
Magellan	<input type="checkbox"/>	<input type="checkbox"/> 03
Navigon	<input type="checkbox"/>	<input type="checkbox"/> 04
TomTom	<input type="checkbox"/>	<input type="checkbox"/> 05
Other	<input type="checkbox"/>	<input type="checkbox"/> 06
	(Write In)	
Used for:	64Q-0	
Navigation in Vehicle	<input type="checkbox"/> 1	
Navigation on Foot (Hiking/Walking)	<input type="checkbox"/> 2	
Other	<input type="checkbox"/> 3	

AUDIO EQUIPMENT & ACCESSORIES	Your Household:	
	Owens	Bought last 12 months
603	1	2
Headphones (ear buds)	<input type="checkbox"/>	<input type="checkbox"/> 01
Noise Reduction Headphones	<input type="checkbox"/>	<input type="checkbox"/> 02
Other Headphones	<input type="checkbox"/>	<input type="checkbox"/> 03
Home Theater/Entertainment System	<input type="checkbox"/>	<input type="checkbox"/> 04
MP3 Player Docking Station	<input type="checkbox"/>	<input type="checkbox"/> 05
Compact Disc Player	<input type="checkbox"/>	<input type="checkbox"/> 06
Multi-Component System	<input type="checkbox"/>	<input type="checkbox"/> 07
Receiver - amplifier	<input type="checkbox"/>	<input type="checkbox"/> 08
Surround Sound Speakers	<input type="checkbox"/>	<input type="checkbox"/> 09
Outdoor Speakers	<input type="checkbox"/>	<input type="checkbox"/> 10
Other Speakers	<input type="checkbox"/>	<input type="checkbox"/> 11
Turntable	<input type="checkbox"/>	<input type="checkbox"/> 12
Total amount spent, last 12 months on:	605	
Headphones	\$ _____	01
	(Write in amount)	
Other Audio Equipment	\$ _____	02
	(Write in amount)	

MP3 PLAYERS (PORTABLE)	You Personally:	
	Own	Bought last 12 months
65J	1	2
MP3 Player	<input type="checkbox"/>	<input type="checkbox"/> 01
BRANDS:		
Apple iPod classic	<input type="checkbox"/>	<input type="checkbox"/> 02
Apple iPod nano	<input type="checkbox"/>	<input type="checkbox"/> 03
Apple iPod Shuffle	<input type="checkbox"/>	<input type="checkbox"/> 04
Apple iPod touch	<input type="checkbox"/>	<input type="checkbox"/> 05
Coby	<input type="checkbox"/>	<input type="checkbox"/> 06
Creative	<input type="checkbox"/>	<input type="checkbox"/> 07
Philips	<input type="checkbox"/>	<input type="checkbox"/> 08
RCA	<input type="checkbox"/>	<input type="checkbox"/> 09
Samsung	<input type="checkbox"/>	<input type="checkbox"/> 10
Sansa/SanDisk	<input type="checkbox"/>	<input type="checkbox"/> 11
Sony	<input type="checkbox"/>	<input type="checkbox"/> 12
Other	<input type="checkbox"/>	<input type="checkbox"/> 13
	(Write In)	
Used for:	64R-0	
Listening to music	<input type="checkbox"/> 1	
Listening to podcasts	<input type="checkbox"/> 2	
Watch video/movie	<input type="checkbox"/> 3	
Play video game	<input type="checkbox"/> 4	
Other	<input type="checkbox"/> 5	

Total amount spent in last 12 months: \$ _____ 65K-0
(Write in amount)

VIDEO GAMES, BLANK RECORDABLE CDs/ DVDs/BLU-RAY DISCS, MUSIC & OTHER AUDIO

VIDEO GAMES (HOUSEHOLD OWNS)	Your Household:	
	Owns	Bought last 12 months
616		
SYSTEMS:	1	2
Game Boy	<input type="checkbox"/>	<input type="checkbox"/> 01
Game Boy Advance/Advance SP	<input type="checkbox"/>	<input type="checkbox"/> 02
Nintendo DS	<input type="checkbox"/>	<input type="checkbox"/> 03
Nintendo DSi	<input type="checkbox"/>	<input type="checkbox"/> 04
Nintendo DSi XL	<input type="checkbox"/>	<input type="checkbox"/> 05
Nintendo 3DS	<input type="checkbox"/>	<input type="checkbox"/> 06
Nintendo Wii	<input type="checkbox"/>	<input type="checkbox"/> 07
Sony PlayStation/PS One	<input type="checkbox"/>	<input type="checkbox"/> 08
PlayStation 2 (PS2)	<input type="checkbox"/>	<input type="checkbox"/> 09
PlayStation 3 (PS3)	<input type="checkbox"/>	<input type="checkbox"/> 10
Sony PSP	<input type="checkbox"/>	<input type="checkbox"/> 11
PSPgo	<input type="checkbox"/>	<input type="checkbox"/> 12
Xbox	<input type="checkbox"/>	<input type="checkbox"/> 13
Xbox 360	<input type="checkbox"/>	<input type="checkbox"/> 14
Other Video Game Systems	<input type="checkbox"/>	<input type="checkbox"/> 15

Who is/are the principal user(s)? 617-0

1 Yourself
 2 Other Adult
 3 Teen (12-17)
 4 Child (under 12)

Where purchased, last 12 months:	Video	
	Games	Game Systems
63E		
Video Store	<input type="checkbox"/>	<input type="checkbox"/> 01
Electronics Store	<input type="checkbox"/>	<input type="checkbox"/> 02
GameStop	<input type="checkbox"/>	<input type="checkbox"/> 03
Other Gaming Store	<input type="checkbox"/>	<input type="checkbox"/> 04
Discount Dept. Store	<input type="checkbox"/>	<input type="checkbox"/> 05
Toy Store	<input type="checkbox"/>	<input type="checkbox"/> 06
Internet/Online	<input type="checkbox"/>	<input type="checkbox"/> 07
Through game console	<input type="checkbox"/>	<input type="checkbox"/> 08
Other	<input type="checkbox"/>	<input type="checkbox"/> 09

Total amount spent, last 12 months: 618

Video Games \$ _____ 01
(Write in amount)

Video Game Systems (hardware) \$ _____ 02
(Write in amount)

Number of video games: 63W

Purchased in the last 12 months _____ 01
(Write in number)

Rented in the last 30 days _____ 02
(Write in number)

BLANK RECORDABLE CDs/DVDs/BLU-RAY DISCS	You Personally:	
	Bought last 6 months	Number bought last 6 months
65F		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Blu-ray disc	<input type="checkbox"/>	01
CD	<input type="checkbox"/>	02
DVD	<input type="checkbox"/>	03
BRANDS:		
Fuji	<input type="checkbox"/>	04
HP	<input type="checkbox"/>	05
Imation	<input type="checkbox"/>	06
Maxell	<input type="checkbox"/>	07
Memorex	<input type="checkbox"/>	08
Panasonic	<input type="checkbox"/>	09
Sony	<input type="checkbox"/>	10
TDK	<input type="checkbox"/>	11
Verbatim	<input type="checkbox"/>	12
Store's Own Brand	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	999

Used for: 64G-0

1 Recording music
 2 Recording video
 3 Recording photos
 4 Backing up data/software
 5 Other

VIDEO GAMES (PERSONALLY PLAYED)	You Personally:	
	Played last 30 days	Hours played/last 7 days
63F		
TOTAL:	<input type="checkbox"/>	00
SYSTEMS:		
Game Boy	<input type="checkbox"/>	01
Game Boy Advance/Advance SP	<input type="checkbox"/>	02
Nintendo DS	<input type="checkbox"/>	03
Nintendo DSi	<input type="checkbox"/>	04
Nintendo DSi XL	<input type="checkbox"/>	05
Nintendo 3DS	<input type="checkbox"/>	06
Nintendo Wii	<input type="checkbox"/>	07
Sony PlayStation/PS One	<input type="checkbox"/>	08
PlayStation 2 (PS2)	<input type="checkbox"/>	09
PlayStation 3 (PS3)	<input type="checkbox"/>	10
Sony PSP	<input type="checkbox"/>	11
PSPgo	<input type="checkbox"/>	12
Xbox	<input type="checkbox"/>	13
Xbox 360	<input type="checkbox"/>	14
Other Video Game Systems	<input type="checkbox"/>	15
Games on Computer	<input type="checkbox"/>	16
Games on Apple iPhone or iPod touch	<input type="checkbox"/>	17
Games on other mobile phone or device	<input type="checkbox"/>	18

GAME TYPES:

19 Action/Adventure
 20 Arcade/Puzzle
 21 Card/Board Games
 22 Educational
 23 Exercise/Fitness
 24 Extreme Sports
 25 Fantasy
 26 Fighting
 27 Music/Dance
 28 Racing
 29 Role-Playing
 30 Shooter
 31 Simulation
 32 Sports
 33 Strategy
 34 War
 35 Other

ACCESSORIES:

36 PlayStation Move
 37 Wii Balance Board
 38 Xbox Kinect
 39 Other

FORMS: 63G-0

1 Disc/Card/Cartridge
 2 Online Download
 3 Online (non-download)
 4 Other

Services used, last 30 days:	You Personally:	
	Used last 30 days	# of times logged in last 7 days
63A		
Nintendo Wi-Fi Connection	<input type="checkbox"/>	01
PlayStation Network	<input type="checkbox"/>	02
WiiConnect24	<input type="checkbox"/>	03
Xbox LIVE	<input type="checkbox"/>	04

Did you download or stream content through any of the above online Gaming Services in the last 30 days?

	You Personally:	
	Streamed/Downloaded last 30 days	# Streamed/Downloaded last 30 days
614		
Movie	<input type="checkbox"/>	01
TV Show/TV Content	<input type="checkbox"/>	02
Game Demo/Movie Trailer	<input type="checkbox"/>	03
Game	<input type="checkbox"/>	04
Other	<input type="checkbox"/>	05

Other activities, if any, done through above online Gaming Services, last 30 days: 63J-0

1 Listened to Music
 2 Accessed Social Networking site
 3 Used IM
 4 Audio or Video Chat

VIDEO GAMES (PERSONALLY PLAYED) (Continued)

In the last 30 days, have you played a multi-player game online? 63J-0

5 Using a video game system
 6 Using a computer
 7 Another way

In the last 30 days, have you played a MMO (Massive Multi-player Online) game? Yes 8

How do you find out about new video games? 63K-0

1 Friends
 2 Family
 3 Radio
 4 TV
 5 Magazines
 6 Newspapers
 7 Internet
 8 Other

Which, if any, of the following things do you do after you play a new video game? 63L-0

1 Tell friends
 2 Tell family
 3 Write about it on the Internet
 4 Other

MUSIC & OTHER AUDIO (Downloads, CDs, etc.)	You Personally:	
	Acquired last 6 months	Number acquired/last 6 months

FORMS: 632

01 Downloaded individual song(s)
 02 Downloaded album(s)
 03 Other audio download
 04 Compact Disc (CD)
 05 Other (e.g. Vinyl, Cassette etc.)

TYPES:	You Personally:	
	Listened to/last 6 months	Purchased/last 6 months

64F

1 Alternative
 2 Audiobooks
 3 Blues
 4 Classic Rock
 5 Classical
 6 Contemporary Christian
 7 Country
 8 Dance Music
 9 Easy Listening
 10 80's Pop
 11 Faith & Inspiration
 12 Folk
 13 Foreign Language Instructional
 14 Gospel
 15 Hard Rock
 16 Hip Hop
 17 Indie
 18 Jazz
 19 Light Classical
 20 New Age
 21 Oldies (50's & 60's)
 22 Pop/Top 40
 23 R&B
 24 Rap
 25 Reggae
 26 Self-improvement
 27 Soft Rock
 28 Soundtracks
 29 Spanish/Latin
 30 OTHER (Write In)

Where purchased: 65X-0

1 Book Store
 2 Electronics Store
 3 Discount Dept. Store
 4 Music Store
 5 Mail Order
 6 Amazon MP3
 7 eMusic
 8 iTunes
 9 Rhapsody
 10 Other Internet/Online Site
 X Other

PERSONAL COMPUTERS AT HOME OR AT WORK

Do you or does anyone else in your household own a personal computer? 621-0

Yes 1 No 2

Do you personally use a personal computer at work?

Yes 3 No 4

For each computer owned at home or used at work, is the computer a:

	Own at Home		Use at Work	
	1	622	2	
Desktop	<input type="checkbox"/>		<input type="checkbox"/>	01
Laptop/Notebook	<input type="checkbox"/>		<input type="checkbox"/>	02
Netbook	<input type="checkbox"/>		<input type="checkbox"/>	03
Tablet	<input type="checkbox"/>		<input type="checkbox"/>	04

Which brands does your household own and which brands do you personally use at work?

Computer	Own at Home		Use at Work	
	1		2	
Acer	<input type="checkbox"/>		<input type="checkbox"/>	05
Alienware	<input type="checkbox"/>		<input type="checkbox"/>	06
Asus	<input type="checkbox"/>		<input type="checkbox"/>	07
Compaq	<input type="checkbox"/>		<input type="checkbox"/>	08
Dell	<input type="checkbox"/>		<input type="checkbox"/>	09
e Machines	<input type="checkbox"/>		<input type="checkbox"/>	10
Fujitsu	<input type="checkbox"/>		<input type="checkbox"/>	11
Gateway	<input type="checkbox"/>		<input type="checkbox"/>	12
HP (Hewlett-Packard)	<input type="checkbox"/>		<input type="checkbox"/>	13
Lenovo/IBM	<input type="checkbox"/>		<input type="checkbox"/>	14
Panasonic	<input type="checkbox"/>		<input type="checkbox"/>	15
Samsung	<input type="checkbox"/>		<input type="checkbox"/>	16
Sony	<input type="checkbox"/>		<input type="checkbox"/>	17
Toshiba	<input type="checkbox"/>		<input type="checkbox"/>	18
Other	<input type="checkbox"/>		<input type="checkbox"/>	19
Apple/Mac				
iMac	<input type="checkbox"/>		<input type="checkbox"/>	20
iPad	<input type="checkbox"/>		<input type="checkbox"/>	21
MacBook	<input type="checkbox"/>		<input type="checkbox"/>	22
MacBook Air	<input type="checkbox"/>		<input type="checkbox"/>	23
MacBook Pro	<input type="checkbox"/>		<input type="checkbox"/>	24
Other Apple/Mac	<input type="checkbox"/>		<input type="checkbox"/>	25

Computer Peripherals

	Own at Home		Use at Work	
	1	623	2	
Blu-ray ROM Drive	<input type="checkbox"/>		<input type="checkbox"/>	01
Blu-ray RE (Blu-ray Burner)	<input type="checkbox"/>		<input type="checkbox"/>	02
CD ROM Drive	<input type="checkbox"/>		<input type="checkbox"/>	03
CD-RW Drive (CD Burner)	<input type="checkbox"/>		<input type="checkbox"/>	04
DVD Drive	<input type="checkbox"/>		<input type="checkbox"/>	05
DVD-RW Drive (DVD Burner)	<input type="checkbox"/>		<input type="checkbox"/>	06
External Hard Drive	<input type="checkbox"/>		<input type="checkbox"/>	07
Flash Drive	<input type="checkbox"/>		<input type="checkbox"/>	08
Modem/Fax Modem	<input type="checkbox"/>		<input type="checkbox"/>	09
LAN/Network Interface Cards	<input type="checkbox"/>		<input type="checkbox"/>	10
Microphone	<input type="checkbox"/>		<input type="checkbox"/>	11
Monitor - LCD/Flat Panel	<input type="checkbox"/>		<input type="checkbox"/>	12
Monitor - Standard/Tube	<input type="checkbox"/>		<input type="checkbox"/>	13
Scanner	<input type="checkbox"/>		<input type="checkbox"/>	14
Speakers	<input type="checkbox"/>		<input type="checkbox"/>	15
Surge Protector	<input type="checkbox"/>		<input type="checkbox"/>	16
Tape/Cartridge Drive	<input type="checkbox"/>		<input type="checkbox"/>	17
Webcam	<input type="checkbox"/>		<input type="checkbox"/>	18
Wireless Keyboard	<input type="checkbox"/>		<input type="checkbox"/>	19
Wireless Mouse	<input type="checkbox"/>		<input type="checkbox"/>	20
Wireless Router	<input type="checkbox"/>		<input type="checkbox"/>	21
Other	<input type="checkbox"/>		<input type="checkbox"/>	22

Computer Operating Systems

	Own at Home		Use at Work	
	1	624	2	
Apple/Mac OS 9.x	<input type="checkbox"/>		<input type="checkbox"/>	01
Apple/Mac OS X (10.x)	<input type="checkbox"/>		<input type="checkbox"/>	02
Apple iOS	<input type="checkbox"/>		<input type="checkbox"/>	03
Google Android	<input type="checkbox"/>		<input type="checkbox"/>	04
Linux	<input type="checkbox"/>		<input type="checkbox"/>	05
MS Windows NT	<input type="checkbox"/>		<input type="checkbox"/>	06
MS Windows '95	<input type="checkbox"/>		<input type="checkbox"/>	07
MS Windows '98	<input type="checkbox"/>		<input type="checkbox"/>	08
MS Windows 2000	<input type="checkbox"/>		<input type="checkbox"/>	09
MS Windows XP	<input type="checkbox"/>		<input type="checkbox"/>	10
MS Windows Vista	<input type="checkbox"/>		<input type="checkbox"/>	11
MS Windows 7	<input type="checkbox"/>		<input type="checkbox"/>	12
Unix	<input type="checkbox"/>		<input type="checkbox"/>	13
Other	<input type="checkbox"/>		<input type="checkbox"/>	14

PERSONAL COMPUTERS AT HOME OR AT WORK (Continued)

Computer Software	Own at Home		Use at Work	
	1	625	2	
Accounting	<input type="checkbox"/>		<input type="checkbox"/>	01
CAD/CAM	<input type="checkbox"/>		<input type="checkbox"/>	02
Communications/Fax	<input type="checkbox"/>		<input type="checkbox"/>	03
Database/filing	<input type="checkbox"/>		<input type="checkbox"/>	04
Desktop Publishing	<input type="checkbox"/>		<input type="checkbox"/>	05
Education/training	<input type="checkbox"/>		<input type="checkbox"/>	06
Entertainment/Games	<input type="checkbox"/>		<input type="checkbox"/>	07
Personal finance/Tax prep	<input type="checkbox"/>		<input type="checkbox"/>	08
Presentation graphics	<input type="checkbox"/>		<input type="checkbox"/>	09
Multimedia	<input type="checkbox"/>		<input type="checkbox"/>	10
Networking	<input type="checkbox"/>		<input type="checkbox"/>	11
Online Meeting/Conference	<input type="checkbox"/>		<input type="checkbox"/>	12
Security/Anti-virus	<input type="checkbox"/>		<input type="checkbox"/>	13
Spreadsheet	<input type="checkbox"/>		<input type="checkbox"/>	14
Utility	<input type="checkbox"/>		<input type="checkbox"/>	15
Web Authoring	<input type="checkbox"/>		<input type="checkbox"/>	16
Word Processing	<input type="checkbox"/>		<input type="checkbox"/>	17
Other	<input type="checkbox"/>		<input type="checkbox"/>	18

Amount spent for software in the past 12 months for home:

	626-0
\$ 1 - \$ 99	<input type="checkbox"/> 1
\$100 - \$199	<input type="checkbox"/> 2
\$200 - \$299	<input type="checkbox"/> 3
\$300 - \$499	<input type="checkbox"/> 4
\$500 +	<input type="checkbox"/> 5

Have you bought any computer books in the last 12 months? Yes 1 627-0

Who decided what system to buy for your home? 628-0

Yourself (alone or with someone else)	<input type="checkbox"/> 1
Someone else	<input type="checkbox"/> 2

Who uses the computer at home? 629

Yourself	<input type="checkbox"/> 3
Other adult	<input type="checkbox"/> 4
Child (under 18)	<input type="checkbox"/> 5

Have you had your home computer professionally serviced or upgraded in the last 12 months? Yes 6 No 7

Total cost of home computer system: Most Recent Purchase Other(s)

	1	629	2
\$ 1 - \$ 499	<input type="checkbox"/>		<input type="checkbox"/> 01
\$ 500 - \$ 999	<input type="checkbox"/>		<input type="checkbox"/> 02
\$1,000 - \$1,499	<input type="checkbox"/>		<input type="checkbox"/> 03
\$1,500 - \$1,999	<input type="checkbox"/>		<input type="checkbox"/> 04
\$2,000 - \$2,999	<input type="checkbox"/>		<input type="checkbox"/> 05
\$3,000 - \$4,999	<input type="checkbox"/>		<input type="checkbox"/> 06
\$5,000 +	<input type="checkbox"/>		<input type="checkbox"/> 07

How Purchased: 630

In-store	<input type="checkbox"/> 1	<input type="checkbox"/> 01
Mail Order	<input type="checkbox"/>	<input type="checkbox"/> 02
Online/Internet	<input type="checkbox"/>	<input type="checkbox"/> 03
Phone	<input type="checkbox"/>	<input type="checkbox"/> 04

Purchased from: 631

Computer Superstore	<input type="checkbox"/>	<input type="checkbox"/> 05
Department/Discount Store	<input type="checkbox"/>	<input type="checkbox"/> 06
Direct from Manufacturer	<input type="checkbox"/>	<input type="checkbox"/> 07
Electronics Store	<input type="checkbox"/>	<input type="checkbox"/> 08
Warehouse/Club Store	<input type="checkbox"/>	<input type="checkbox"/> 09
Online-only retailer	<input type="checkbox"/>	<input type="checkbox"/> 10
Other	<input type="checkbox"/>	<input type="checkbox"/> 11

When acquired: 632

Within the last 12 months	<input type="checkbox"/>	<input type="checkbox"/> 12
1 - 2 years ago	<input type="checkbox"/>	<input type="checkbox"/> 13
3 - 4 years ago	<input type="checkbox"/>	<input type="checkbox"/> 14
5 years ago or more	<input type="checkbox"/>	<input type="checkbox"/> 15

MOVIES & OTHER VIDEO (Rented or Purchased)

	You Personally:	
	Rented/last 30 days	Purchased/last 30 days
FORMAT VIEWED:	1	2
DVD	<input type="checkbox"/>	<input type="checkbox"/> 01
Blu-ray Disc	<input type="checkbox"/>	<input type="checkbox"/> 02
Downloaded/Streamed from Internet	<input type="checkbox"/>	<input type="checkbox"/> 03
On-Demand/Pay-Per-View (e.g. from cable or satellite provider)	<input type="checkbox"/>	<input type="checkbox"/> 04
TYPES:		
Action/Adventure	<input type="checkbox"/>	<input type="checkbox"/> 05
Classics	<input type="checkbox"/>	<input type="checkbox"/> 06
Comedy	<input type="checkbox"/>	<input type="checkbox"/> 07
Drama	<input type="checkbox"/>	<input type="checkbox"/> 08
Exercise/Fitness	<input type="checkbox"/>	<input type="checkbox"/> 09
Family/Children-Oriented	<input type="checkbox"/>	<input type="checkbox"/> 10
Foreign	<input type="checkbox"/>	<input type="checkbox"/> 11
Horror	<input type="checkbox"/>	<input type="checkbox"/> 12
Musical	<input type="checkbox"/>	<input type="checkbox"/> 13
News/Information/Documentary	<input type="checkbox"/>	<input type="checkbox"/> 14
Romance	<input type="checkbox"/>	<input type="checkbox"/> 15
Science Fiction	<input type="checkbox"/>	<input type="checkbox"/> 16
TV Shows	<input type="checkbox"/>	<input type="checkbox"/> 17
Westerns	<input type="checkbox"/>	<input type="checkbox"/> 18
Other	<input type="checkbox"/>	<input type="checkbox"/> 19

WHERE RENTED/PURCHASED:

DVDs or Blu-ray Discs	
Blockbuster video store	<input type="checkbox"/> 20
f.y.e.	<input type="checkbox"/> 21
Other video Store	<input type="checkbox"/> 22
Redbox	<input type="checkbox"/> 23
Other video kiosk	<input type="checkbox"/> 24
Discount Department Store	<input type="checkbox"/> 25
Electronics Store	<input type="checkbox"/> 26
Grocery Store	<input type="checkbox"/> 27
Mail order	<input type="checkbox"/> 28
Warehouse/Club Store	<input type="checkbox"/> 29
Other Store	<input type="checkbox"/> 30
Amazon.com	<input type="checkbox"/> 31
Blockbuster.com	<input type="checkbox"/> 32
Netflix.com	<input type="checkbox"/> 33
Other Website	<input type="checkbox"/> 34

Internet Download or Stream

Amazon.com	<input type="checkbox"/>	<input type="checkbox"/> 35
Blockbuster.com	<input type="checkbox"/>	<input type="checkbox"/> 36
CinemaNow.com	<input type="checkbox"/>	<input type="checkbox"/> 37
Hulu.com	<input type="checkbox"/>	<input type="checkbox"/> 38
iTunes.com	<input type="checkbox"/>	<input type="checkbox"/> 39
Netflix.com	<input type="checkbox"/>	<input type="checkbox"/> 40
VUDU	<input type="checkbox"/>	<input type="checkbox"/> 41
YouTube.com	<input type="checkbox"/>	<input type="checkbox"/> 42
Other Website	<input type="checkbox"/>	<input type="checkbox"/> 43
Other	<input type="checkbox"/>	<input type="checkbox"/> 44

63Z

	Number Rented Last 30 days	Number Purchased Last 30 days
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DVDs: 01 Write in # 02 Write in #

Blu-ray discs: 03 Write in # 04 Write in #

Downloaded or Streamed Video: 05 Write in # 06 Write in #

Number of times you've gone to the video store, last 30 days: 07 Write in #

COMPUTER PRINTERS/FAX/SPORTS EQUIPMENT/ CLUBS/POLITICAL OUTLOOK/LOTTERY

COMPUTER PRINTERS AND FAX MACHINES

	Your Household:	
	Owns	Bought last 12 months
	631	631
All-in-one Printer (Printer, Copier, Scanner) ..	<input type="checkbox"/>	<input type="checkbox"/> 01
All-in-one Printer with Fax (Printer, Copier, Scanner, Fax) ..	<input type="checkbox"/>	<input type="checkbox"/> 02
Computer Printer Only	<input type="checkbox"/>	<input type="checkbox"/> 03
Fax Machine Only	<input type="checkbox"/>	<input type="checkbox"/> 04
Other	<input type="checkbox"/>	<input type="checkbox"/> 05
TYPES:		
Laser	<input type="checkbox"/>	<input type="checkbox"/> 06
Ink Jet	<input type="checkbox"/>	<input type="checkbox"/> 07
Other	<input type="checkbox"/>	<input type="checkbox"/> 08
KINDS:		
Color	<input type="checkbox"/>	<input type="checkbox"/> 09
Black and White	<input type="checkbox"/>	<input type="checkbox"/> 10
BRANDS:		
Brother	<input type="checkbox"/>	<input type="checkbox"/> 11
Canon	<input type="checkbox"/>	<input type="checkbox"/> 12
Epson	<input type="checkbox"/>	<input type="checkbox"/> 13
HP	<input type="checkbox"/>	<input type="checkbox"/> 14
Kodak	<input type="checkbox"/>	<input type="checkbox"/> 15
Lexmark	<input type="checkbox"/>	<input type="checkbox"/> 16
Other	<input type="checkbox"/>	<input type="checkbox"/> 17

SPORT & RECREATION EQUIPMENT

	You Personally:	
	Own	Bought last 12 months
	667	667
Baseball gloves	<input type="checkbox"/>	<input type="checkbox"/> 01
Basketball	<input type="checkbox"/>	<input type="checkbox"/> 02
Bicycle helmet	<input type="checkbox"/>	<input type="checkbox"/> 03
Bow	<input type="checkbox"/>	<input type="checkbox"/> 04
Bowling balls	<input type="checkbox"/>	<input type="checkbox"/> 05
Cross country ski boots	<input type="checkbox"/>	<input type="checkbox"/> 06
Cross country skis	<input type="checkbox"/>	<input type="checkbox"/> 07
Elbow/knee pads (In-line skating protective gear) ..	<input type="checkbox"/>	<input type="checkbox"/> 08
Factory loaded ammunition ..	<input type="checkbox"/>	<input type="checkbox"/> 09
Fishing reel	<input type="checkbox"/>	<input type="checkbox"/> 10
Fishing rod	<input type="checkbox"/>	<input type="checkbox"/> 11
Fishing lures or hooks	<input type="checkbox"/>	<input type="checkbox"/> 12
Other fishing equipment	<input type="checkbox"/>	<input type="checkbox"/> 13
Football	<input type="checkbox"/>	<input type="checkbox"/> 14
Golf balls	<input type="checkbox"/>	<input type="checkbox"/> 15
Outdoor or pocket knife	<input type="checkbox"/>	<input type="checkbox"/> 16
Racquetball balls	<input type="checkbox"/>	<input type="checkbox"/> 17
Racquetball racquet	<input type="checkbox"/>	<input type="checkbox"/> 18
Soccer ball	<input type="checkbox"/>	<input type="checkbox"/> 19
Softball/baseball bats	<input type="checkbox"/>	<input type="checkbox"/> 20
Sportswatch/Chronograph ..	<input type="checkbox"/>	<input type="checkbox"/> 21
Tennis balls	<input type="checkbox"/>	<input type="checkbox"/> 22
Tennis racquet	<input type="checkbox"/>	<input type="checkbox"/> 23
	1	2

	668	
Binoculars	<input type="checkbox"/>	<input type="checkbox"/> 01
Mountain bicycle	<input type="checkbox"/>	<input type="checkbox"/> 02
Road bicycle	<input type="checkbox"/>	<input type="checkbox"/> 03
Stationary bicycle	<input type="checkbox"/>	<input type="checkbox"/> 04
Downhill ski boots	<input type="checkbox"/>	<input type="checkbox"/> 05
Downhill skis	<input type="checkbox"/>	<input type="checkbox"/> 06
Roller blades/In-line skates ..	<input type="checkbox"/>	<input type="checkbox"/> 07
Elliptical	<input type="checkbox"/>	<input type="checkbox"/> 08
Treadmill	<input type="checkbox"/>	<input type="checkbox"/> 09
Other exercise equipment ..	<input type="checkbox"/>	<input type="checkbox"/> 10
Golf clubs	<input type="checkbox"/>	<input type="checkbox"/> 11
Hand gun	<input type="checkbox"/>	<input type="checkbox"/> 12
Rifle	<input type="checkbox"/>	<input type="checkbox"/> 13
Shotgun	<input type="checkbox"/>	<input type="checkbox"/> 14
Hockey equipment	<input type="checkbox"/>	<input type="checkbox"/> 15
Weight lifting equipment	<input type="checkbox"/>	<input type="checkbox"/> 16
Other	<input type="checkbox"/>	<input type="checkbox"/> 17
	1	2

Amount spent on sport & recreation equipment, last 12 months: \$ _____
(Write in amount) 60B-0

PHYSICAL FITNESS

656-0

In the last 12 months, have you exercised regularly (at least twice a week)?

	At home	At club	At other facility
Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Which of these fitness clubs/gyms, if any, are you a member of? 60C-0

Bally Total Fitness	<input type="checkbox"/> 1
Curves	<input type="checkbox"/> 2
Gold's Gym	<input type="checkbox"/> 3
LA Fitness	<input type="checkbox"/> 4
Planet Fitness	<input type="checkbox"/> 5
24 Hour Fitness	<input type="checkbox"/> 6
Other Gym/Fitness Club	<input type="checkbox"/> 7

LOTTERY

658

You Personally:

	Bought in last 12 months	Times last 30 days
Any lottery tickets:	<input type="checkbox"/>	00

KINDS:

Instant game	<input type="checkbox"/>	01
Daily drawing	<input type="checkbox"/>	02
Mega Millions	<input type="checkbox"/>	03
Powerball	<input type="checkbox"/>	04
Other Lotto drawing	<input type="checkbox"/>	05
	<input type="checkbox"/>	999

OTHER (Write In) _____

POLITICAL OUTLOOK/ AFFILIATION & VOTING

652-0

In terms of your political outlook, do you usually think of yourself as:

Very Conservative	<input type="checkbox"/> 1
Somewhat Conservative	<input type="checkbox"/> 2
Middle of The Road	<input type="checkbox"/> 3
Somewhat Liberal	<input type="checkbox"/> 4
Very Liberal	<input type="checkbox"/> 5

Political party, if any, you are affiliated with:

Democratic	<input type="checkbox"/> 6
Republican	<input type="checkbox"/> 7
Other party	<input type="checkbox"/> 8
Independent/No party affiliation ..	<input type="checkbox"/> 9

65G

How often you vote: Always Sometimes Never

National Elections	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	01
Statewide Elections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02
Local Elections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03

CONTRIBUTIONS

655-0

You Personally:

	Contributed to, last 12 months
Types of Organizations:	
Public Broadcasting Service (PBS) ..	<input type="checkbox"/> 1
National Public Radio (NPR)	<input type="checkbox"/> 2
Religious	<input type="checkbox"/> 3
Arts/Cultural	<input type="checkbox"/> 4
Educational	<input type="checkbox"/> 5
Environmental	<input type="checkbox"/> 6
Health	<input type="checkbox"/> 7
Political	<input type="checkbox"/> 8
Social Services	<input type="checkbox"/> 9
Other Non-Religious Organization ..	<input type="checkbox"/> 0

63M-0

How much did you contribute in total?

	Amount
\$1-\$49	<input type="checkbox"/> 1
\$50-\$99	<input type="checkbox"/> 2
\$100-\$249	<input type="checkbox"/> 3
\$250-\$499	<input type="checkbox"/> 4
\$500 or more	<input type="checkbox"/> 5

In the past 12 months, have you volunteered for a charitable organization? Yes 6

GREETING CARDS

657

You Personally:

	Bought in last 6 months	Number of cards last 30 days
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Anniversary	<input type="checkbox"/>	01
Birthday	<input type="checkbox"/>	02
Friendship/Love	<input type="checkbox"/>	03
Get Well	<input type="checkbox"/>	04
Sympathy	<input type="checkbox"/>	05
Thinking of You	<input type="checkbox"/>	06
Wedding	<input type="checkbox"/>	07
Baby	<input type="checkbox"/>	08
Christmas/Hanukkah/ Kwanzaa	<input type="checkbox"/>	09
Mother's Day	<input type="checkbox"/>	10
Father's Day	<input type="checkbox"/>	11
Valentine's Day	<input type="checkbox"/>	12
Other Holiday	<input type="checkbox"/>	13
	<input type="checkbox"/>	999

OTHER (Write In) _____

Where Purchased: 63N-0

Card Store	<input type="checkbox"/> 1
Discount Store	<input type="checkbox"/> 2
Drug Store	<input type="checkbox"/> 3
Grocery Store	<input type="checkbox"/> 4
Internet/Online	<input type="checkbox"/> 5
Other	<input type="checkbox"/> 6

CASINO GAMBLING

659

You Personally:

	Participated in last 12 months	Times last 12 months
PLACES:		
Atlantic City	<input type="checkbox"/>	01
Caribbean	<input type="checkbox"/>	02
Connecticut	<input type="checkbox"/>	03
Las Vegas	<input type="checkbox"/>	04
Mississippi Gulf Coast	<input type="checkbox"/>	05
Reno	<input type="checkbox"/>	06
Other	<input type="checkbox"/>	07

ORGANIZATIONS/ CLUBS

Organizations or clubs you are a member of: 653-0

AARP	<input type="checkbox"/> 1
Fraternal Orders	<input type="checkbox"/> 2
Religious Clubs	<input type="checkbox"/> 3
Civic Clubs	<input type="checkbox"/> 4
Veterans Clubs	<input type="checkbox"/> 5
A body of local government	<input type="checkbox"/> 6

654-0

Country Clubs	<input type="checkbox"/> 1
Business Club	<input type="checkbox"/> 2
Collector's Clubs	<input type="checkbox"/> 3
Union	<input type="checkbox"/> 4
School or College Board	<input type="checkbox"/> 5
Church Board	<input type="checkbox"/> 6
Charitable Organizations	<input type="checkbox"/> 7
None of the above	<input type="checkbox"/> 8

HOBBIES

Do you engage in any of the following activities? 663-0

Collecting - antiques	<input type="checkbox"/> 1
Collecting - art	<input type="checkbox"/> 2
Collecting - coins	<input type="checkbox"/> 3
Collecting - comic books	<input type="checkbox"/> 4
Collecting - figurines	<input type="checkbox"/> 5
Collecting - stamps	<input type="checkbox"/> 6
Collecting - sports trading cards ..	<input type="checkbox"/> 7
Electric trains	<input type="checkbox"/> 8
Indoor gardening & plants	<input type="checkbox"/> 9
Listen to music	<input type="checkbox"/> 0
Raising pets	<input type="checkbox"/> X
Tropical fish	<input type="checkbox"/> Y

LEISURE ACTIVITIES	You Personally:					
	HOW OFTEN DO YOU ENGAGE IN THESE:					
	Participated in last 12 months	2 or more times a week	Once a week	2-3 times a month	Once a month	Less than once a month
662	1	2	3	4	5	6
Attend auto shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Adult education courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Attend art galleries or shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Attend horse races	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Attend country music performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Attend rock music performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Attend classical music/opera performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Attend other music performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Attend dance performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Backgammon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Baking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Barbecuing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Go to bars/night clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
Go to beach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Billiards/pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
Birdwatching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Board games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
Book clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Chess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19
Cooking for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
Concerts on radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21
Crossword puzzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
Dance/go dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23
Dining out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
Entertain friends or relatives at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25
Fantasy sports league	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26
Furniture refinishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 27
Home decoration and furnishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 28
Karaoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 29
Go to live theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30
Go to museums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 31
Painting, drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 32
Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 33
Photo Album/Scrapbooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34
Picnic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35
Play bingo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36
Play cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37
Play musical instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38
Reading books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39
Reading comic books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40
Sudoku Puzzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 41
Word games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42
Trivia games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43
PC/computer games (play online with software)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44
PC/computer games (play online without software)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45
PC/computer games (play offline with software)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46
Video/electronic games (console)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47
Video/electronic games (portable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48
Woodworking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49
Zoo attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 50

SOCIAL NETWORKING In the last 30 days, have you visited or used a social-networking website?
 60E-0 Yes 1

On a scale of 1 to 4 where 1 is "Not at all Important" and 4 is "Very Important," how important to you, personally, are the following reasons for visiting or using a social-networking website?

60F

	Not at all Important	Not Very Important	Somewhat Important	Very Important
	1	2	3	4
Reasons for using a Social Networking site:				
Keep in touch with family/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Reconnect with people from my past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Meet new friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Follow the activities of my friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Find out about products and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Rate or review a product or service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Meet or network with professional contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Find people who have interests similar to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Find information about news or other current events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Find information about a movie, TV station or show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Find local information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Play games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
To show support for my favorite companies or brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
To receive exclusive offers, coupons or other discounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
To gain access to VIP or Members-Only events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

HOUSEHOLD TELEPHONE AND ACCESSORIES

Your Household
 Owns Bought last 12 months

669
In-Home Telephone: 1 2 01

TYPES:
 Cordless 02
 Corded (Rotary/Touchtone) 03

BRANDS:
 AT&T 04
 General Electric 05
 Motorola 06
 Panasonic 07
 Radio Shack 08
 Uniden 09
 Vtech 10
 Other 11

Telephone Accessories:
 Answering Machine 12
 Pager/Beeper 13
 Telephone Headset 14
 Wireless Headphones 15

Amount spent on Telephones and Accessories last 12 months: 670-0
 \$1 - \$99 1
 \$100 - \$199 2
 \$200 or more 3

Which of the following services is your household using?
 Call forwarding 4
 Call return 5
 Call waiting 6
 Caller ID 7
 Repeat dialing 8
 Three-way calling 9
 Voice messaging/Voice mail 0

Where did you purchase your last phone? 671-0
 Department Store 1
 Discount Store 2
 Electronics Store 3
 Internet/Online 4
 Other 5

COLLECT CALLS

Did you personally make a collect call in the last 6 months? Yes 1 65A-0

Number of calls made, last 6 months: 65C-0
 (Write in number)

Service used: 65E-0
 1-800-CALL-ATT 1
 1-800-COLLECT 2
 Operator Assistance 3
 Other 4
 (Write In)

800/ TOLL FREE TELEPHONE CALLS

Did you personally make a phone call to an 800 or toll free number in the last 6 months? Yes 1 No 2

If yes, how many calls did you make? 678-0
 (Write in Number)

LOCAL CALLS (Personal calls only)

Average monthly local phone bill: 62T-0
 \$ 1-\$15 1
 \$16-\$25 2
 \$26-\$59 3
 \$60-\$99 4
 \$100 or more 5

Which of the following local phone services are used? 62V-0
 AT&T 1
 CenturyLink 2
 Comcast 3
 Cox 4
 MCI 5
 Qwest 6
 Time Warner 7
 Verizon 8
 Vonage 9
 Other 0
 (Write In)

Write in the number of local calls you made in last 30 days: 62X-0
 (Write in number)

LONG DISTANCE CALLS (Personal calls only)

Average monthly long distance bill: 672-0
 \$ 1-\$15 1
 \$16-\$25 2
 \$26-\$59 3
 \$60-\$99 4
 \$100 or more 5

Which of the following long distance services are used? 673-0
 10-10-220 1
 AT&T 2
 CenturyLink 3
 Comcast 4
 Cox 5
 IDT Long Distance 6
 MCI 7
 Qwest 8
 Sprint 9
 Time Warner 0
 Verizon X
 Vonage Y
 Other 1
 (Write In)

Write in the number of long distance calls you made in last 30 days: 683-0
 Within the United States 01
 To a foreign country 02

TELEPHONE CALLING CARDS/ PRE-PAID CARDS

CALLING/PRE-PAID CARDS: 674
You Personally:
 Acquired last 12 months
 Have 1 2
 AT&T 01
 MCI 02
 PennyTalk 03
 Sprint 04
 Other 05

Using your calling card, what is the average number of calls you personally make each month for: 675
 Business 01
 Personal 02
 (Write in Number)

Have you purchased or refilled a pre-paid calling card in the last 12 months? 677-0
 Yes 1

CELLULAR/ MOBILE OPINIONS

Please indicate how much you AGREE or DISAGREE with each of the following statements by checking the box that comes closest to how you feel.

	DISAGREE		AGREE	
	Completely	Somewhat	Somewhat	Completely
1. I carry my cell phone everywhere I go.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. I will always keep a household (landline) telephone, no matter how much cell phone service improves.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. I am frequently annoyed at people talking too loudly on their cell phones in public places.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. I only answer my cell phone when I know who is calling.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. I often use my cell phone to make phone calls from my home.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. The primary reason I have my cell phone is for safety.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. Sometimes my cell phone makes me feel like I'm too available.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. Cell phones are too complicated these days.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

How important to you are the following features when choosing a mobile phone service provider? 61M

	Not Important	Somewhat Important	Very Important
	1	2	3
1. Customer Service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Phone Models Available	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Service Coverage Area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Service Plans Available	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

CELL/MOBILE PHONE "APPS"

An "App" is a small software program you can download onto your cell phone for a specific purpose. Which, if any, of these types of "Apps" have you downloaded or used on your cell phone in the last 30 days?

	You Personally:	
	Downloaded last 30 days	Used last 30 days
680	<input type="checkbox"/> 1	<input type="checkbox"/> 2
APPS:		
Banking/Finance	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Books	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Entertainment	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Games	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Healthcare	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Local Information	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Music	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Navigation/Maps	<input type="checkbox"/> 1	<input type="checkbox"/> 2
News	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Photography	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Shopping/Retail	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Sports	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Social Networking	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Travel	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Weather	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Amount Spent on Apps, last 30 days \$ 681-0
 (Write in Amount)

**CELLULAR/
MOBILE PHONES/
SMARTPHONES**

You Personally: 705-0
Have a working cellular/mobile phone 1
Purchased/obtained last 12 months 2

**Working cell phones
you personally:**

709 Use most often (choose one brand) Other working cell phone(s)

- Handset Brands:**
- | | | | | | |
|-------------------------|--------------------------|---|--------------------------|---|----|
| Apple iPhone | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | 01 |
| BlackBerry | <input type="checkbox"/> | | <input type="checkbox"/> | | 02 |
| HTC | <input type="checkbox"/> | | <input type="checkbox"/> | | 03 |
| Kyocera | <input type="checkbox"/> | | <input type="checkbox"/> | | 04 |
| LG | <input type="checkbox"/> | | <input type="checkbox"/> | | 05 |
| Motorola | <input type="checkbox"/> | | <input type="checkbox"/> | | 06 |
| Nexus One | <input type="checkbox"/> | | <input type="checkbox"/> | | 07 |
| Nokia | <input type="checkbox"/> | | <input type="checkbox"/> | | 08 |
| Palm | <input type="checkbox"/> | | <input type="checkbox"/> | | 09 |
| Samsung | <input type="checkbox"/> | | <input type="checkbox"/> | | 10 |
| Sanyo | <input type="checkbox"/> | | <input type="checkbox"/> | | 11 |
| Sony Ericsson | <input type="checkbox"/> | | <input type="checkbox"/> | | 12 |
| T-Mobile | <input type="checkbox"/> | | <input type="checkbox"/> | | 13 |
| Other | <input type="checkbox"/> | | <input type="checkbox"/> | | 14 |

Used For:

Business	<input type="checkbox"/>	15
Personal	<input type="checkbox"/>	16

Please answer the following questions about the one cell phone you personally use most often:

Plan Types: 61G-0

Individual Plan	<input type="checkbox"/>	1
Family or Shared Plan	<input type="checkbox"/>	2
Corporate Plan	<input type="checkbox"/>	3

Mobile Service Agreement Types:

Monthly Plan with Contract	<input type="checkbox"/>	4
Monthly Plan with No Contract	<input type="checkbox"/>	5
Prepaid	<input type="checkbox"/>	6

Average Monthly Bill:

\$ 1-\$24	<input type="checkbox"/>	7
\$25-\$49	<input type="checkbox"/>	8
\$50-\$74	<input type="checkbox"/>	9
\$75-\$99	<input type="checkbox"/>	0
\$100-\$199	<input type="checkbox"/>	X
\$200+	<input type="checkbox"/>	Y

**CELLULAR/
MOBILE PHONES/
SMARTPHONES
(Continued)**

Amount spent on cellular phone purchase, last 12 months: \$ _____ 61F-0
(Write in Amount)

Where Purchased: 707-0

Online/Internet	<input type="checkbox"/>	1
Electronics Store	<input type="checkbox"/>	2
Department Store	<input type="checkbox"/>	3
Discount Store	<input type="checkbox"/>	4
Wholesale/Club Store	<input type="checkbox"/>	5
Carrier-owned Store	<input type="checkbox"/>	6
Other	<input type="checkbox"/>	7

Cell Phone **Personally**
Has **Used last**
1 **708** **2**
30 days

Communication Features:

Phone	<input type="checkbox"/>	01
Voicemail	<input type="checkbox"/>	02
Email	<input type="checkbox"/>	03
Instant Messenger (IM)	<input type="checkbox"/>	04
Text Messaging	<input type="checkbox"/>	05
Picture Messaging	<input type="checkbox"/>	06
Walkie-Talkie/"Push-to-Talk"	<input type="checkbox"/>	07
Google Android OS	<input type="checkbox"/>	08
Windows Mobile/Phone OS	<input type="checkbox"/>	09

Media Features:

Camera	<input type="checkbox"/>	10
FM Radio	<input type="checkbox"/>	11
Games	<input type="checkbox"/>	12
MP3 Player	<input type="checkbox"/>	13
Video Player	<input type="checkbox"/>	14
Video Recorder	<input type="checkbox"/>	15
Web/Internet Access	<input type="checkbox"/>	16

Other Features:

Alarm Clock	<input type="checkbox"/>	17
Bluetooth	<input type="checkbox"/>	18
Calendar/Organizer	<input type="checkbox"/>	19
GPS/Navigation	<input type="checkbox"/>	20
Keypad (Full Alphabet/ QWERTY)	<input type="checkbox"/>	21
View Spreadsheets/ Text Documents	<input type="checkbox"/>	22
Create/Edit Spreadsheets/ Text Documents	<input type="checkbox"/>	23
Speakerphone	<input type="checkbox"/>	24
Voice Activated Dialing	<input type="checkbox"/>	25
WiFi	<input type="checkbox"/>	26

**CELLULAR/
MOBILE PHONES/
SMARTPHONES
(Continued)**

Which, if any, of the following things did you do using your cell phone in the last 30 days?

62Z-0

Visited a search engine	<input type="checkbox"/>	1
Visited a website for News	<input type="checkbox"/>	2
Visited a website for Sports	<input type="checkbox"/>	3
Visited a website for Weather	<input type="checkbox"/>	4
Visited a website for Entertainment Information	<input type="checkbox"/>	5
Visited a website for Financial Information	<input type="checkbox"/>	6
Visited a website for Maps/Directions	<input type="checkbox"/>	7
Visited a website for other Local Information	<input type="checkbox"/>	8
Visited or used a Social Networking site	<input type="checkbox"/>	9
Searched for information about a product	<input type="checkbox"/>	0
Visited any other website	<input type="checkbox"/>	X

61H-0

Used Text Messaging to communicate with friends or family	<input type="checkbox"/>	1
Used Text Messaging to vote in a contest, make a choice, or give an opinion	<input type="checkbox"/>	2
Looked at an advertisement sent with Text Message	<input type="checkbox"/>	3
Used Text Messaging to respond to an advertisement or make a purchase	<input type="checkbox"/>	4
Purchased a product another way	<input type="checkbox"/>	5
Signed up for a Text Message "alert" service	<input type="checkbox"/>	6
Received a Text Message "alert"	<input type="checkbox"/>	7
Redeemed a mobile coupon	<input type="checkbox"/>	8
Took a picture of a QR code or other "Tag"	<input type="checkbox"/>	9
Watched a video clip	<input type="checkbox"/>	0
Watched a downloaded or streamed TV program	<input type="checkbox"/>	X
Watched live television	<input type="checkbox"/>	Y

61J-0

Watched a full length movie	<input type="checkbox"/>	1
Watched other video	<input type="checkbox"/>	2
Listened to a podcast	<input type="checkbox"/>	3
Listened to music	<input type="checkbox"/>	4
Downloaded a song	<input type="checkbox"/>	5
Downloaded a ringtone	<input type="checkbox"/>	6
Downloaded wallpaper	<input type="checkbox"/>	7
Downloaded a game	<input type="checkbox"/>	8
Downloaded an application or "App"	<input type="checkbox"/>	9
Used an application or "App"	<input type="checkbox"/>	0
Called directory assistance	<input type="checkbox"/>	X

**CELLULAR/
MOBILE OPINIONS**

Please indicate how much you AGREE or DISAGREE with each of the following statements by checking the box that comes closest to how you feel.

62H

DISAGREE **AGREE**
Completely Somewhat Somewhat Completely

1. I understand how to use most of the features on my cell phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01
2. Having one mobile device that can do everything is very convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02
3. There are some features on my cell phone I'd like to use, but I don't know how to use them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03
4. I just want to use my cell phone to make and receive calls and don't care about any other features.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04
5. I think of my mobile phone as a source of entertainment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05
6. My cell phone is an extension of my personality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06
7. I enjoy customizing the look and sound of my cell phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07
8. I would be willing to receive advertisements on my cell phone in exchange for services, like live TV or Text Messaging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08
9. I would be willing to pay a monthly subscription fee to receive live TV on my cell phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09
10. I would be willing to receive advertisements on my cell phone in exchange for lower monthly costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
11. I expect the quality of video on my cell phone to be as good as that on my TV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
12. Advertisements on cell phones are annoying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
13. I am interested in watching video clips on my cell phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
14. I am interested in watching live TV on my cell phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
15. Text messaging is an important part of my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
16. I would use Text Messaging if I knew how to do it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
17. I would use Text Messaging more often, if it were easier to type the messages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
18. I would use Text Messaging more often, if it were less expensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
19. I would use the Internet on my cell phone more often, if it were less expensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19
20. I would use the Internet on my cell phone more often, if the websites loaded more easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
21. I would use the Internet on my cell phone more often, if the screen were easier to read.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21

TABLETS & E-READERS	You Personally:	
	Own	Bought Last 12 Months
701		
BRANDS:		
Tablets		
Apple iPad	<input type="checkbox"/>	<input type="checkbox"/> 01
Apple iPad2	<input type="checkbox"/>	<input type="checkbox"/> 02
Blackberry Playbook	<input type="checkbox"/>	<input type="checkbox"/> 03
Motorola Xoom	<input type="checkbox"/>	<input type="checkbox"/> 04
Samsung Galaxy Tab	<input type="checkbox"/>	<input type="checkbox"/> 05
Other Tablet	<input type="checkbox"/>	<input type="checkbox"/> 06
E-Readers		
Amazon Kindle	<input type="checkbox"/>	<input type="checkbox"/> 07
Barnes & Noble Nook	<input type="checkbox"/>	<input type="checkbox"/> 08
Sony Reader	<input type="checkbox"/>	<input type="checkbox"/> 09
Other E-reader	<input type="checkbox"/>	<input type="checkbox"/> 10
702		
Total cost of Tablet(s), purchased last 12 months: \$ _____ 01 (Write in Amount)		
Total cost of E-reader(s), purchased last 12 months: \$ _____ 02 (Write in Amount)		
In the last 7 days, how much time, if any, did you spend using your Tablet and/or E-reader?		
	Tablet: hours used, last 7 days	E-reader: hours used, last 7 days
None	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Less than 1 hour	<input type="checkbox"/> 2	<input type="checkbox"/> 2
1-4 hours	<input type="checkbox"/> 3	<input type="checkbox"/> 3
5-9 hours	<input type="checkbox"/> 4	<input type="checkbox"/> 4
10-19 hours	<input type="checkbox"/> 5	<input type="checkbox"/> 5
20 hours or more	<input type="checkbox"/> 6	<input type="checkbox"/> 6

TABLETS & E-READERS (Continued)	
Activities you have done using a Tablet or E-reader, last 30 days:	
Read a book	<input type="checkbox"/> 1
Read a magazine	<input type="checkbox"/> 2
Read a newspaper	<input type="checkbox"/> 3
Read or sent an e-mail	<input type="checkbox"/> 4
Watched a movie	<input type="checkbox"/> 5
Watched a TV show	<input type="checkbox"/> 6
Watched other video	<input type="checkbox"/> 7
Played a single-player game	<input type="checkbox"/> 8
Played a multi-player game	<input type="checkbox"/> 9
Visited Facebook	<input type="checkbox"/> 0
Visited other social networking site	<input type="checkbox"/> X
Visited a search engine	<input type="checkbox"/> 1
Visited other website	<input type="checkbox"/> 2
Obtained information on news or current events	<input type="checkbox"/> 3
Obtained information about sports	<input type="checkbox"/> 4
Obtained financial information	<input type="checkbox"/> 5
Obtained information about the weather	<input type="checkbox"/> 6
Obtained information on travel	<input type="checkbox"/> 7
Obtained local information	<input type="checkbox"/> 8
Listened to music	<input type="checkbox"/> 9
Downloaded music	<input type="checkbox"/> 0
Listened to/watched a podcast	<input type="checkbox"/> X
Took a picture or video	<input type="checkbox"/> 1
Uploaded photos	<input type="checkbox"/> 2
Used a map/navigation program	<input type="checkbox"/> 3
Other _____	<input type="checkbox"/> 4
	(Write In)

TABLETS & E-READERS (Continued)	You Personally:	
	Downloaded, last 30 days	Used, last 30 days
61D		
Which, if any, of these types of "Apps" have you downloaded or used on your Tablet or E-reader in the last 30 days?		
APPS:	1	2
Banking/Finance	<input type="checkbox"/>	<input type="checkbox"/> 01
Books	<input type="checkbox"/>	<input type="checkbox"/> 02
"Daily Deal"	<input type="checkbox"/>	<input type="checkbox"/> 03
Fitness	<input type="checkbox"/>	<input type="checkbox"/> 04
Food/Cooking	<input type="checkbox"/>	<input type="checkbox"/> 05
Games	<input type="checkbox"/>	<input type="checkbox"/> 06
Healthcare	<input type="checkbox"/>	<input type="checkbox"/> 07
Local Information	<input type="checkbox"/>	<input type="checkbox"/> 08
Magazine	<input type="checkbox"/>	<input type="checkbox"/> 09
Movies	<input type="checkbox"/>	<input type="checkbox"/> 10
Music	<input type="checkbox"/>	<input type="checkbox"/> 11
Navigation/Maps	<input type="checkbox"/>	<input type="checkbox"/> 12
News	<input type="checkbox"/>	<input type="checkbox"/> 13
Newspaper	<input type="checkbox"/>	<input type="checkbox"/> 14
Photography	<input type="checkbox"/>	<input type="checkbox"/> 15
Shopping/Retail	<input type="checkbox"/>	<input type="checkbox"/> 16
Sports	<input type="checkbox"/>	<input type="checkbox"/> 17
Social Networking	<input type="checkbox"/>	<input type="checkbox"/> 18
TV/Cable	<input type="checkbox"/>	<input type="checkbox"/> 19
Travel	<input type="checkbox"/>	<input type="checkbox"/> 20
Weather	<input type="checkbox"/>	<input type="checkbox"/> 21
Other Entertainment	<input type="checkbox"/>	<input type="checkbox"/> 22
Other _____	<input type="checkbox"/>	<input type="checkbox"/> 23
	(Write In)	
61V		
Number of Apps downloaded for free, last 30 days: _____ 01 (Write in Number)		
Number of Apps purchased, last 30 days: _____ 02 (Write in Number)		
Amount spent on Apps, last 30 days: \$ _____ 61E-0 (Write in Amount)		

TECHNOLOGY	Please indicate how much you AGREE or DISAGREE with each of the following statements by checking the box that comes closest to how you feel.	DISAGREE		AGREE	
		Completely	Somewhat	Somewhat	Completely
69W		1	2	3	4
1.	I enjoy reading about new technology products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
2.	I'm willing to pay more for top quality electronics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
3.	I often take the opportunity to discuss my knowledge of technology or electronic products with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
4.	Computers are too confusing to be of much use to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
5.	I give others advice when they are looking to buy technology or electronic products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
6.	Computers can be a good source of entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
7.	I'm fascinated by new technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
8.	I enjoy learning about technology or electronic products from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
9.	Technology helps make my life more organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
10.	Before buying electronics, I do as much research as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
11.	Technology has little impact on my daily life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
12.	When I find a technology or electronic product I like, I typically recommend it to people I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
13.	I am among the first of my friends and colleagues to try new technology products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
14.	At first, I was nervous about using computers, but now I'm much more comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
15.	I often ask the advice of others when it comes to technology or electronic products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
16.	I like to read reviews before buying technology or electronics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
17.	I want others to say "wow" when they see my electronics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
18.	If I am to be able to use a new technology product, someone has to show me how to use it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
19.	I like to have a lot of gadgets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19

YELLOW PAGES

691

In the past 12 months, have you referred to the yellow pages when considering the purchase or use of any of these items or services?

You personally referred to, past 12 months:

	Paper yellow pages	Internet yellow pages
	1	2
Attorneys	<input type="checkbox"/>	<input type="checkbox"/> 01
Auto — Dealers & Sales	<input type="checkbox"/>	<input type="checkbox"/> 02
Auto — Parts & Supplies	<input type="checkbox"/>	<input type="checkbox"/> 03
Auto — Repair & Services	<input type="checkbox"/>	<input type="checkbox"/> 04
Auto — Other	<input type="checkbox"/>	<input type="checkbox"/> 05
Banking, Finance & Insurance	<input type="checkbox"/>	<input type="checkbox"/> 06
Beauty Salons	<input type="checkbox"/>	<input type="checkbox"/> 07
Other Personal Care Services	<input type="checkbox"/>	<input type="checkbox"/> 08
Carpet Cleaning	<input type="checkbox"/>	<input type="checkbox"/> 09
Department Stores	<input type="checkbox"/>	<input type="checkbox"/> 10
Doctors, Dentists and Other		
Medical Services	<input type="checkbox"/>	<input type="checkbox"/> 11
Education/Schools	<input type="checkbox"/>	<input type="checkbox"/> 12
Electronic Equipment, Supplies & Services	<input type="checkbox"/>	<input type="checkbox"/> 13
Florists	<input type="checkbox"/>	<input type="checkbox"/> 14
Home Appliance Repairs	<input type="checkbox"/>	<input type="checkbox"/> 15
Home Improvement & Repairs	<input type="checkbox"/>	<input type="checkbox"/> 16
Household Furnishings	<input type="checkbox"/>	<input type="checkbox"/> 17
Jewelers/Jewelry	<input type="checkbox"/>	<input type="checkbox"/> 18
Pizza	<input type="checkbox"/>	<input type="checkbox"/> 19
Pharmacies	<input type="checkbox"/>	<input type="checkbox"/> 20
Plumbers & Electricians	<input type="checkbox"/>	<input type="checkbox"/> 21
Real Estate	<input type="checkbox"/>	<input type="checkbox"/> 22
Restaurants	<input type="checkbox"/>	<input type="checkbox"/> 23
Sports & Leisure Activities & Equipment	<input type="checkbox"/>	<input type="checkbox"/> 24
Supermarkets/Grocers	<input type="checkbox"/>	<input type="checkbox"/> 25
Theaters	<input type="checkbox"/>	<input type="checkbox"/> 26
Travel — Airlines/Airline Tickets	<input type="checkbox"/>	<input type="checkbox"/> 27
Travel — Hotels/Motels	<input type="checkbox"/>	<input type="checkbox"/> 28
Travel — Other Services	<input type="checkbox"/>	<input type="checkbox"/> 29
Other	<input type="checkbox"/>	<input type="checkbox"/> 30

You personally referred in the past 7 days to:

	63P-0
Paper yellow pages	<input type="checkbox"/> 1
Internet yellow pages	<input type="checkbox"/> 2

OVERNIGHT PACKAGES/LETTER DELIVERY SERVICES

Have you used an overnight package/letter delivery service in the last 12 months?

Yes 1 No 2 660-0

Services Used:

	Business	Personal
	1	2
DHL	<input type="checkbox"/>	<input type="checkbox"/> 01
Federal Express	<input type="checkbox"/>	<input type="checkbox"/> 02
U.P.S.	<input type="checkbox"/>	<input type="checkbox"/> 03
U.S. Postal Service	<input type="checkbox"/>	<input type="checkbox"/> 04
Other	<input type="checkbox"/>	<input type="checkbox"/> 05

PDA/HANDHELD COMPUTERS (Not a cell phone)

63Y-0

Do you personally have a Handheld Computer/ Organizer or PDA that is not a cell phone?

Yes 1

NEWSPAPER READING

Which of these sections do you read or look at when you read your weekday and Sunday/ weekend newspaper?

	63Q	
	Read in Weekday Newspaper	Read in Sunday/ Weekend Newspaper
	1	2
Main News/Front Page	<input type="checkbox"/>	<input type="checkbox"/> 01
International/National News	<input type="checkbox"/>	<input type="checkbox"/> 02
Local News	<input type="checkbox"/>	<input type="checkbox"/> 03
Business/Finance	<input type="checkbox"/>	<input type="checkbox"/> 04
Classified Advertising	<input type="checkbox"/>	<input type="checkbox"/> 05
Comics	<input type="checkbox"/>	<input type="checkbox"/> 06
Editorial Page	<input type="checkbox"/>	<input type="checkbox"/> 07
Entertainment/Lifestyle	<input type="checkbox"/>	<input type="checkbox"/> 08
Fashion	<input type="checkbox"/>	<input type="checkbox"/> 09
Food/Cooking	<input type="checkbox"/>	<input type="checkbox"/> 10
Health	<input type="checkbox"/>	<input type="checkbox"/> 11
Home/Home Design/ Furnishings/Gardening	<input type="checkbox"/>	<input type="checkbox"/> 12
Movie Listings & Reviews	<input type="checkbox"/>	<input type="checkbox"/> 13
Science & Technology	<input type="checkbox"/>	<input type="checkbox"/> 14
Sports	<input type="checkbox"/>	<input type="checkbox"/> 15
Travel	<input type="checkbox"/>	<input type="checkbox"/> 16
TV Listings	<input type="checkbox"/>	<input type="checkbox"/> 17
Weather	<input type="checkbox"/>	<input type="checkbox"/> 18
Advertisements	<input type="checkbox"/>	<input type="checkbox"/> 19
Circulars/Inserts/Fliers	<input type="checkbox"/>	<input type="checkbox"/> 20

Which of these actions did you take in the past 30 days, as a result of reading or looking into a newspaper? (Check all that apply.) 650-0

Shopped at an advertised store	<input type="checkbox"/> 1
Purchased an advertised product	<input type="checkbox"/> 2
Requested additional information on an advertised product	<input type="checkbox"/> 3
Cut out an ad for later reference	<input type="checkbox"/> 4

How useful do you find the advertising in your newspaper? (Check one in each column.)

	Weekday Newspaper	Sunday/ Weekend Newspaper
Usefulness of Advertising:		
Very	<input type="checkbox"/> 5	<input type="checkbox"/> 8
Somewhat	<input type="checkbox"/> 6	<input type="checkbox"/> 9
Not at all	<input type="checkbox"/> 7	<input type="checkbox"/> 0

BATTERIES

633

TOTAL: 00

TYPES:

Rechargeable	<input type="checkbox"/>	01
Throw-away	<input type="checkbox"/>	02

BRANDS:

Duracell	<input type="checkbox"/>	03
Duracell PowerPix	<input type="checkbox"/>	04
Duracell Rechargeable	<input type="checkbox"/>	05
Duracell Ultra	<input type="checkbox"/>	06
eneloop Rechargeable	<input type="checkbox"/>	07
Energizer/Energizer Max	<input type="checkbox"/>	08
Energizer e ²	<input type="checkbox"/>	09
Energizer Lithium	<input type="checkbox"/>	10
Energizer Rechargeable	<input type="checkbox"/>	11
Eveready Gold	<input type="checkbox"/>	12
Eveready Super Heavy Duty	<input type="checkbox"/>	13
Kodak	<input type="checkbox"/>	14
Panasonic	<input type="checkbox"/>	15
Radio Shack	<input type="checkbox"/>	16
Rayovac—Alkaline	<input type="checkbox"/>	17
Rayovac—Heavy Duty	<input type="checkbox"/>	18
Sony	<input type="checkbox"/>	19
Store's Own Brand	<input type="checkbox"/>	20
OTHER (Write In)	<input type="checkbox"/>	999

CHILDREN'S TOYS & GAMES

You Personally:

Bought last 12 months Number bought last 12 months

	693	
Large/baby dolls	<input type="checkbox"/>	01
Boy action figures	<input type="checkbox"/>	02
Girl action figures	<input type="checkbox"/>	03
Fashion dolls	<input type="checkbox"/>	04
Plush dolls/animals	<input type="checkbox"/>	05
Electronic dolls/animals	<input type="checkbox"/>	06
Doll clothing	<input type="checkbox"/>	07
Doll accessories	<input type="checkbox"/>	08
Construction toys	<input type="checkbox"/>	09
Educational toys	<input type="checkbox"/>	10
Mechanical toys	<input type="checkbox"/>	11
Model kits/Model sets	<input type="checkbox"/>	12
Action games	<input type="checkbox"/>	13
Board games	<input type="checkbox"/>	14
Sound games	<input type="checkbox"/>	15
Word games	<input type="checkbox"/>	16
Electronic games	<input type="checkbox"/>	17
Infant toys	<input type="checkbox"/>	18
Pre-school toys	<input type="checkbox"/>	19
Builder sets	<input type="checkbox"/>	20
Cars	<input type="checkbox"/>	21
Electric trains	<input type="checkbox"/>	22
Swing sets	<input type="checkbox"/>	23
Bicycles	<input type="checkbox"/>	24
Tricycles	<input type="checkbox"/>	25
Water toys	<input type="checkbox"/>	26
Other toys	<input type="checkbox"/>	27

Amount spent for toys and games in last 12 months for children:

	694	
Under 1 year	\$	01
1-2 years old	\$	02
3-5 years old	\$	03
6-11 years old	\$	04
12-17 years old	\$	05

BOOKS

You Personally:

Bought last 12 months Number bought last 12 months

	695	
FORM:		
Paperback	<input type="checkbox"/>	01
Hardcover	<input type="checkbox"/>	02
Digital	<input type="checkbox"/>	03
KINDS:		
Fiction	<input type="checkbox"/>	04
Non-Fiction	<input type="checkbox"/>	05
TYPES:		
Cookbooks	<input type="checkbox"/>	06
Desk dictionary	<input type="checkbox"/>	07
Mystery	<input type="checkbox"/>	08
Novel	<input type="checkbox"/>	09
Biography	<input type="checkbox"/>	10
History	<input type="checkbox"/>	11
Science fiction	<input type="checkbox"/>	12
Children's books	<input type="checkbox"/>	13
Romance	<input type="checkbox"/>	14
Personal/business/self-help	<input type="checkbox"/>	15
Religious (not Bibles)	<input type="checkbox"/>	16
Travel	<input type="checkbox"/>	17
OTHER (Write In)	<input type="checkbox"/>	999

Where purchased: 696-0

Barnes & Noble Book store	<input type="checkbox"/> 1
Other book store	<input type="checkbox"/> 2
amazon.com	<input type="checkbox"/> 3
barnes&noble.com	<input type="checkbox"/> 4
Google eBookstore	<input type="checkbox"/> 5
Other Internet/Online	<input type="checkbox"/> 6

	60D-0	
Book club	<input type="checkbox"/>	1
Department store	<input type="checkbox"/>	2
Drug store	<input type="checkbox"/>	3
Mail order	<input type="checkbox"/>	4
Supermarket	<input type="checkbox"/>	5
Warehouse store	<input type="checkbox"/>	6

INTEREST IN
ADVERTISING

Please read the following statements and check the box that most closely reflects your opinion.
Questions are based on a 5 point scale.

697

	Agree Strongly	Agree Somewhat	Neutral	Disagree Somewhat	Disagree Strongly
	1	2	3	4	5
1. TV Advertising					
1. Advertising on TV provides me with useful information about bargains.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Advertising on TV provides me with meaningful information about the product use of other consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Advertising on TV provides me with useful information about new products and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. For me, advertising on TV is amusing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. For me, advertising on TV appears at inconvenient moments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. For me, advertising on TV has no credibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. For me, advertising on TV is repeated too often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. For me, all ads on TV are alike.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Radio Advertising					
9. Advertising on radio provides me with useful information about bargains.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Advertising on radio provides me with meaningful information about the product use of other consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Advertising on radio provides me with useful information about new products and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. For me, advertising on radio is amusing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. For me, advertising on radio appears at inconvenient moments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. For me, advertising on radio has no credibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. For me, advertising on radio is repeated too often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. For me, all ads on radio are alike.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Newspaper Advertising					
17. Advertising in newspapers provides me with useful information about bargains.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Advertising in newspapers provides me with meaningful information about the product use of other consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Advertising in newspapers provides me with useful information about new products and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. For me, advertising in newspapers is amusing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. For me, advertising in newspapers appears at inconvenient moments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. For me, advertising in newspapers has no credibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. For me, advertising in newspapers is repeated too often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. For me, all ads in newspapers are alike.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Magazine Advertising					
25. Advertising in magazines provides me with useful information about bargains.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Advertising in magazines provides me with meaningful information about the product use of other consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Advertising in magazines provides me with useful information about new products and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. For me, advertising in magazines is amusing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. For me, advertising in magazines appears at inconvenient moments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. For me, advertising in magazines has no credibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. For me, advertising in magazines is repeated too often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. For me, all ads in magazines are alike.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Internet Advertising					
33. Advertising on the Internet provides me with useful information about bargains.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Advertising on the Internet provides me with meaningful information about the product use of other consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Advertising on the Internet provides me with useful information about new products and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. For me, advertising on the Internet is amusing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. For me, advertising on the Internet appears at inconvenient moments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. For me, advertising on the Internet has no credibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. For me, advertising on the Internet is repeated too often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. For me, all ads on the Internet are alike.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Mobile Advertising					
41. Advertising on mobile phones provides me with useful information about bargains.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Advertising on mobile phones provides me with meaningful information about the product use of other consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Advertising on mobile phones provides me with useful information about new products and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. For me, advertising on mobile phones is amusing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. For me, advertising on mobile phones appears at inconvenient moments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. For me, advertising on mobile phones has no credibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. For me, advertising on mobile phones is repeated too often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. For me, all ads on mobile phones are alike.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We are interested in your attitudes about a number of buying and style issues. There are no right or wrong answers. Please indicate how much you AGREE or DISAGREE with each of the following statements by checking the box that comes closest to how you feel.

(FOR EACH QUESTION, PLEASE SELECT ONE ANSWER FOR EACH ITEM AND CHECK ONLY ONE BOX ON EACH LINE BELOW.)

	DISAGREE		AGREE		
	Mostly	Somewhat	Somewhat	Mostly	
	1	2	3	4	
698					
1. Buying American products is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01
2. I know the price I pay for most of the foods and packaged goods I buy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02
3. I think shopping is a great way to relax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03
4. I enjoy wandering the store looking for new, interesting products.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04
5. I only purchase products online when I have a coupon or promotional code for the site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05
6. I don't make purchase decisions based on advertising.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06
7. I like to shop around before making a purchase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07
8. If I really want something I will buy it on credit rather than wait.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08
9. I buy based on quality, not price.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09
10. I buy natural products because I am concerned about the environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
11. The offer of "free shipping" attracts me to a shopping website.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
12. Price is more important to me than brand names.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
13. I'm a "spender" rather than a "saver".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
14. It's important to me that salespeople be knowledgeable about the products they sell.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
15. I am influenced by what's hot and what's not.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
16. How a personal care or household product smells is very important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
17. I like to share my opinions about products and services by posting reviews and ratings online.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
18. My favorite grocery store offers low prices on all products every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
19. A celebrity endorsement may influence me to consider or buy a product.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19
20. I only use coupons for those brands I usually buy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
21. I am annoyed by all of the signs in the stores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
22. I expect the brands I buy to support social causes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22
23. I often seek the advice of others before making a purchase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23
24. Before purchasing a product online, I typically read online reviews submitted by others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
25. I am willing to give up convenience in return for a product that is environmentally safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25
26. Shopping used to be more enjoyable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26
27. I buy brands that reflect my style.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27
28. People often come to me for advice before making a purchase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28
29. I tend to make impulse purchases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29
30. I buy the brands I grew up with, the ones my parents used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
31. I prefer products that offer the latest in new technology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31
32. My number one goal when shopping is to save as much money as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32
33. I always check the ingredients and nutritional content of food products before I buy them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33
34. I often save money by buying previously used items online.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34
35. I don't have time to bother clipping or saving coupons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35
36. My children have a significant impact on the brands I choose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36
37. I smell personal care and household products in the store before I buy them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37
38. I would pay extra for a product that is consistent with the image I want to convey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38
39. My spouse has a significant impact on the brands I choose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39
40. I like to compare prices across different sites before purchasing something online.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
41. When I find a brand I like, I stick to it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41
42. If a product is made by a company I trust, I'll buy it even if it is slightly more expensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42
43. 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"/>	43
44. I buy natural products because I am concerned about my and my family's health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44
45. I think if a manufacturer offers a coupon, I am probably being overcharged to begin with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45
46. I prefer purchasing things online for a fixed price, as opposed to bidding in online auctions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46
47. The service of the personnel at a store is an important part of my decision to shop there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47
48. I will gladly switch brands to use a coupon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48
49. I am more likely to purchase brands that support a cause I care about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49
50. I'm always one of the first of my friends to try new products or services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
51. I prefer a store that has a large selection of familiar brands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51
52. I usually like to wait until other people have tried things before I try them myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52
53. Generic or store brand products are as effective as brand-name products.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53
54. I use the Internet to buy hard-to-find products.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54
55. I'd rather receive a sample of a product than a coupon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55
56. I am willing to pay more for a product that is environmentally safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56
57. I prefer to shop at stores that specialize in a specific type or style of product.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57
58. Brand name is the best indication of quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58
59. I prefer to buy things my friends or neighbors would approve of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59

TELEVISION VIEWING

Listed below are television programs that are shown **Monday through Friday**. Please check in the appropriate columns below.

1. How many times a week do you usually watch the following programs?

2. Did you watch the program **yesterday** (if today is Sunday or Monday, did you watch the program on Friday)?

3. If you watched the program **yesterday**, how much attention were you paying?

4. If you watched the program **yesterday**, where did you watch it?

5. Did you watch the program **online**, using a computer, cell phone, etc. in the past 30 days?

68A

EARLY MORNING NEWS

	None	1	2	3	4	5	Yes	Full	Most	Some	Your Own Home	Some-where Else	Yes
01 ABC America This 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 Early Today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	X	1	2	3	4	5	6	8	9	0	5	4	0

EARLY MORNING PROGRAMS

04 Good Morning America (Stephanopoulos/Roberts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 The Early Show (Chris Wragge/Erica 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 Today Show (Lauer/Curry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 Today II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08 Today III - 4th Hour (Hoda Kotb/Kathie Lee Gifford)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	X	1	2	3	4	5	6	8	9	0	5	4	0

68E

DAYTIME

01 All My 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02 The Bold & The Beautiful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 The Chew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 Days of Our Lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 General Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 Let's Make a Deal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 One Life to 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08 The Price is Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 The Revolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 The Talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 The View (Barbara Walters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 The Young & The Restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	X	1	2	3	4	5	6	8	9	0	5	4	0

EARLY EVENING WEEKDAY NEWS PROGRAMS

13 ABC World News Tonight (Diane Sawyer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 BBC World 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 CBS Evening News (Scott Pelley)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 NBC Nightly News (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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Nightly Business 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 PBS NewsHour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	X	1	2	3	4	5	6	8	9	0	5	4	0

EARLY EVENING WEEKDAY NEWS PROGRAMS (LOCAL)

19 ABC (local TV 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 CBS (local TV 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 CW (local TV 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 FOX (local TV 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 NBC (local TV 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	X	1	2	3	4	5	6	8	9	0	5	4	0

68M

LATE EVENING WEEKDAY NEWS PROGRAMS (LOCAL)

01 ABC (local TV 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02 CBS (local TV 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 CW (local TV 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 FOX (local TV 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 NBC (local TV 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	X	1	2	3	4	5	6	8	9	0	5	4	0

LATE NIGHT SHOWS (Nightly)

06 ABC News: Nightline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 ABC World News Now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08 All Night—Bellator Fighting Championships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 All Night—Dateline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 All Night—In Wine Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 All Night—Jimmy Fallon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 All Night—Meet the Press	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 All Night—Tonight 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Charlie Rose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Jimmy Kimmel 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Last Call with Carson Daly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 The Late Late Show with Craig Ferguson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Late Night with Jimmy Fallon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Late Show with David Letterman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Poker After Dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Tavis Smiley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 The Tonight Show with Jay Leno	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	X	1	2	3	4	5	6	8	9	0	5	4	0

TELEVISION VIEWING
(Continued)

Listed below are **program segments** for Early Morning Programs. Please check in the appropriate columns below.

Please answer for each Early Morning Program watched yesterday:

1. Which **segments** of the program did you watch **yesterday**?

2. If you watched the **segment** yesterday, how much **attention** were you paying?

68C		Watched Yesterday			Full			Most			Some		
PROGRAMS & SEGMENTS													
Good Morning America:		6			8			9			0		
01	Animals/Pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Beauty Secrets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Careers (Tori Johnson)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Concert Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	Consumer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	Cooking/Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	Financial (Melody Hobson)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	Health GMA on Call (Dr. Richard Besser)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	Parenting Tips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Weather (Sam Champion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	World/National News (Juju Chang)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Early Show:													
12	Animals/Pets (Debbie Turner Bell)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	CBS Money Watch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Concert Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Consumer (Susan Koeppen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Fashion & Beauty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Food/Recipes (Bobby Flay, Katie Lee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Health (Dr. Jennifer Ashton)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Home Improvement/Remodeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Weather (Marysol Castro)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	World/National News (Jeff Glor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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:													
25	Ambush Makeovers/Makeovers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Animals/Nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Concert Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Consumer Reports (Janice Lieberman)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Entertainment 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	News Interview (Lauer/Curry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Real Estate (Barbara Corcoran)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Today's Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Today's 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Today's Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Today's Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Today's Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Weather (Al Roker)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Wedding Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Where In The World Is Matt Lauer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	World/National News (Natalie Morales)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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			8			9			0		

Listed below are television programs that are shown **once a week**. Please check in the appropriate columns below.

1. How many times a month do you usually watch the following programs?

2. Did you watch the program in the past 7 days?

3. If you watched the program in the past 7 days, how much attention were you paying?

4. If you watched the program in the past 7 days, where did you watch it?

5. Did you watch the program online, using a computer, cell phone, etc. in the past 30 days?

68H		None					1	2	3	4	Yes	Full	Most	Some	Your Own Home	Some-where Else	Yes
ONCE A WEEK PROGRAMS																	
EARLY EVENING WEEKEND NEWS PROGRAMS																	
01	ABC World News Tonight-Sat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	ABC World News Tonight-Sun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	CBS Evening News-Sat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	CBS Evening News-Sun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	NBC Nightly News-Sat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	NBC Nightly News-Sun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		X	1	2	3	4				6		8	9	0	5	4	0
WEEKEND NEWS/INFORMATION PROGRAMS																	
07	ABC This Week with George Stephanopoulos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	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"/>	<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	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Good Morning America Weekend 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	NBC Meet the Press	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	NBC Saturday Today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	NBC Sunday Today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		X	1	2	3	4				6		8	9	0	5	4	0
LATE NIGHT PROGRAMS																	
18	Saturday Night 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		X	1	2	3	4				6		8	9	0	5	4	0

TELEVISION VIEWING
(Continued)

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1. How many times a month do you usually watch the following programs?

2. Did you watch the program in the past 7 days?

3. If you watched the program in the past 7 days, how much attention were you paying?

4. If you watched the program in the past 7 days, where did you watch it?

5. Did you watch the program online, using a computer, cell phone, etc. in the past 30 days?

ONCE A WEEK PROGRAMS

	None	1	2	3	4	Yes	Full	Most	Some	Your Own Home	Somewhere Else	Yes
01 ABC Saturday Movie of the Week . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 African American Lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 Alcatraz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 Allen Gregory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 The Amazing Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 American Dad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08 American Dad - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 American Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 American Idol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 American Idol Rewind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 America's Funniest Home Videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 America's Next Top Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 America's Test Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 AMW: America Fights Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Animal Experience w/ J. Miller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Antiques Roadshow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Apartment 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Apprentice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Are You There Vodka? It's Me Chelsea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Ask 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Austin City 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Awake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 The Bachelor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Bachelor Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 The Bachelorette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Bent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Best Friends Forever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Betty White's Off Their Rockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 The Big Bang Theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 The Big Bang Theory - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 The Biggest Loser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Blue Bloods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Bob's Burgers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 Body of Proof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 Bones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 Bones - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 Born to Explore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 Brothers & Sisters - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 Buried Treasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 Burn Notice - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
43 Castle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44 Charlie's Angels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45 Chuck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46 The Cleveland 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47 The Closer - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
48 Cold Case - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 Combat Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 Comedytime 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
52 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53 Cops 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54 Cougar Town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55 Crimetime 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56 Criminal Minds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57 Criminal Minds - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
58 CSI: Crime Scene Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59 CSI: Miami	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 CSI: New York	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61 Culture Click	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62 Dancing With The Stars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63 Dancing With The Stars Results 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64 Dateline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65 Desperate Housewives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66 Ebert Presents At The Movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69 Everyday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70 Everyday Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71 Expedition: Impossible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73 Extreme Makeover: Home 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74 Extreme Makeover: Weight Loss 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75 Family Guy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	X	1	2	3	4	6	8	9	0	5	4	0

TELEVISION VIEWING
(Continued)

68F

1. How many times a month do you usually watch the following programs?

2. Did you watch the program in the past 7 days?

3. If you watched the program in the past 7 days, how much attention were you paying?

4. If you watched the program in the past 7 days, where did you watch it?

5. Did you watch the program online, using a computer, cell phone, etc. in the past 30 days?

ONCE A WEEK PROGRAMS (Continued)

	None	1	2	3	4	Yes	Full	Most	Some	Your Own Home	Somewhere Else	Yes
76 Family Guy - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
77 Fashion Star	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78 The Finder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79 The Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80 Food For Thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81 48 Hours Mystery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82 Free Agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84 Fringe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85 Frontline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86 A Gifted Man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87 Glee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88 Globe Trekker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89 Good Christian Belles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90 The Good Wife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91 Gossip Girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92 Grey's Anatomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93 Grey's Anatomy - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
94 Grimm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95 Happy Endings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96 Harry's Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97 H8R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98 Hart of Dixie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99 Hawaii Five-O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 Heartland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101 Hell's Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102 Hometown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104 House - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
105 House of Payne - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
106 How I Met Your Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107 How I Met Your Mother - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
108 How To Be a Gentleman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109 I Hate My Teenage Daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112 Jack Hanna's Animal Adventures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113 Jack Hanna's Wild Countdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114 Karaoke Battle USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116 Kitchen Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117 Last Man Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118 Law and Order: Special Victims Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119 Law & Order: Special Victims Unit - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
120 Law & Order - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
121 Lidia's Italy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122 Locke & Key	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123 Man Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124 The Marriage Ref	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125 MasterChef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126 Masterpiece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127 The Mentalist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129 Mike and Molly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130 Minute To Win 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
131 Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132 Mobbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133 Modern Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134 Monk - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
135 Motor Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136 Napoleon Dynamite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137 Nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138 NCIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139 NCIS: Los Angeles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140 Need to Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141 The New Adventures of Old Christine - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
142 New Girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143 Nikita	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
144 90210	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145 NOVA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146 Numb3rs - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
147 The Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
148 Ocean 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
149 Once Upon a Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150 One Tree 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	X	1	2	3	4	6	8	9	0	5	4	0

TELEVISION VIEWING
(Continued)

68F

1. How many times a month do you usually watch the following programs?

2. Did you watch the program in the past 7 days?

3. If you watched the program in the past 7 days, how much attention were you paying?

4. If you watched the program in the past 7 days, where did you watch it?

5. Did you watch the program online, using a computer, cell phone, etc. in the past 30 days?

ONCE A WEEK PROGRAMS (Continued)

	None	1	2	3	4	Yes	Full	Most	Some	Your Own Home	Somewhere Else	Yes
151 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
152 Pan 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"/>
153 Parenthood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
154 Parks & Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155 Person of Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
156 The Playboy 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"/>
157 Prime Suspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
158 Primetime: What Would You Do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
159 Private Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160 Pt. Dume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
161 Raising Hope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
162 Religion & Ethics Newsweekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
163 Remodeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
164 Revenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
165 Rick Steves' Europe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
166 Ringer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
167 The River	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
168 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
169 Rookie Blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170 Rough Cut: Woodworking with Tommy Mac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171 Rules of Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
172 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
173 Saturday Afternoon Movie on ION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
174 Saturday Night Movie on ION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 Scandal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176 Secret Circle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177 Secret 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
178 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
179 Shark Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180 Simply Ming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
181 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182 The Sing-Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
183 60 Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
184 Smash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
185 So You Think You Can Dance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
186 Soundstage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
187 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
188 Stargate: SG1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
189 Storm Stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
190 Suburgatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
191 Sunday Afternoon Movie on ION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
192 Sunday Night Movie on ION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
193 Supernatural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
194 Survivor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
195 Take the Money and Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
196 Terra Nova	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
197 That 70's 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
198 30 Rock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
199 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
200 TMZ - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
201 Touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
202 20/20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
203 The 2-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
204 2 Broke Girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
205 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
206 Two and a Half Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
207 Two and a Half Men - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
208 Ugly Betty - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
209 Undercover Boss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
210 Unforgettable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
211 US Farm Report: Town and Country Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
212 Up All Night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
213 The Vampire Diaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
214 Victory 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
215 The Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
216 Washington Week with Gwen Ifill & National Journal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
217 Weekend Vibe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
218 Whitney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
219 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
220 Who Do You Think You Are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
221 Winter Wipeout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
222 Wipeout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
223 Without a Trace - 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
224 Work 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
225 The X 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	X	1	2	3	4	6	8	9	0	5	4	0

TELEVISION VIEWING
(Continued)

68L

1. How many times a week do you usually watch the following programs?

2. Did you watch the program yesterday (if today is Sunday or Monday, did you watch the program on Friday)?

3. If you watched the program yesterday, how much attention were you paying?

4. If you watched the program yesterday, where did you watch it?

5. Did you watch the program online, using a computer, cell phone, etc. in the past 30 days?

MONDAY THROUGH FRIDAY PROGRAMS

	None	1	2	3	4	5	Yes	Full	Most	Some	Your Own Home	Somewhere Else	Yes
01 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02 Access Hollywood 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 According to Jim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 All Of Us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 America's Funniest Home Videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 American Dad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 Anderson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08 Big Bang Theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Criminal Minds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 The Doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Dr. Drew's Lifechangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 The Dr. Oz 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 The Dr. Phil 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Ellen Degeneres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Everybody Hates Chris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Excused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Family Feud (Steve Harvey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Family Guy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Flashpoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Futurama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Ghost Whisperer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Golf Magazine TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 House of Payne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 How I Met Your Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 Judge Alex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 Law & Order: Criminal Intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43 Live with Regis & 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45 Meet The Browns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46 My Name is Earl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48 The Nate Berkus 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 The New Adventures of Old Christine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 The Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52 Rachael Ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53 Scrubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56 700 Club Interactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58 South Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59 The Steve Wilkos 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60 That 70's 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61 Sunny in Philadelphia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62 Swift 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63 TMZ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64 30 Rock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65 Til Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66 Two and a Half Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67 The Wendy 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70 Without a Trace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71 Women's Day	<input checked="" type="checkbox"/>	1	2	3	4	5	6	8	9	0	5	4	0

SPORTS PROGRAMS

68X

1. Did you watch any program when it was shown on television in the past 12 months?

2. How many times a month do you usually watch the following programs?

3. If you watched the program in the past 12 months, how much attention were you paying?

4. If you watched the program in the past 12 months, where did you watch it?

	Yes	None	One	Two	Three	Four	Full	Most	Some	Your Own Home	Somewhere Else	
BASEBALL												
01	ESPN MLB Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02	Fox Saturday Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03	Fox Saturday Baseball Post-Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04	Fox Saturday Baseball Pre-Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05	This Week in Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BASKETBALL												
06	ABC NBA Countdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07	ABC NBA Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08	ABC WNBA Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09	CBS College Basketball Today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	CBS NCAA Men's College Basketball Games	<input type="checkbox"/>	<input type="checkbox"/>	<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	ESPN NBA Basketball Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	TNT NBA Basketball Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FOOTBALL												
13	ABC College Football Countdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	ABC College Football Regular Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	ABC Saturday Night College 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	AFC Championship on 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"/>	<input type="checkbox"/>	
17	CBS College Football Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	CBS College Football Today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	CBS NFL Regular Season 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	CBS The NFL Today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	ESPN College Football Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	ESPN NFL 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	ESPN Sunday NFL Countdown	<input type="checkbox"/>	<input type="checkbox"/>	<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	Football Night in America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	FOX NFL Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	FOX NFL Sunday Pre-Game 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"/>	<input type="checkbox"/>	
27	NBC NFL Sunday 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	NBC Notre Dame 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	NFC Championship on 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	NFL Network Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<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												
31	ABC Major League Soccer Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	CBS Sports Spectacular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	NBC Action Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35	WWE Smackdown	<input type="checkbox"/>	<input type="checkbox"/>	<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	X	1	2	3	4	8	9	0	5	4

OLYMPICS

The 2010 Winter Olympics in Vancouver, Canada was telecast on NBC in February, 2010.

68J-0

Did you watch any of the 2010 Winter Olympics? Yes 1 No 2

The Winter Olympics was telecast over 17 days. On about how many of the 17 days did you watch the Olympics? _____ 68K-0

Listed below are Olympic events. Please check in the appropriate columns below.

68W

1. Did you watch any of these Olympic events?

2. If you watched the event, where did you watch it?

	Your Own Home	Someone Else's Home	Somewhere Else	
Bobsled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01	
Figure Skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02	
Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03	
Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04	
Snowboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05	
Speed Skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06	
	6	5	1	4

How did you watch the Olympics? (check all that apply) 69Q

TV

- NBC 01
- MSNBC 02
- CNBC 03
- USA 04
- Internet 05
- Mobile Phone/ Smartphone or PDA 06
- Video on Demand 07

SEASONAL SPORTS

1. Did you watch any program when it was shown on television **in the past 12 months?**

2. If you watched the program **in the past 12 months**, how much attention were you paying?

3. If you watched the program **in the past 12 months**, where did you watch it? (Check as many as apply.)

		Yes	Full	Most	Some	Your Own Home	Someone Else's Home	Hotel/Motel	Bar/Restaurant	Somewhere Else
BASEBALL										
01	ABC Little League World Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	ESPN Little League World Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	FOX MLB Championship Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	FOX MLB Divisional Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	FOX Major League Baseball World Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	TBS MLB Championship Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	TBS MLB Divisional Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASKETBALL										
08	ABC NBA Finals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	ABC NBA Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	ABC WNBA Championship Finals	<input type="checkbox"/>	<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	ABC WNBA Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	CBS NCAA Men's Basketball Tournament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	ESPN NBA Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	SEC Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	TBS NCAA Basketball Tournament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	TNT NBA Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	TNT NCAA Basketball Tournament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	TRU NCAA Basketball Tournament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOTBALL										
19	AFC/NFC Pro Bowl Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	CBS AFC-NFL Football Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	CBS NFL Pre-Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	ESPN NFL Pre-Season 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"/>	<input type="checkbox"/>
23	FOX NFC-NFL Football Playoffs	<input type="checkbox"/>	<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 NFL Pre-Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	NFL Network Pre-Season 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"/>	<input type="checkbox"/>
HOCKEY										
26	NBC NHL Hockey Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	NBC NHL Hockey Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	VERSUS NHL Hockey Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	VERSUS NHL Hockey Regular Season Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCCER										
30	ABC Major League Soccer Final	<input type="checkbox"/>	<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	8	9	0	5	1	6	3	4

ANNUAL SPORTS EVENTS/SPECIALS

1. Did you watch any program when it was shown on television **in the past 12 months?**

2. If you watched any program **in the past 12 months**, where did you watch it? (Check as many as apply.)

1. Did you watch any program when it was shown on television **in the past 12 months?**

2. If you watched any program **in the past 12 months**, where did you watch it? (Check as many as apply.)

		Watched Past 12 months	Where Watched		
		Yes	Your Own Home	Someone Else's Home	Somewhere Else
AUTO RACING					
01	ABC NASCAR Countdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	CBS Auto Racing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Indianapolis 500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Indianapolis 500 Pre-Race Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	IndyCar Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	Lucas Oil Off Road Racing Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	Monster Truck Jam World Finals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	NASCAR Daytona 500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	NASCAR Nationwide Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	NASCAR Sprint Cup on ESPN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	NASCAR Sprint Cup on TNT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	NASCAR Sprint Cup Series on ABC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	NASCAR Sprint Cup Series on ESPN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	NASCAR Sprint Cup Series on FOX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEBALL					
15	FOX Major League All-Star Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Home Run Derby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		6	5	1	4
BASKETBALL					
17	NBA All Star Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	NCAA Atlantic 10 Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	NCAA Basketball Championship Selection Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	NCAA Big Ten Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	NCAA Conference USA Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	NCAA Men's Basketball Championship Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	NCAA Men's Division II Basketball Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	NCAA Missouri Valley Conference Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	NCAA PAC-10 Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	NCAA Road to the Final Four	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	NCAA SEC Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		6	5	1	4

ANNUAL SPORTS EVENTS/SPECIALS
(Continued)

1. Did you watch any program when it was shown on television **in the past 12 months**?
2. If you watched any program **in the past 12 months**, where did you watch it? (Check as many as apply.)

68P	Watched Past 12 months	Where Watched		
		Your Own Home	Someone Else's Home	Some-where Else
	Yes			
FOOTBALL				
28	ABC Big 12 Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Army-Navy Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	BCS Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Capital One Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Cotton Bowl (Southwestern)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	ESPN NFL Draft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Fiesta Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Heisman Trophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	NFL Network NFL Draft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Orange Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Rose Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	SEC Championship Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Sugar Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Sun Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Super Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Super Bowl Post-Game Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Super Bowl Pre-Game Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GOLF				
45	ADT Skills Challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Arnold Palmer Invitational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	AT&T National	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	AT&T Pebble Beach National Pro-Am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	The Barclays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	BMW Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	British Open Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Constellation Energy Senior Players Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Crowne Plaza Invitational at Colonial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Deutsche Bank Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Farmer's Insurance Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Fed Ex St. Jude Classic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	The Greenbrier Classic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	Harbor Shores Champions for Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	The Heritage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	Honda Classic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	HP Byron Nelson Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	Jim Nantz Remembers Augusta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	John Deere Classic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	Liberty Mutual Legends of Golf (Champions TOUR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	LPGA Tour Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	The Masters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	Masters Documentary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	the Memorial Tournament presented by Nationwide Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	Northern Trust Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	Outback Steakhouse Pro-Am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	PGA Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	PGA Championship Preview Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73	PGA of America Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74	PGA TOUR Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	PGA/USGA Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76	The Player's Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	President's Cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	RBC Canadian Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79	Ryder Cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	5	1	4

1. Did you watch any program when it was shown on television **in the past 12 months**?
2. If you watched any program **in the past 12 months**, where did you watch it? (Check as many as apply.)

ANNUAL SPORTS EVENTS/SPECIALS (Continued)	Watched Past 12 months	Where Watched		
		Your Own Home	Someone Else's Home	Some-where Else
	Yes			
GOLF (Continued)				
80	Senior British Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81	Shark Shootout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82	Shell Houston Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	Skins Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84	Transitions Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85	The Tour Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	Travelers Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137	U.S. Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138	U.S. Women's Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87	Valero Texas Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88	Waste Management Phoenix Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89	Wells Fargo Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	Wendy's 3-Tour Challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91	WGC—Bridgestone Invitational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92	WGC—Cadillac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93	Women's British Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94	Wyndham Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95	Zurich Classic of New Orleans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOCKEY				
96	NHL Stanley Cup Finals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HORSE RACING				
97	ABC Breeder's Cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98	Belmont Stakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99	Kentucky Derby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100	Preakness Stakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101	Santa Anita Derby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKATING				
102	NBC Skating Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103	U.S. Figure Skating Championships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TENNIS				
104	French Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105	Pilot Pen Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106	Sony Ericsson Open—Men's Final	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107	Sony Ericsson Open—Women's Final	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108	U.S. Open Tennis on CBS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109	U.S. Open Tennis—Men's Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110	U.S. Open Tennis—Women's Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111	Western and Southern Open—Men's Final	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112	Wimbledon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113	Winston-Salem Open—Men's Final	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRACK & FIELD				
114	Millrose Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115	NCAA Men's & Women's Outdoor Track & Field Championships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	5	1	4

ANNUAL SPORTS EVENTS/SPECIALS
(Continued)

- Did you watch any program when it was shown on television **in the past 12 months?**
- If you watched any program **in the past 12 months**, where did you watch it? (Check as many as apply.)

68P	Watched Past 12 months	Where Watched		
		Your Own Home	Someone Else's Home	Somewhere Else
ANNUAL SPORTS EVENTS SPECIALS (Continued)	Yes			
OTHER SPORTS				
116	Alli Dew Tour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117	The Alt Games: College Action Sports Championships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118	American Quarter Horse Association Championships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119	ASA World Championships of Freestyle Motocross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	CBS Professional Bull Riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121	Championships of the NCAA - Fall Highlight Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122	Championships of the NCAA - Spring Highlight Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123	Championships of the NCAA - Winter Highlight Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124	Deer Valley Celebrity Skifest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125	Fight Camp 360: Pacquiao vs. Mosley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126	FOX World Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127	Jeep World Adventure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128	Monster Energy AMA Supercross Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129	NCAA Women's Gymnastics Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Poker Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131	Tour de France	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132	USA Rugby Tournament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133	Winter X Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134	World Cup Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135	WrestleMania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136	X Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTERTAINMENT/NEWS SPECIALS				
01	ABC Academy Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	ABC American Music Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	ABC Annual Country Music Association Awards (CMA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	ABC Barbara Walters Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	ABC 20/20 Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	Academy of Country Music Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	An American Celebration at Ford's Theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	American Country Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	American Masters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Beyonce Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Big Brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	A Capitol Fourth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	CBS Kennedy Center Honors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	CBS Thanksgiving Day Parade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Charlie Brown Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Christmas in Rockefeller Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	CMA Music Festival Television Special	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Daytime Emmy Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Dick Clark's New Years Rockin' Eve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Fashion's Night Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		6	5	1

- Did you watch any program when it was shown on television **in the past 12 months?**
- If you watched any program **in the past 12 months**, where did you watch it? (Check as many as apply.)

68R	Watched Past 12 months	Where Watched		
		Your Own Home	Someone Else's Home	Somewhere Else
ENTERTAINMENT/NEWS SPECIALS (Continued)				
21	Flashpoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Flight Before Christmas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Fox 25th Anniversary Special	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	FOX New Year's Special	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Frosty the Snowman Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Girls' Night Out: Women of Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Golden Globe Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Grammy Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Grammy Nomination Concert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Great Performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Hallmark Hall of Fame-Movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	History Detectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Hollywood Christmas Parade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	A Home for the Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	How the Grinch Stole Christmas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	I Get That a Lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Independent Lens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	The Kennedy Center Mark Twain Prize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Live From Lincoln Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Macy's Thanksgiving Day Parade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Miss Universe Pageant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Miss USA Pageant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	National Memorial Day Concert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	New Year's Eve Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	New Year's Eve With Carson Daly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	NOVA ScienceNow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	People's Choice Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	POV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Prep & Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Primetime Emmy Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Primetime News Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Prohibition, A Film by Ken Burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Rudolph the Red-Nosed Reindeer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Santa Claus Is Coming to Town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Same Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Saturday Night Live Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	Secrets of the Dead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	Shrek the Halls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	Soul Train Music Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	The Story of Santa Claus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	Super Bowl's Greatest Commercials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	Teen Choice Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	The Ten Commandments (1956)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	Tony Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	Tournament of Roses Parade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	Victoria's Secret Fashion Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	Walt Disney Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	World Magic Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	World Music Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	Yes, Virginia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		6	5	1

68R

6

5

1

4

TELEVISION VIEWING — SPANISH LANGUAGE

SPANISH TELEVISION VIEWING

Listed below are television programs that are shown **Monday through Friday**. Please check in the appropriate columns below.

1. How many times a week do you usually watch the following programs?

2. Did you watch the program yesterday (if today is Sunday or Monday, did you watch the program on Friday)?

3. If you watched the program yesterday, how much attention were you paying?

4. If you watched the program yesterday, where did you watch it?

66A

		None	1	2	3	4	5	Yes	Full	Most	Some	Your Own Home	Someone Else's Home	At Work	Somewhere Else
NEWS															
01	Noticiero Telemundo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Noticiero Univision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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															
03	Despierta América	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Levántate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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															
05	Caso Cerrado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	Casos de Familia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	12 Corazones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	Escándalo T.V.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	Hoy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Lo Mejor del Caso Cerrado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Mujeres al Límite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	¿Quién tiene la Razón?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Veredicto Final	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MONDAY THROUGH FRIDAY PROGRAMS															
14	Al Rojo Vivo con María Celeste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Caso Cerrado Edición Estelar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	El Chavo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	El Gordo y La Flaca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Primer Impacto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Protagonistas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Si Se Puede	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	La Tijera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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															
22	El Cartel II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Cero En Conducta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Cinescape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Decisiones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Desmadrugados	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Noche De Perros	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Noticiero Univision: Edición Nocturna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Para Volver A Amar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	S.O.S.: Sexo y Otros Secretos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Sin Senos No Hay Paraíso	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Univision In Studio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		X	1	2	3	4	5	6	8	9	0	5	1	2	4

Listed below are television programs that are shown **once a week**. Please check in the appropriate columns below.

1. How many times a month do you usually watch the following programs?

2. Did you watch the program in the past 7 days?

3. If you watched the program in the past 7 days, how much attention were you paying?

4. If you watched the program in the past 7 days, where did you watch it?

66C















		None	1	2	3	4	Yes	Full	Most	Some	Your Own Home	Someone Else's Home	Hotel/Motel	Somewhere Else
ONCE A WEEK PROGRAMS														
01	Al Punto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Aquí y Ahora	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Arrasa Con Todo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Aurora Valle Presenta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	Central De Abasto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	Cine de Impacto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	Cine De Las Estrellas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	Cine Especial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	Cine Exclusivo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Cine Millonario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Cineplex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Como Dice El Dicho	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Delicioso	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Don Francisco Presenta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Enfoque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	El Equipo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Escándalo TV 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Mira Quién Baila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Noticiero Univision - Fin de Semana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Nuestra Belleza Latina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Pequeños Gigantes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Planeta U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Plaza Sésamo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Rompiendo Los Limites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	La Rosa de Guadalupe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Sabadazo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Sábado Gigante	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Sal y Pimienta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Toonturama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Vecinos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Viva La Familia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		X	1	2	3	4	6	8	9	0	5	1	2	4

SPORTS		1. Did you watch any program when it was shown on television in the past 12 months?	2. How many times a month do you usually watch the following programs?							3. If you watched the program in the past 12 months, how much attention were you paying?		4. If you watched the program in the past 12 months, where did you watch it?	
SPORTS PROGRAMS		Yes	None	One	Two	Three	Four	Full	Most	Some	Your Own Home	Some-where Else	
66E													
01	Contacto Deportivo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02	Fútbol Liga Mexicana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03	República Deportiva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04	Ritmo Deportivo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05	Sólo Boxeo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06	Titulares y Más	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07	Titulares Telemundo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	X	1	2	3	4	8	9	0	5	4	

SEASONAL SPORTS		1. Did you watch any program when it was shown on television in the past 12 months?	2. If you watched the program in the past 12 months, how much attention were you paying?				3. If you watched the program in the past 12 months, where did you watch it? (check as many as apply.)				
SEASONAL SPORTS		Yes	Full	Most	Some	Your Own Home	Someone Else's Home	Hotel/Motel	Bar Restaurant	Some-where Else	
66F											
01	Boxeo Telemundo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02	CONCACAF Champions League	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03	Copa América	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04	Copa Oro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05	Fútbol Estelar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06	Fútbol Telemundo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07	Major League Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08	Sábado de Fútbol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09	Superliga	<input type="checkbox"/>	<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	8	9	0	5	1	2	3	4	

SOAP OPERAS/NOVELAS		1. Did you watch any program when it was shown on television in the past 12 months?	2. If you watched any program in the past 12 months, where did you watch it? (Check as many as apply.)		
DAYTIME		Watched Past 12 months	Where Watched		
DAYTIME		Yes	Your Own Home	Someone Else's Home	Some-where Else
66H					
01	TELEFUTURA: (Fuego En La Sangre, Gata Salvaje, Mañana Es Para Siempre, Mi Pecado, Tres Mujeres, Salvador De Mujeres, Somos Tú y Yo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	TELEMUNDO: (Doña Bárbara)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	UNIVISION: (Niña De Mi Corazón, Sacrificio De Mujer, Zacatillo Un Lugar En Tu Corazón)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIME TIME					
04	TELEFUTURA: (Doña Bella, El Capo 2, La Pola, La Mariposa, La Viuda Joven, Mía)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	TELEMUNDO: (La Casa de al Lado, Flor Salvaje, Mi Corazón Insiste)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	UNIVISION: (Cuando Me Enamoro, Dos Hogares, La Fuerza Del Destino, Talisman, Teresa, Triunfo Del Amor, Una Familia Con Suerte)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		6	5	1	4

ANNUAL EVENTS/SPECIALS		1. Did you watch any program when it was shown on television in the past 12 months?	2. If you watched any program in the past 12 months, where did you watch it? (Check as many as apply.)		
ANNUAL EVENTS/SPECIALS		Watched Past 12 months	Where Watched		
ANNUAL EVENTS/SPECIALS		Yes	Your Own Home	Someone Else's Home	Some-where Else
66L					
01	La Alfombra Roja de Billboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Camino a la Corona	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Cine Especial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	El Desfile de las Rosas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	Diciembre Mágico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	Escándalo de Año Nuevo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	Es El Momento	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	Feliz Año Nuevo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	Festival de Viña del Mar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	El Grito de México	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Latin Billboard Music Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Latin Grammy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Miss Universe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Nuestra Belleza de México	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Premio Lo Nuestro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Premios Billboard: Regional Mexicano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Premios "Furia Musical"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Premios Juventud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Premios "TV y Novelas"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Premios Univision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Univision Documentales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		6	5	1	4

CABLE AND SATELLITE TELEVISION NETWORKS		66X			If you watched the program in the Past 7 days, how much attention were you paying?		
		Watched last 30 days	Watched last 7 days	Full	Most	Some	
	ABC Family						
01	Jane By Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02	The Lying Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03	Pretty Little Liars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04	The Secret Life of the American Teenager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05	Switched at Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
[adult swim]	Adult Swim						
06	American Dad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07	Children's Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08	Family Guy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09	King of the Hill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Robot Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	A&E Television Network						
11	Billy the Exterminator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Dog The Bounty Hunter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	The First 48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Storage Wars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	AMC (American Movie Classics)						
16	Breaking Bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Hell on Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	The Killing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Mad Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	The Walking Dead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Animal Planet						
21	Confessions: Animal Hoarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	I Shouldn't Be Alive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	Pit Boss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	Pit Bulls & Parolees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	River Monsters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	CNBC						
26	Closing Bell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	Fast Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	Mad Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	Squawk Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	Suze Orman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	CNN (Cable News Network)						
31	Anderson Cooper 360°	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	John King, USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	Parker/Spitzer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	Piers Morgan Tonight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35	The Situation Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Comedy Central						
36	The Colbert Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37	The Daily Show with Jon Stewart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38	South Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39	30 Rock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40	Tosh. 0.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Discovery Channel						
41	American Chopper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42	Gold Rush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43	MythBusters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44	Sons of Guns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45	Storm Chasers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	E! (Entertainment Television)						
46	Chelsea Lately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47	E! News	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48	The E! True Hollywood Story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49	Keeping up with the Kardashians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50	The Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ESPN						
51	Around the Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
52	College Football Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
53	NFL Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54	Outside the Lines First Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
55	PTI (Pardon the Interruption)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ESPN2						
56	Dan LeBatard is Highly Questionable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
57	Mike & Mike in the Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
58	Numbers Never Lie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
59	Rome is Burning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
60	SportsNation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Food Network						
61	Best Thing I Ever Ate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
62	Chopped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
63	Diners, Drive-ins and Dives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
64	Iron Chef America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
65	Restaurant Impossible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Fox News Channel						
66	Fox and Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
67	Fox Report with Shepard Smith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
68	Hannity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69	On The Record with Greta Van Susteren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
70	The O'Reilly Factor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	FX						
71	DVD on TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
72	FX Prime Movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
73	It's Always Sunny in Philadelphia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
74	The League	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
75	Sons of Anarchy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CABLE AND SATELLITE TELEVISION NETWORKS (Continued)

66X

Watched last 30 days Watched last 7 days

If you watched the program in the Past 7 days, how much attention were you paying?
Full Most Some



HISTORY History Channel

76 American Pickers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77 Ax Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78 IRT Deadliest Roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79 Pawn Stars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80 Swamp People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



HLN HLN

81 Dr. Drew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82 Issues w/Jane Velez-Mitchell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83 The Joy Behar Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84 Morning Express w/Robin Meade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85 Nancy Grace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



HGTV Home & Garden Television

86 Color Splash Miami	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87 Holmes on Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88 House Hunters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89 Property Virgins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90 Selling New York	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Lifetime Lifetime

91 Against the Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92 Army Wives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93 Drop Dead Diva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94 One Born Every Minute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95 Project Runway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



MTV MTV

96 Jersey Shore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97 Made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98 Real World	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99 Teen Mom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 True Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

nickelodeon Nickelodeon

101 Dora the Explorer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102 Go, Diego, Go!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103 iCarly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104 SpongeBob SquarePants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105 Victorious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SPIKE Spike TV

106 Blue Mountain State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107 Impact Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108 Most Lethal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109 Repo Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110 The Ultimate Fighter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 6 8 9 0

CABLE AND SATELLITE TELEVISION NETWORKS (Continued)

66X

Watched last 30 days Watched last 7 days

If you watched the program in the Past 7 days, how much attention were you paying?
Full Most Some



Syfy Imagine Greater Syfy

111 Being Human	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112 Face Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113 Fact or Faked: Paranormal Files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114 Ghost Hunters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115 WWE SmackDown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



TBS TBS

116 The Big Bang Theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117 Conan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118 Family Guy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119 Lopez Tonight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120 Meet The Browns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



TLC TLC

121 Cake Boss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122 Extreme Couponing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123 19 Kids & Counting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124 Say Yes to the Dress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125 What Not to Wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



TNT WE KNOW DRAMA™ TNT

126 The Closer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127 Leverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128 NBA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129 Rizzoli & Isles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130 Southland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



truTV NOT REALITY. ACTUALITY. truTV

131 Full Throttle Saloon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132 Hardcore Pawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133 Operation Repo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134 Wipeout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135 World's Dumbest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



USA USA Network

136 Burn Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137 Covert Affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138 Royal Pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139 White Collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140 WWE Raw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



The Weather Channel The Weather Channel

141 Peter Lik	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142 Storm Stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143 Wake Up with Al	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
144 Weather Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145 Your Weather Today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 6 8 9 0

CABLE AND SATELLITE TELEVISION NETWORKS		Did you watch any program from this network ONLINE using a computer, cell phone, etc., in the past 30 days?	Did you watch any program from this network using VIDEO-ON-DEMAND, in the past 30 days?	CABLE AND SATELLITE TELEVISION NETWORKS (Continued)		Did you watch any program from this network ONLINE using a computer, cell phone, etc., in the past 30 days?	Did you watch any program from this network using VIDEO-ON-DEMAND, in the past 30 days?
66Y							
Network							
01	ABC Family	<input type="checkbox"/>	<input type="checkbox"/>	61	(IFC) Independent Film Channel . . .	<input type="checkbox"/>	<input type="checkbox"/>
02	A&E	<input type="checkbox"/>	<input type="checkbox"/>	62	(INSP) The Inspiration Network . . .	<input type="checkbox"/>	<input type="checkbox"/>
03	Adult Swim	<input type="checkbox"/>	<input type="checkbox"/>	63	Investigation Discovery	<input type="checkbox"/>	<input type="checkbox"/>
04	(AMC) American Movie Classics . . .	<input type="checkbox"/>	<input type="checkbox"/>	64	Lifetime	<input type="checkbox"/>	<input type="checkbox"/>
05	Animal Planet	<input type="checkbox"/>	<input type="checkbox"/>	65	Lifetime Movie Network (LMN)	<input type="checkbox"/>	<input type="checkbox"/>
06	BBC America	<input type="checkbox"/>	<input type="checkbox"/>	66	Logo	<input type="checkbox"/>	<input type="checkbox"/>
07	BET (Black Entertainment Television) .	<input type="checkbox"/>	<input type="checkbox"/>	67	Military Channel	<input type="checkbox"/>	<input type="checkbox"/>
08	Biography Channel	<input type="checkbox"/>	<input type="checkbox"/>	68	MLB Network	<input type="checkbox"/>	<input type="checkbox"/>
09	Bloomberg Television	<input type="checkbox"/>	<input type="checkbox"/>	69	MSNBC News	<input type="checkbox"/>	<input type="checkbox"/>
10	BRAVO	<input type="checkbox"/>	<input type="checkbox"/>	70	The Movie Channel	<input type="checkbox"/>	<input type="checkbox"/>
11	Cartoon Network	<input type="checkbox"/>	<input type="checkbox"/>	71	MTV (Music Television)	<input type="checkbox"/>	<input type="checkbox"/>
12	CBS Sports Network	<input type="checkbox"/>	<input type="checkbox"/>	72	MTV 2	<input type="checkbox"/>	<input type="checkbox"/>
13	Centric	<input type="checkbox"/>	<input type="checkbox"/>	73	MTV Tr3s	<input type="checkbox"/>	<input type="checkbox"/>
14	Chiller	<input type="checkbox"/>	<input type="checkbox"/>	74	Music Choice	<input type="checkbox"/>	<input type="checkbox"/>
15	Cinemax	<input type="checkbox"/>	<input type="checkbox"/>	75	Nat Geo Wild	<input type="checkbox"/>	<input type="checkbox"/>
16	CLOO	<input type="checkbox"/>	<input type="checkbox"/>	76	National Geographic Channel	<input type="checkbox"/>	<input type="checkbox"/>
17	CMT (Country Music Television) . . .	<input type="checkbox"/>	<input type="checkbox"/>	77	NBA TV	<input type="checkbox"/>	<input type="checkbox"/>
18	CNBC	<input type="checkbox"/>	<input type="checkbox"/>	78	NFL Network	<input type="checkbox"/>	<input type="checkbox"/>
19	CNN (Cable News Network)	<input type="checkbox"/>	<input type="checkbox"/>	79	Nick at Nite	<input type="checkbox"/>	<input type="checkbox"/>
20	Comedy Central	<input type="checkbox"/>	<input type="checkbox"/>	80	Nickelodeon	<input type="checkbox"/>	<input type="checkbox"/>
21	Cooking Channel	<input type="checkbox"/>	<input type="checkbox"/>	81	Outdoor Channel	<input type="checkbox"/>	<input type="checkbox"/>
22	Current TV	<input type="checkbox"/>	<input type="checkbox"/>	82	Ovation	<input type="checkbox"/>	<input type="checkbox"/>
23	Discovery Channel	<input type="checkbox"/>	<input type="checkbox"/>	83	OWN	<input type="checkbox"/>	<input type="checkbox"/>
24	Discovery Fit and Health	<input type="checkbox"/>	<input type="checkbox"/>	84	Oxygen	<input type="checkbox"/>	<input type="checkbox"/>
25	Disney Channel	<input type="checkbox"/>	<input type="checkbox"/>	85	Palladia HD	<input type="checkbox"/>	<input type="checkbox"/>
26	Disney XD	<input type="checkbox"/>	<input type="checkbox"/>	86	PBS KIDS Sprout	<input type="checkbox"/>	<input type="checkbox"/>
27	DIY (Do It Yourself Network)	<input type="checkbox"/>	<input type="checkbox"/>	87	Planet Green	<input type="checkbox"/>	<input type="checkbox"/>
28	E! (Entertainment Television)	<input type="checkbox"/>	<input type="checkbox"/>	88	Playboy TV	<input type="checkbox"/>	<input type="checkbox"/>
29	Encore	<input type="checkbox"/>	<input type="checkbox"/>	89	QVC	<input type="checkbox"/>	<input type="checkbox"/>
30	EPIX	<input type="checkbox"/>	<input type="checkbox"/>	90	Reelz Channel	<input type="checkbox"/>	<input type="checkbox"/>
31	ESPN	<input type="checkbox"/>	<input type="checkbox"/>	91	SCI	<input type="checkbox"/>	<input type="checkbox"/>
32	ESPN2	<input type="checkbox"/>	<input type="checkbox"/>	92	Showtime	<input type="checkbox"/>	<input type="checkbox"/>
33	ESPNU	<input type="checkbox"/>	<input type="checkbox"/>	93	Smithsonian Channel	<input type="checkbox"/>	<input type="checkbox"/>
34	ESPN Classic	<input type="checkbox"/>	<input type="checkbox"/>	94	SOAPnet	<input type="checkbox"/>	<input type="checkbox"/>
35	ESPN News	<input type="checkbox"/>	<input type="checkbox"/>	95	Speed	<input type="checkbox"/>	<input type="checkbox"/>
36	FamilyNet	<input type="checkbox"/>	<input type="checkbox"/>	96	Spike TV	<input type="checkbox"/>	<input type="checkbox"/>
37	Flix	<input type="checkbox"/>	<input type="checkbox"/>	97	Starz	<input type="checkbox"/>	<input type="checkbox"/>
38	Food Network	<input type="checkbox"/>	<input type="checkbox"/>	98	Style	<input type="checkbox"/>	<input type="checkbox"/>
39	Fox Business Network	<input type="checkbox"/>	<input type="checkbox"/>	99	Sundance Channel	<input type="checkbox"/>	<input type="checkbox"/>
40	Fox News Channel	<input type="checkbox"/>	<input type="checkbox"/>	100	Syfy	<input type="checkbox"/>	<input type="checkbox"/>
41	FSC (Fox Soccer Channel)	<input type="checkbox"/>	<input type="checkbox"/>	101	TBN	<input type="checkbox"/>	<input type="checkbox"/>
42	FSN	<input type="checkbox"/>	<input type="checkbox"/>	102	TBS	<input type="checkbox"/>	<input type="checkbox"/>
43	FUEL TV	<input type="checkbox"/>	<input type="checkbox"/>	103	TeenNick	<input type="checkbox"/>	<input type="checkbox"/>
44	Fuse	<input type="checkbox"/>	<input type="checkbox"/>	104	The Tennis Channel	<input type="checkbox"/>	<input type="checkbox"/>
45	FX	<input type="checkbox"/>	<input type="checkbox"/>	105	TLC	<input type="checkbox"/>	<input type="checkbox"/>
46	G4	<input type="checkbox"/>	<input type="checkbox"/>	106	Travel Channel	<input type="checkbox"/>	<input type="checkbox"/>
47	Galavision	<input type="checkbox"/>	<input type="checkbox"/>	107	truTV	<input type="checkbox"/>	<input type="checkbox"/>
48	GMC	<input type="checkbox"/>	<input type="checkbox"/>	108	TNT (Turner Network Television)	<input type="checkbox"/>	<input type="checkbox"/>
49	Golf Channel	<input type="checkbox"/>	<input type="checkbox"/>	109	(TCM) Turner Classic Movies	<input type="checkbox"/>	<input type="checkbox"/>
50	(GAC) Great American Country	<input type="checkbox"/>	<input type="checkbox"/>	110	TV Guide Network	<input type="checkbox"/>	<input type="checkbox"/>
51	(GSN) Game Show Network	<input type="checkbox"/>	<input type="checkbox"/>	111	TV Land	<input type="checkbox"/>	<input type="checkbox"/>
52	Hallmark Channel	<input type="checkbox"/>	<input type="checkbox"/>	112	TV One	<input type="checkbox"/>	<input type="checkbox"/>
53	Hallmark Movie Channel	<input type="checkbox"/>	<input type="checkbox"/>	113	USA Network	<input type="checkbox"/>	<input type="checkbox"/>
54	Halogen	<input type="checkbox"/>	<input type="checkbox"/>	114	Velocity	<input type="checkbox"/>	<input type="checkbox"/>
55	History Channel	<input type="checkbox"/>	<input type="checkbox"/>	115	VERSUS	<input type="checkbox"/>	<input type="checkbox"/>
56	H2	<input type="checkbox"/>	<input type="checkbox"/>	116	Vh1	<input type="checkbox"/>	<input type="checkbox"/>
57	HLN	<input type="checkbox"/>	<input type="checkbox"/>	117	Vh1 Classic	<input type="checkbox"/>	<input type="checkbox"/>
58	(HBO) Home Box Office	<input type="checkbox"/>	<input type="checkbox"/>	118	The Weather Channel	<input type="checkbox"/>	<input type="checkbox"/>
59	(HGTV) Home & Garden Television . .	<input type="checkbox"/>	<input type="checkbox"/>	119	WE tv	<input type="checkbox"/>	<input type="checkbox"/>
60	(HSN) Home Shopping Network	<input type="checkbox"/>	<input type="checkbox"/>	120	WGN America	<input type="checkbox"/>	<input type="checkbox"/>
		1	2			1	2

MOVIE ATTENDANCE 69A-0

Did you attend the movies ...
 in the last 12 months? Yes 1 No 2
 in the last 6 months? Yes 3 No 4

How often did you attend the movies in the last 90 days (3 months)?
 Once a week or more 5
 2-3 times a month 6
 Once a month 7
 Less than once a month 8

Do you prefer to see a new movie:
 Opening weekend 9
 After opening weekend, but within the first 2 weeks 0
 After the second week X

Theaters you visited in the last 12 months: 69B-0
 AMC 1
 Carmike 2
 Cinemark/Century 3
 Marcus 4
 National Amusements 5
 Regal Cinemas 6
 Other theater 7

MOVIE VIEWING 69C

Have you seen any of the following movies in the last 6 months at a movie theater? on DVD, Blu-ray disc, or video tape (either rented or purchased)? with Video-On-Demand or Pay-Per-View through your cable/satellite provider? Downloaded/Streamed over the Internet?

Movie Title	Saw at Movie Theater past 6 months	Viewed on DVD, Blu-ray or Video Tape		Viewed with Video On Demand or PPV past 6 months	Down-loaded or Streamed from the Internet, past 6 months
		Rented past 6 months	Purchased past 6 months		
The American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Bad Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Big Mommas: Like Father, Like Son	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Black Swan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Bridesmaids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Burlesque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Cars 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
The Change-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
The Chronicles of Narnia: Voyage of The Dawn Treader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Columbiana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
The Company Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Conan The Barbarian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Country Strong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
Cowboys & Aliens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Crazy, Stupid, Love	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
Devil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
The Devil's Double	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
Diary of a Wimpy Kid 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
The Dilemma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19
Dirty Girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
Drive Angry 3D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21
Due Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
The Eagle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23
Easy A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
Fast Five	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25
The Fighter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26
Final Destination 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 27
The First Avenger: Captain America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 28
For Colored Girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 29
Friends with Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30
Fright Night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 31
Glee Live! 3D!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 32
The Green Hornet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 33
Green Lantern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34
Gulliver's Travels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35

MOVIE VIEWING (Continued)

Movie Title	Saw at Movie Theater past 6 months	Viewed on DVD, Blu-ray or Video Tape		Viewed with Video On Demand or PPV past 6 months	Down-loaded or Streamed from the Internet, past 6 months
		Rented past 6 months	Purchased past 6 months		
Hall Pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36
The Hangover Part II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37
Hanna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38
Harry Potter & The Deathly Hallows Part 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39
Harry Potter & The Deathly Hallows Part 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40
The Help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 41
Hereafter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42
Horrible Bosses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43
I Am Number Four	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44
Jackass 3D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45
Jumping The Broom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46
Just Go With It	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47
Justin Bieber: Never Say Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48
The King's Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49
Kung Fu Panda 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 50
Larry Crowne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 51
Legend of The Guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 52
Life As We Know It	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 53
The Lincoln Lawyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 54
Little Fockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 55
Love and Other Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 56
Madea's Big Happy Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 57
Megamind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 58
Monte Carlo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 59
Morning Glory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 60
Mr. Popper's Penguins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 61
No Strings Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 62
Paranormal Activity 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 63
Pirates of The Caribbean: On Stranger Tides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 64
Priest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 65
Rango	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 66
Red	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 67
Resident Evil: Afterlife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 68
Restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 69
Rio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 70
Rise of The Planet of The Apes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 71
The Rite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 72
The Roommate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 73
Sanctum 3D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 74
Saw 3D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 75
Scream 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 76
Secretariat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 77
The Smurfs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 78
The Social Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 79
Something Borrowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 80
Soul Surfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 81
Source Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 82
Spy Kids 4: All The Time In The World	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 83
Super 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 84
Tangled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 85
30 Minutes or Less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 86
Thor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 87
The Tourist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 88
The Town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 89
Transformers: Dark of The Moon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 90
Tron: Legacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 91
True Grit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 92
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 93
Unstoppable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 94
Wall Street 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 95
Water for Elephants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 96
Winnie The Pooh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 97
X-Men: First Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 98
Yogi Bear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 99
The Zookeeper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 100

YOUR INTENTIONS

69K

IN THE NEXT TWELVE MONTHS, HOW LIKELY ARE YOU OR SOMEONE IN YOUR HOUSEHOLD TO:

	<u>Very Likely</u>	<u>Somewhat Likely</u>	<u>Not Very Likely</u>	<u>Not at all Likely</u>
Home:				
Buy your first house/residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Buy a second house/or vacation home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Sell your house/residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Take out a 2nd Mortgage or Equity Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Remodel your home:				
Remodel Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Remodel Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Convert room to home office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Add rooms – Exterior Additions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Buy insurance or financial products:				
Homeowner or personal property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Invest in stocks, bonds, or mutual funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Travel: Vacation within the U.S.:				
Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
Florida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Theme Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Cruise: (for more than 1 day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
Travel: Vacation abroad:				
Europe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19
Mexico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
South America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
Vehicle:				
Buy a new vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23
Buy a used or pre-owned vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
Lease a vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25
Buy/lease vehicle type:				
2-door car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26
4-door car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 27
Van/Mini-van	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 28
Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 29
Sport Utility Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30
Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 31
Hybrid/Alternative Fuel Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 32
Buy electronics:				
E-reader (e.g. Amazon Kindle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 33
Home theater system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34
Large flat screen/HDTV (27" - 42")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35
Giant flat screen/HDTV (43" or more)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36
Portable DVD player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37
Blu-ray player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38
Digital video camera/Digital camera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39
Desktop computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40
Laptop computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 41
Satellite Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42
Smartphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43
Tablet (e.g. Apple iPad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44
Lifestyle (you personally):				
Get engaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45
Become a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46
Become a grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47
Have a child go away to college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48
Have a child graduate from college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49
Have a child get married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 50
Retire from full-time work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 51
Collect lump-sum from pension/IRA/401k	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 52
Start or buy a new business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 53
Change jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 54
	1	2	3	4

CONSUMER CONFIDENCE

69M-0

Thinking of the **last 12 months**, do you believe that you and your household are better off or worse off financially than you were **one year ago**?

Better now 1 About the same 2 Worse now 3

Thinking of the **next 12 months**, do you think you and your household will be better off or worse off financially **one year from now**?

Better 4 About the same 5 Worse 6

Thinking of the **last 12 months**, do you believe that the economy and business conditions in the country as a whole are better or worse now than **one year ago**?

Better now 7 About the same 8 Worse now 9

Thinking of the **next 12 months**, do you think that the economy and business conditions in the country as a whole will be better or worse **one year from now**?

Better 0 About the same x Worse y

The following items help us to understand how General Attitudes about lifestyles relate to needs for and use of specific products and services. Please indicate how much you disagree or agree with each of the following statements by circling the number that comes closest to describing how you feel. There are no right or wrong answers — just answers that describe you best. (Please circle one number in each row.)

69E	DISAGREE		AGREE	
	Mostly	Somewhat	Somewhat	Mostly
1. I am often interested in theories	1	2	3	4
2. I like outrageous people and things	1	2	3	4
3. I like a lot of variety in my life	1	2	3	4
4. I love to make things I can use everyday	1	2	3	4
5. I follow the latest trends and fashions	1	2	3	4
6. Just as the Bible says, the world literally was created in six days	1	2	3	4
7. I like being in charge of a group	1	2	3	4
8. I like to learn about art, culture, and history	1	2	3	4
9. I often crave excitement	1	2	3	4
10. I am really interested only in a few things	1	2	3	4
11. I would rather make something than buy it	1	2	3	4
12. I dress more fashionably than most people	1	2	3	4
13. The federal government should encourage prayer in public schools	1	2	3	4
14. I have more ability than most people	1	2	3	4
15. I consider myself an intellectual	1	2	3	4
16. I must admit that I like to show off	1	2	3	4
17. I like trying new things	1	2	3	4
18. I am very interested in how mechanical things, such as engines, work	1	2	3	4
19. I like to dress in the latest fashions	1	2	3	4
20. There is too much sex on television today	1	2	3	4
21. I like to lead others	1	2	3	4
22. I would like to spend a year or more in a foreign country	1	2	3	4
23. I like a lot of excitement in my life	1	2	3	4
24. I must admit that my interests are somewhat narrow and limited	1	2	3	4
25. I like making things from wood, metal, or other such material	1	2	3	4
26. I want to be considered fashionable	1	2	3	4
27. A woman's life is fulfilled only if she can provide a happy home for her family.	1	2	3	4
28. I like the challenge of doing something I have never done before	1	2	3	4
29. I like to learn about things even if they may never be of any use to me	1	2	3	4
30. I like to make things with my hands	1	2	3	4
31. I am always looking for a thrill	1	2	3	4
32. I like doing things that are new and different	1	2	3	4
33. I like to look through hardware or automotive stores	1	2	3	4
34. I would like to understand more about how the universe works	1	2	3	4
35. I like my life to be pretty much the same from week to week	1	2	3	4

ATTITUDES TOWARD ADVERTISING

Please read the following statements and check the box that most closely reflects your opinion.

63B	Does not describe your attitude at all					Describes your attitude completely				
	1	2	3	4	5	6	7	8	9	10
1. Advertising helps me keep up-to-date about products and services that I need or would like to have.	<input type="checkbox"/>	<input type="checkbox"/>	<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. Too many products do not perform as well as the ads claim.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Advertising is more manipulative than it is informative.	<input type="checkbox"/>	<input type="checkbox"/>	<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. Much of advertising is way too annoying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I like to look at advertising.	<input type="checkbox"/>	<input type="checkbox"/>	<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. On average, brands that are advertised are better in quality than brands that are not advertised.	<input type="checkbox"/>	<input type="checkbox"/>	<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 Toward Advertising

PERSONAL VALUES

69N Please rate on a scale of 1 to 7, with '1' meaning not at all important and '7' meaning extremely important. For each personal value, please circle the number that best describes how important, if at all, it is to you as a guiding principle in your life. You should mark values that are of average importance to you towards the middle of the scale.

How Important To You?

	Not at all important		Average importance			Extremely important	
1. Wealth: Having material possessions, a lot of money	1	2	3	4	5	6	7
2. Status: Achieving a higher social status	1	2	3	4	5	6	7
3. Ambition: Aspiring to get ahead	1	2	3	4	5	6	7
4. Honesty: Being sincere, having integrity	1	2	3	4	5	6	7
5. Being in tune with nature: Fitting into nature	1	2	3	4	5	6	7
6. Preserving the environment: Helping to preserve nature	1	2	3	4	5	6	7
7. Creativity: Being creative, imaginative	1	2	3	4	5	6	7
8. Freedom: Having freedom of action and thought	1	2	3	4	5	6	7
9. Curiosity: Wanting to explore and learn about new things	1	2	3	4	5	6	7
10. Public image: Protecting my reputation, saving face	1	2	3	4	5	6	7
11. Protecting the family: Having safety for loved ones	1	2	3	4	5	6	7
12. Social responsibility: Working for the welfare of society	1	2	3	4	5	6	7
13. Equality: Desiring equal opportunity for all	1	2	3	4	5	6	7
14. Stable personal relationships: Maintaining a long-term commitment to friends and loved ones	1	2	3	4	5	6	7
15. Romance: Having romance in my life	1	2	3	4	5	6	7
16. Enjoying life: Doing things because I like them	1	2	3	4	5	6	7
17. Having fun: Having a good time	1	2	3	4	5	6	7
18. Adventure: Seeking adventure and risk	1	2	3	4	5	6	7
19. Sex: Achieving a fulfilling sexual life	1	2	3	4	5	6	7
20. Looking good: Seeking the utmost attractive appearance	1	2	3	4	5	6	7
21. Duty: Fulfilling obligations to family, community and country	1	2	3	4	5	6	7
22. Respecting ancestors: Showing respect for those who came before us	1	2	3	4	5	6	7
23. Traditional gender roles: Following traditional roles for men and women	1	2	3	4	5	6	7
24. Faith: Holding to religious faith and belief	1	2	3	4	5	6	7
25. Learning: Continuing to learn throughout my life	1	2	3	4	5	6	7
26. Helpfulness: Making the effort to assist others	1	2	3	4	5	6	7
27. Friendship: Having close, supportive friends	1	2	3	4	5	6	7
28. Power: Having control over people and resources	1	2	3	4	5	6	7
29. Open-mindedness: Being broad-minded	1	2	3	4	5	6	7
30. Social tolerance: Respecting ethnic, religious, and racial differences	1	2	3	4	5	6	7
31. Authenticity: Being true to myself	1	2	3	4	5	6	7
32. Self-reliance: Being self reliant, choosing my own goals	1	2	3	4	5	6	7
33. Tradition: Preserving time-honored customs	1	2	3	4	5	6	7
34. Being youthful: Feeling young	1	2	3	4	5	6	7
35. Excitement: Having stimulating experiences	1	2	3	4	5	6	7
36. Self-interest: Putting my interests ahead of others'	1	2	3	4	5	6	7
37. Knowledge: Being well educated	1	2	3	4	5	6	7
38. Simplicity: Keeping your life and mind as uncluttered as possible	1	2	3	4	5	6	7
39. Cultural purity: Keeping my culture free from outside influences	1	2	3	4	5	6	7
40. Working hard: Always giving my best effort	1	2	3	4	5	6	7
41. Modesty: Being modest, self-effacing	1	2	3	4	5	6	7
42. Thrift: Being economical or careful with money and avoiding excesses	1	2	3	4	5	6	7

INTERNET/ONLINE

69S Please indicate how much you AGREE or DISAGREE with each of the following statements by checking the box that comes closest to how you feel.

	DISAGREE		AGREE	
	Completely	Somewhat	Somewhat	Completely
1. The Internet is a great way to gather information on products/services I'm considering purchasing	1	2	3	4
2. The Internet is a great way to actually buy products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
3. The Internet has allowed me to learn things I probably wouldn't have learned otherwise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
4. The Internet is a great way to communicate with family/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
5. The Internet is a main source of entertainment for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
6. I like to keep my personal Internet pages updated with information about my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
7. I would feel disconnected without the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
8. Going online is one of my favorite things to do with my free time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
9. The Internet is a good thing, but I worry that too much technology can be a bad thing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
10. Instant messenger keeps me in touch with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
11. The Internet is a good way to meet new people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
12. I think people put too much private information about their lives on the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
13. The Internet has little impact on my daily life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12

We are interested in your attitude about a number of issues. There are no right or wrong answers. Please indicate how much you AGREE or DISAGREE with each of the following statements by checking the box that comes closest to how you feel.

62Y	DISAGREE		AGREE		
	Completely	Somewhat	Somewhat	Completely	
	1	2	3	4	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01
1. I try to eat dinner with my family almost every night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02
2. I am so busy, I often can't finish everything I need to in a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03
3. I strive to achieve a high social status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04
4. The government should pay more attention to environmental issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05
5. I like to shower my loved ones with gifts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06
6. I like to give the impression that my life is under control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07
7. Given the choice, I would be my own boss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08
8. Prayer is a part of my daily life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09
9. Marriage should only be legal between a man and a woman.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
10. I am interested in finding out how I can help the environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
11. I don't mind giving up my personal time for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
12. Risk-taking is exciting to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
13. I am very interested in the fine arts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
14. I purchase products to help organize my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
15. Religion should be the pillar of our society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
16. I often find myself in a leadership position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
17. I like to live a lifestyle that impresses others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
18. Spending time with my family is my top priority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19
19. I work primarily for the salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
20. I prefer a set routine in my daily life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
21. Global warming is a serious threat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22
22. I enjoy showing off my home to guests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23
23. I feel really good about seeing celebrities in the media that share my ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
24. I like to learn about foreign cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25
25. Keeping a neat, organized home is a top priority for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26
26. I feel I am more environmentally conscious than most people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27
27. Even if things look messy, I know where everything is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28
28. I consider myself sophisticated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29
29. I must admit, I work most weekends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
30. Children have a right to be spoiled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31
31. I attend religious services regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32
32. My philosophy is "Life should be as much fun as possible."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33
33. I am typically willing to pay more for high-quality items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34
34. I'd rather prepare a meal than eat in a restaurant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35
35. A company's environmental record is important to me in my purchasing decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36
36. I consider myself a spiritual person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37
37. My friends are the most important thing in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38
38. I often feel like my life is slipping out of control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39
39. I enjoy being the center of attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
40. My goal is to make it to the top of my profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41
41. I seek out variety in my everyday life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42
42. It's important to me that my children continue my family's cultural traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43
43. Family is important to me, but I have other interests that are equally important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44
44. I consider myself to be very sociable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45
45. People who are worried about the environment are overreacting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46
46. My cultural/ethnic heritage is an important part of who I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47
47. I frequently wish I had more time to spend with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48
48. I would continue working even if I won the lottery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49
49. I make sure I take time for myself each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
50. Juggling family and work demands is very stressful for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51
51. I see myself as somewhat of a loner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52
52. My home is an expression of my personal style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53
53. I consider myself outspoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54
54. I enjoy maintaining traditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55
55. I'm more connected to my ethnic heritage than my parents are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56
56. I love keeping up with celebrity news and gossip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57
57. To me, it is important to keep up-to-date with news and current affairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

We are interested in your attitude about a number of issues. There are no right or wrong answers. Please indicate how much you **AGREE** or **DISAGREE** with each of the following statements by checking the box that comes closest to how you feel.

AUTOMOTIVE

69F	DISAGREE		AGREE		
	Completely	Somewhat	Somewhat	Completely	
	1	2	3	4	
1. I want a vehicle that has both the comforts of a car and the capabilities of a truck.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01
2. I plan to buy the vehicle that best meets my needs no matter who makes it or in what country it is produced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02
3. The vehicle a person owns says a lot about him or her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03
4. I often take the opportunity to discuss my knowledge of automobiles with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04
5. I'm loyal to my vehicle brands and stick with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05
6. I consider myself to be an automotive enthusiast.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06
7. I buy vehicles that reflect my commitment to support the environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07
8. I seek out vehicles with bold, innovative designs that stand apart from others on the road.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08
9. I think of vehicles as basic transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09
10. I look forward to technology advances in new vehicles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
11. The quality of workmanship/construction of a vehicle is more important than anything else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
12. I enjoy learning about automobiles from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
13. I research and compare as many vehicles as possible before making my final purchase decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
14. When I find a vehicle that I like, I typically recommend it to people I know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
15. My first consideration in choosing a vehicle is its exterior styling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
16. I look for vehicles that offer spirited performance and powerful acceleration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
17. I typically look at several vehicle brands when shopping for a new vehicle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
18. Having a vehicle that is fun to drive is a top consideration in my purchasing decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
19. I enjoy personalizing my vehicle to reflect my individual tastes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19
20. I often ask the advice of others when it comes to automobiles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
21. I prefer buying models of vehicles that I or people I know have owned and like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
22. I want the cheapest and easiest to maintain vehicle I can find.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22
23. I generally purchase the most expensive model with all the luxury appointments and options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23
24. People often ask my advice when it comes to automobiles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
25. Having a versatile vehicle to accommodate my busy lifestyle is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25
26. Rebates and incentives strongly influence my new vehicle purchase decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26
27. I consider safety first when shopping for a new vehicle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27
28. I always follow the advice of my mechanic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28
29. I always maintain my vehicle as recommended by the manufacturer's manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29

69H-0

30. If you had to make a decision today, what new (not used) CAR or TRUCK would you buy or lease? Make _____ Model _____
 (Write In) (Write In)

VACATION TRAVEL

69L	DISAGREE		AGREE		
	Completely	Somewhat	Somewhat	Completely	
	1	2	3	4	
1. On my vacations, I prefer traveling to places I've never been.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01
2. Concerns about security issues have made me less likely to travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02
3. Travel and hotel discounts have a strong influence on where I choose to travel and where I choose to stay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03
4. I often take the opportunity to discuss knowledge of vacation options with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04
5. In general, price is more important to me than convenience when making travel plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05
6. I'd rather book a trip over the Internet than meet with a travel agent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06
7. Packaged deals are great, because I don't have to plan out the details too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07
8. I love doing research on a location before I go on vacation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08
9. When I learn about a great vacation, I typically recommend it to people I know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09
10. I'd rather travel by myself or with just a small group of people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
11. I frequently choose active vacations with lots to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
12. It's worth it to me to pay more for high quality hotel accommodations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
13. I'm happy to do very little, if any, sightseeing on my vacations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
14. I enjoy learning about vacation options from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
15. When I find a vacation spot I like, I go back whenever I can.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
16. I am willing to pay more for a flight in order to travel on my favorite airline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
17. The best vacation is restful without too much physical exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
18. Group tours are fun and a good way to meet people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
19. People often ask my advice when it comes to vacation travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19
20. I'd rather travel in the U.S. than to a foreign location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
21. The Internet is not a secure way to make travel plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
22. I often ask the advice of others when it comes to vacation travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22
23. Last-minute travel specials are a great way to get a bargain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23
24. Traveling to foreign places is a great way for me to learn about other cultures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
25. I'd rather take a few weekend vacations than one long vacation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25
26. I prefer guided tours to traveling independently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26
27. Planning a vacation is just as much fun as the trip itself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27

We are interested in your attitude about a number of issues. There are no right or wrong answers. Please indicate how much you AGREE or DISAGREE with each of the following statements by checking the box that comes closest to how you feel.

FOOD	69R	DISAGREE		AGREE	
		Completely	Somewhat	Somewhat	Completely
		1	2	3	4
1. I try to eat healthy these days and pay attention to my nutrition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01
2. I rarely eat frozen dinners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02
3. I typically celebrate special occasions at restaurants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03
4. During a given week, I cook meals frequently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04
5. If a food item is on sale, I buy multiple units to stock up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05
6. Often, I eat my meals on the run.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06
7. I rely on product labels to help me make decisions when food shopping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07
8. I enjoy being creative in the kitchen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08
9. I try to eat a healthy breakfast every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09
10. I only buy food items that are name-brand, not generic brands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
11. I evaluate the nutrition of menu items when ordering at a restaurant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
12. When I find a food product I like, I typically recommend it to people I know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
13. I don't allow junk food in my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
14. When I find a restaurant I like, I stick with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
15. Frozen dinners are a convenient alternative for a meal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
16. Eating at a fast food restaurant is fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
17. If generic brands are on sale, I will purchase them over my normal name-brand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
18. I'm willing to spend more for a quality bottle of wine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
19. I don't have very much interest in cooking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19
20. I try to buy foods that are grown or produced locally (in the region where I live).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
21. I enjoy trying different types of food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
22. I indulge my cravings for sweets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22
23. Fast food is junk food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23
24. I typically drink wine with dinner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
25. People often ask my advice when it comes to food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25
26. I prefer picking up quick meals to cooking meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26
27. I'm fine with eating at a restaurant by myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27
28. I don't pay much attention to my intake of fat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28
29. Dinners in my home are usually planned ahead of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29
30. I only eat fast food when I'm in a rush.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
31. I prefer cooking with fresh food rather than canned or frozen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31
32. I'm a creature of habit, and stick to the food I know I like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32
33. I let my children make their own decisions when ordering at a restaurant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33
34. I regularly eat organic foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34

FINANCE	69J	DISAGREE		AGREE	
		Completely	Somewhat	Somewhat	Completely
		1	2	3	4
1. I regularly read financial news or financial publications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01
2. I hate to borrow money; I would much rather save up in advance of a purchase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02
3. My parents tend/tended to be savers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03
4. I would be happy to use the Internet to carry out day to day banking transactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04
5. I often take the opportunity to discuss my knowledge of financial products or services with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05
6. I always know broadly how much is in my bank account at any one time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06
7. There are one or two financial institutions that I always turn to first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07
8. It is better for me to put my money in a low-risk investment, even if the return may not be as great.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08
9. The way I deal with my finances reflects how my parents dealt with theirs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09
10. When I find a financial product or service that I like, I typically recommend it to people I know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
11. You are better off having what you want now as you never know what tomorrow brings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
12. I like to take risks when investing for the chance of a high return.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
13. I enjoy learning about financial products or services from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
14. I only save for a specific purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
15. Borrowing money makes me feel uncomfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
16. People often ask my advice when it comes to financial matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
17. I hate having to go to the branch of my bank or savings institution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
18. I find the ups and downs of the financial markets exciting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
19. I often ask the advice of others when it comes to financial products or services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19
20. I'm happy to use the phone to carry out day to day banking transactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
21. Investing in the stock market is too risky for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
22. The economy has a direct effect on my spending habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22
23. I feel overwhelmed by financial burdens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23
24. Investing for the future is very important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24

MEDIA

For each of the following statements, please check off which media you think it describes — TV, radio, internet, magazines, newspapers. You can check off as many as you'd like. For example, if you think the statement describes all of them, check off all five.

69X	<u>TV</u>	<u>RADIO</u>	<u>INTERNET</u>	<u>MAGAZINES</u>	<u>NEWSPAPERS</u>
	1	2	3	4	5
1. A good source of learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
2. Pure entertainment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
3. Makes me think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
4. Keeps me informed/up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
5. A good escape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
6. Relaxes me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
7. Puts me in a good mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
8. Gives me good ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
9. Keeps me up-to-date with the latest styles and trends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
69Y-0					
The one I trust the most (pick one).	TV <input type="checkbox"/> 1	Radio <input type="checkbox"/> 2	Internet <input type="checkbox"/> 3	Magazines <input type="checkbox"/> 4	Newspapers <input type="checkbox"/> 5

ADVERTISING

Here is a list of different places where you might find advertising. We would like to know:
a. Have you seen advertising in these places in the last 6 months or in the last 30 days?
b. If yes, how much interest do you have in the advertising that appears in these places?

699	<u>A. You Personally</u>		<u>B. How much Interest do you have?</u>		
	<u>Have seen in last 6 months</u>	<u>Have seen in last 30 days</u>	<u>Considerable Interest</u>	<u>Some Interest</u>	<u>Not Much Interest</u>
Billboards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Ads on buses/trains.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Ads at bus stops or train stations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Ads inside taxis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Ads on top of taxis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Ads on phone booths.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Ads at sports or entertainment events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Ads on postcards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Ads sent to a cell phone or other mobile device.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Ads on posters at movie theaters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Ads shown on-screen before the start of a movie.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Ads in stores (not video ads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Video Ads in grocery stores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
Video Ads in drug stores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Video Ads in convenience stores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
Video Ads in large discount/department stores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Video Ads in warehouse/club stores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
Video Ads in other stores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Video Ads in shopping malls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19
Video Ads in bars/pubs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
Video Ads in fast food or family restaurants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21
Video Ads in coffee shops, cafes or delis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
Video Ads in gyms/health clubs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23
Video Ads in medical offices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
Video Ads in airports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25
Video Ads at gas stations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26
Video Ads in office building lobbies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 27
Video Ads in office building elevators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 28
Video Ads in movie theater lobbies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 29
Infomercials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30
Offers or Ads sent to your home by mail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 31
Product placement in video games.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 32
Product placement in TV shows.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 33
Product placement in movies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34
	1	2	3	4	5

YOUR INTERESTS

Please read the following questions/ statements and check any box that applies.

Which, if any, of the following topics are:

- A. Areas you feel you have a great deal of experience or knowledge in?
 B. Topics your friends and family often ask for and trust your advice about?

62J	A. I have a great deal of knowledge/ experience in this topic		B. My family/ friends often ask for and trust my advice on this topic	
	1		2	
Healthcare	<input type="checkbox"/>		<input type="checkbox"/>	01
Physical Fitness	<input type="checkbox"/>		<input type="checkbox"/>	02
Healthy Lifestyle	<input type="checkbox"/>		<input type="checkbox"/>	03
Environmentally-Friendly products	<input type="checkbox"/>		<input type="checkbox"/>	04
Prescription Drugs	<input type="checkbox"/>		<input type="checkbox"/>	05
Dieting	<input type="checkbox"/>		<input type="checkbox"/>	06
Cooking	<input type="checkbox"/>		<input type="checkbox"/>	07
Snacks	<input type="checkbox"/>		<input type="checkbox"/>	08
New Food items	<input type="checkbox"/>		<input type="checkbox"/>	09
Grocery Shopping	<input type="checkbox"/>		<input type="checkbox"/>	10
Cleaning products	<input type="checkbox"/>		<input type="checkbox"/>	11
Beauty	<input type="checkbox"/>		<input type="checkbox"/>	12
Fashion - Clothes	<input type="checkbox"/>		<input type="checkbox"/>	13
Fashion - Shoes	<input type="checkbox"/>		<input type="checkbox"/>	14
Other Fashion	<input type="checkbox"/>		<input type="checkbox"/>	15
Shopping	<input type="checkbox"/>		<input type="checkbox"/>	16
Wine	<input type="checkbox"/>		<input type="checkbox"/>	17
Beer	<input type="checkbox"/>		<input type="checkbox"/>	18
Other Alcoholic Beverages	<input type="checkbox"/>		<input type="checkbox"/>	19
Coffee	<input type="checkbox"/>		<input type="checkbox"/>	20
Soft Drinks	<input type="checkbox"/>		<input type="checkbox"/>	21
Automobiles	<input type="checkbox"/>		<input type="checkbox"/>	22
Other Vehicles	<input type="checkbox"/>		<input type="checkbox"/>	23
Automotive Products	<input type="checkbox"/>		<input type="checkbox"/>	24
Business Travel	<input type="checkbox"/>		<input type="checkbox"/>	25
Vacation Travel	<input type="checkbox"/>		<input type="checkbox"/>	26
Restaurants	<input type="checkbox"/>		<input type="checkbox"/>	27
Finance/Investments	<input type="checkbox"/>		<input type="checkbox"/>	28
Real Estate	<input type="checkbox"/>		<input type="checkbox"/>	29
Insurance	<input type="checkbox"/>		<input type="checkbox"/>	30
Business	<input type="checkbox"/>		<input type="checkbox"/>	31
Home Remodeling	<input type="checkbox"/>		<input type="checkbox"/>	32
Household Furnishings	<input type="checkbox"/>		<input type="checkbox"/>	33
Interior Decorating	<input type="checkbox"/>		<input type="checkbox"/>	34
Gardening	<input type="checkbox"/>		<input type="checkbox"/>	35
Computers	<input type="checkbox"/>		<input type="checkbox"/>	36
Home Electronics	<input type="checkbox"/>		<input type="checkbox"/>	37
New Technology	<input type="checkbox"/>		<input type="checkbox"/>	38
Mobile/Cell phones	<input type="checkbox"/>		<input type="checkbox"/>	39
Photography	<input type="checkbox"/>		<input type="checkbox"/>	40
Video Games	<input type="checkbox"/>		<input type="checkbox"/>	41
Books	<input type="checkbox"/>		<input type="checkbox"/>	42
Movies	<input type="checkbox"/>		<input type="checkbox"/>	43
TV Shows	<input type="checkbox"/>		<input type="checkbox"/>	44
Radio	<input type="checkbox"/>		<input type="checkbox"/>	45
Newspapers	<input type="checkbox"/>		<input type="checkbox"/>	46
Magazines	<input type="checkbox"/>		<input type="checkbox"/>	47
Internet	<input type="checkbox"/>		<input type="checkbox"/>	48
Music	<input type="checkbox"/>		<input type="checkbox"/>	49
Other Entertainment	<input type="checkbox"/>		<input type="checkbox"/>	50
News	<input type="checkbox"/>		<input type="checkbox"/>	51
Politics	<input type="checkbox"/>		<input type="checkbox"/>	52
Sports	<input type="checkbox"/>		<input type="checkbox"/>	53
Sporting Equipment	<input type="checkbox"/>		<input type="checkbox"/>	54
Fishing	<input type="checkbox"/>		<input type="checkbox"/>	55
Hunting	<input type="checkbox"/>		<input type="checkbox"/>	56
Parenting	<input type="checkbox"/>		<input type="checkbox"/>	57
Education	<input type="checkbox"/>		<input type="checkbox"/>	58
Products for Babies or Children	<input type="checkbox"/>		<input type="checkbox"/>	59
Pets	<input type="checkbox"/>		<input type="checkbox"/>	60

Continued in next Column

YOUR INTERESTS (Continued)

- C. Which, if any, of these people have you recommended any product or service to in the past 12 months? 62K-0

Family Members	<input type="checkbox"/>	1
Friends	<input type="checkbox"/>	2
Colleagues or people you know through work	<input type="checkbox"/>	3
Neighbors	<input type="checkbox"/>	4
People who share a hobby or interest of yours	<input type="checkbox"/>	5
People you know through a community group or other activity	<input type="checkbox"/>	6
People you know through your kids' activities	<input type="checkbox"/>	7
People you don't necessarily know, but ran into at a store or point of sale	<input type="checkbox"/>	8
People you don't necessarily know, but have made a recommendation to online (e.g. via chat room, online bulletin board, etc.)	<input type="checkbox"/>	9

- D. For each of the following categories, which, if any, of these people have you recommended any product or service to in the past 12 months?

62L	People you Don't Necessarily Know (in stores, online, etc.)			
	Family/ Friends	Neighbors/ Colleagues		
	1	2	3	
Automotive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01
Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02
Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04
Vacation Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05
Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06

ACTIVITIES

69P

About how many hours per week do you typically spend at each of these activities? If none, please mark "0":

	Number of hours/ week
With kids or grandkids at home or outside the home	_____ 01
With your spouse or significant other	_____ 02
Watching television or movies at home	_____ 03
At your personal computer, including the Internet	_____ 04
Reading	_____ 05
Doing fun and exciting things	_____ 06
Learning new things or expanding your knowledge	_____ 07
Gardening or yard work	_____ 08
Housework (cleaning, washing, etc.)	_____ 09
Cooking	_____ 10
Working on your automobile	_____ 11
Alone	_____ 12
Commuting to and from work	_____ 13
At schools or any organizations other than church	_____ 14
Socializing/doing things with friends around town	_____ 15
Working at a paid job outside of home	_____ 16
Working at a paid job at home	_____ 17
Exercising	_____ 18
	Number of hours/ night
On average, about how many hours of sleep do you get <u>each night</u> ?	_____ 19

The remainder of this questionnaire refers to products used by or for the entire household.

It should be completed by the person who does most of the shopping for groceries and household items, and who is:

First Name

Last Name

For each product bought by you for household use:

Place an "X" in the top "TOTAL" box if you have used the product in the last 6 months, and then place "X's" in the boxes for each type, brand, etc. you have used.

Then write on the top line the total amount of the product you have used in the specified time period and write in below the amount of each type, brand, etc. you used.

Please read the full **INSTRUCTIONS** at the beginning of the booklet carefully, before starting to answer the questions.

BREAD	Your Household:	
	Used in last 6 months	Loaves/last 7 days
710		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Bran	<input type="checkbox"/>	01
Cinnamon	<input type="checkbox"/>	02
Egg	<input type="checkbox"/>	03
French	<input type="checkbox"/>	04
Garlic	<input type="checkbox"/>	05
Italian	<input type="checkbox"/>	06
Multi-grain	<input type="checkbox"/>	07
Oat	<input type="checkbox"/>	08
Pita	<input type="checkbox"/>	09
Potato	<input type="checkbox"/>	10
Pumpnickel	<input type="checkbox"/>	11
Raisin	<input type="checkbox"/>	12
Rye	<input type="checkbox"/>	13
Sourdough	<input type="checkbox"/>	14
Wheat	<input type="checkbox"/>	15
White	<input type="checkbox"/>	16
Other	<input type="checkbox"/>	17
KINDS:		
Reduced Calorie/Light	<input type="checkbox"/>	18
Regular	<input type="checkbox"/>	19
BRANDS:		
Arnold	<input type="checkbox"/>	20
Aunt Millie's	<input type="checkbox"/>	21
Beefsteak	<input type="checkbox"/>	22
Bimbo	<input type="checkbox"/>	23
Brownberry	<input type="checkbox"/>	24
Bunny	<input type="checkbox"/>	25
Buttermaid	<input type="checkbox"/>	26
Butternut	<input type="checkbox"/>	27
Colonial	<input type="checkbox"/>	28
Colombo	<input type="checkbox"/>	29
Country Hearth	<input type="checkbox"/>	30
D'Italiano	<input type="checkbox"/>	31
EarthGrains	<input type="checkbox"/>	32
Francisco	<input type="checkbox"/>	33
Freihofer's	<input type="checkbox"/>	34
Healthy Choice	<input type="checkbox"/>	35
Hearthstone	<input type="checkbox"/>	36
Holsum	<input type="checkbox"/>	37
Home Pride	<input type="checkbox"/>	38
IronKids	<input type="checkbox"/>	39
King's Hawaiian	<input type="checkbox"/>	40
Maier's	<input type="checkbox"/>	41
Merita	<input type="checkbox"/>	42
Millbrook	<input type="checkbox"/>	43
Mrs Baird's	<input type="checkbox"/>	44
Nature's Own	<input type="checkbox"/>	45
Nature's Pride	<input type="checkbox"/>	46
Oroweat	<input type="checkbox"/>	47
Pepperidge Farm	<input type="checkbox"/>	48
Rainbo	<input type="checkbox"/>	49
Roman Meal	<input type="checkbox"/>	50
Sahara	<input type="checkbox"/>	51
Sara Lee Delightful	<input type="checkbox"/>	52
Sara Lee Soft & Smooth	<input type="checkbox"/>	53
Other Sara Lee	<input type="checkbox"/>	54
Stroehmann	<input type="checkbox"/>	55
Sunbeam	<input type="checkbox"/>	56
Sun-Maid Raisin Bread	<input type="checkbox"/>	57
Wonder	<input type="checkbox"/>	58
Wonder Light	<input type="checkbox"/>	59
Generic (No Label)	<input type="checkbox"/>	60
Store's Own Brand (Packaged)	<input type="checkbox"/>	61
Store's Own Bakery Style	<input type="checkbox"/>	62
OTHER (Write In)	<input type="checkbox"/>	999

ENGLISH MUFFINS	Your Household:	
	Used in last 6 months	Number/last 7 days
711		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Pre-Sliced	<input type="checkbox"/>	01
Other	<input type="checkbox"/>	02
BRANDS:		
Bays	<input type="checkbox"/>	03
Crystal Farms	<input type="checkbox"/>	04
Oroweat	<input type="checkbox"/>	05
Pepperidge Farm	<input type="checkbox"/>	06
Sun-Maid Raisin	<input type="checkbox"/>	07
Thomas'	<input type="checkbox"/>	08
Weight Watchers	<input type="checkbox"/>	09
Wonder	<input type="checkbox"/>	10
Store's Own Brand	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999

BAGELS	Your Household:	
	Used in last 6 months	Packages/last 30 days
712		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
EarthGrains	<input type="checkbox"/>	01
Kraft Bagel-fuls	<input type="checkbox"/>	02
Lender's Bagels	<input type="checkbox"/>	03
Lender's New York Style	<input type="checkbox"/>	04
Pepperidge Farm	<input type="checkbox"/>	05
Ray's New York Bagels	<input type="checkbox"/>	06
Sara Lee Bagels	<input type="checkbox"/>	07
Thomas'	<input type="checkbox"/>	08
Store's Own Brand	<input type="checkbox"/>	09
OTHER (Write In)	<input type="checkbox"/>	999

PIZZA SHELLS/CRUSTS	Your Household:	
	Used in last 6 months	Packages/last 30 days
713		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Fresh	<input type="checkbox"/>	01
Refrigerated	<input type="checkbox"/>	02
Frozen	<input type="checkbox"/>	03
BRANDS:		
Betty Crocker	<input type="checkbox"/>	04
Boboli Pizza Crust	<input type="checkbox"/>	05
Jiffy Pizza Crust Mix	<input type="checkbox"/>	06
Mama Mary's	<input type="checkbox"/>	07
Pillsbury Pizza Crust	<input type="checkbox"/>	08
Store's Own Brand	<input type="checkbox"/>	09
OTHER (Write In)	<input type="checkbox"/>	999

REFRIGERATED/ FROZEN BREAD AND DOUGH PRODUCTS	Your Household:	
	Used in last 6 months	Packages/last 30 days
715		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Biscuits	<input type="checkbox"/>	01
Breads (Not Garlic)	<input type="checkbox"/>	02
Brownies	<input type="checkbox"/>	03
Cookies	<input type="checkbox"/>	04
Croissants	<input type="checkbox"/>	05
Dinner Rolls	<input type="checkbox"/>	06
Garlic Bread	<input type="checkbox"/>	07
Sweet Rolls	<input type="checkbox"/>	08
BRANDS:		
Big Country Biscuits	<input type="checkbox"/>	09
Cole's	<input type="checkbox"/>	10
Duncan Hines Oven Ready!	<input type="checkbox"/>	11
Nestlé Toll House Refrigerated Cookie Dough	<input type="checkbox"/>	12
Nestlé Toll House Brownies	<input type="checkbox"/>	13
New York Brand Texas Toast	<input type="checkbox"/>	14
Pepperidge Farm Garlic Bread	<input type="checkbox"/>	15
Pepperidge Farm Puff Pastry	<input type="checkbox"/>	16
Other Pepperidge Farm	<input type="checkbox"/>	17
Pillsbury Cinnamon Rolls with Icing	<input type="checkbox"/>	18
Pillsbury Cookie Dough	<input type="checkbox"/>	19
Pillsbury Crescent Rolls	<input type="checkbox"/>	20
Pillsbury Crusty French Loaf	<input type="checkbox"/>	21
Pillsbury Grands! Biscuits	<input type="checkbox"/>	22
Pillsbury Grands! Sweet Rolls	<input type="checkbox"/>	23
Pillsbury Ready to Bake!	<input type="checkbox"/>	24
Pillsbury Soft Breadsticks	<input type="checkbox"/>	25
Other Pillsbury Biscuits	<input type="checkbox"/>	26
Other Pillsbury Dinner Rolls	<input type="checkbox"/>	27
Rhodes Frozen Bread Dough	<input type="checkbox"/>	28
Rhodes Frozen Roll Dough	<input type="checkbox"/>	29
Sara Lee Cinnamon Rolls	<input type="checkbox"/>	30
Sara Lee Croissants	<input type="checkbox"/>	31
Sister Schubert's	<input type="checkbox"/>	32
Store's Own Brand	<input type="checkbox"/>	33
OTHER (Write In)	<input type="checkbox"/>	999

OTHER BREAD PRODUCTS	Your Household:	
	Used in last 6 months	Packages/last 30 days
716		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Biscuits	<input type="checkbox"/>	01
Breadsticks	<input type="checkbox"/>	02
Croissants/Crescent Rolls	<input type="checkbox"/>	03
Dinner Rolls	<input type="checkbox"/>	04
Garlic Bread	<input type="checkbox"/>	05
Hamburger Rolls/Buns	<input type="checkbox"/>	06
Hot Dog Rolls/Buns	<input type="checkbox"/>	07
Kaiser Rolls	<input type="checkbox"/>	08
Parkerhouse Rolls	<input type="checkbox"/>	09
Scones	<input type="checkbox"/>	10
Thin/Flat Rolls	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999

SALT	Your Household:	
	Used in last 6 months	Containers/ last 6 months
717		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Diamond Crystal (Regular)	<input type="checkbox"/>	01
Diamond Crystal Salt Sense	<input type="checkbox"/>	02
McCormick	<input type="checkbox"/>	03
Morton	<input type="checkbox"/>	04
Morton Lite Salt	<input type="checkbox"/>	05
Generic (No Label)	<input type="checkbox"/>	06
Store's Own Brand	<input type="checkbox"/>	07
OTHER (Write In)	<input type="checkbox"/>	999

SALT ALTERNATIVES	Your Household:	
	Used in last 6 months	Containers/ last 6 months
718		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Lawry's	<input type="checkbox"/>	01
McCormick	<input type="checkbox"/>	02
Morton Salt Substitute	<input type="checkbox"/>	03
Other Morton	<input type="checkbox"/>	04
Mrs. Dash	<input type="checkbox"/>	05
NoSalt	<input type="checkbox"/>	06
OTHER (Write In)	<input type="checkbox"/>	999

SUGAR	Your Household:	
	Used in last 6 months	Pounds/ last 30 days
719		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Cubes	<input type="checkbox"/>	01
Dark Brown	<input type="checkbox"/>	02
Light Brown	<input type="checkbox"/>	03
Confectioners	<input type="checkbox"/>	04
Corn Syrup	<input type="checkbox"/>	05
White Granulated	<input type="checkbox"/>	06
Turbinado	<input type="checkbox"/>	07
BRANDS:		
C&H	<input type="checkbox"/>	08
Crystal	<input type="checkbox"/>	09
Dixie Crystals	<input type="checkbox"/>	10
Domino	<input type="checkbox"/>	11
GW	<input type="checkbox"/>	12
Imperial	<input type="checkbox"/>	13
Sugar In The Raw	<input type="checkbox"/>	14
Generic (No Label)	<input type="checkbox"/>	15
Store's Own Brand	<input type="checkbox"/>	16
OTHER (Write In)	<input type="checkbox"/>	999

YEAST	Your Household:	
	Used in last 6 months	Packs/ last 30 days
720		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Fleischmann's	<input type="checkbox"/>	01
Red Star	<input type="checkbox"/>	02
OTHER (Write In)	<input type="checkbox"/>	999

MARGARINE	Your Household:	
	Used in last 6 months	Pounds/ last 30 days
722		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Butter Blend	<input type="checkbox"/>	01
Canola Oil	<input type="checkbox"/>	02
Corn Oil (100%)	<input type="checkbox"/>	03
Olive Oil	<input type="checkbox"/>	04
Safflower/Sunflower (100%)	<input type="checkbox"/>	05
Soybean Oil	<input type="checkbox"/>	06
Other Vegetable Oil	<input type="checkbox"/>	07
KINDS:		
Sticks	<input type="checkbox"/>	08
Bowls/Tubs	<input type="checkbox"/>	09
Spray	<input type="checkbox"/>	10
Squeeze	<input type="checkbox"/>	11
Other	<input type="checkbox"/>	12

EGGS	Your Household:	
	Used in last 6 months	Dozens/ last 30 days
724		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Organic	<input type="checkbox"/>	01
Regular	<input type="checkbox"/>	02
OTHER (Write In)	<input type="checkbox"/>	999

EGGS	Your Household:	
	Used in last 6 months	Dozens/ last 30 days
723-0		
Used for:		
Baking	<input type="checkbox"/>	1
Cooking	<input type="checkbox"/>	2
Table spread	<input type="checkbox"/>	3

EGG ALTERNATIVES	Your Household:	
	Used in last 6 months	Packages/ last 30 days
725		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Refrigerated	<input type="checkbox"/>	01
Frozen	<input type="checkbox"/>	02
BRANDS:		
All Whites	<input type="checkbox"/>	03
Better'n Eggs	<input type="checkbox"/>	04
Egg Beaters	<input type="checkbox"/>	05
Second Nature	<input type="checkbox"/>	06
Store's Own Brand	<input type="checkbox"/>	07
OTHER (Write In)	<input type="checkbox"/>	999

BUTTER	Your Household:	
	Used in last 6 months	Pounds/ last 30 days
726		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Breakstone's	<input type="checkbox"/>	01
Challenge	<input type="checkbox"/>	02
Crystal Farms	<input type="checkbox"/>	03
Hotel Bar	<input type="checkbox"/>	04
Keller's	<input type="checkbox"/>	05
Land O'Lakes Light	<input type="checkbox"/>	06
Land O'Lakes (Regular)	<input type="checkbox"/>	07
Land O'Lakes Spreadable Butter with Canola Oil	<input type="checkbox"/>	08
Shedd's Country Crock Spreadable Butter	<input type="checkbox"/>	09
Tillamook	<input type="checkbox"/>	10
Store's Own Brand	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999

FLOUR/ CORNMEAL	Your Household:	
	Used in last 6 months	Pounds/ last 30 days
728		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
All Purpose/White Flour	<input type="checkbox"/>	01
Unbleached Flour	<input type="checkbox"/>	02
Whole Wheat Flour	<input type="checkbox"/>	03
Cornmeal	<input type="checkbox"/>	04
KINDS:		
Bread/Pastry	<input type="checkbox"/>	05
Self-Rising	<input type="checkbox"/>	06
BRANDS:		
Aunt Jemima	<input type="checkbox"/>	07
Gold Medal	<input type="checkbox"/>	08
Hodgson Mill	<input type="checkbox"/>	09
King Arthur	<input type="checkbox"/>	10
Martha White	<input type="checkbox"/>	11
Pillsbury Best	<input type="checkbox"/>	12
Quaker	<input type="checkbox"/>	13
White Lily	<input type="checkbox"/>	14
Wondra	<input type="checkbox"/>	15
Store's Own Brand	<input type="checkbox"/>	16
OTHER (Write In)	<input type="checkbox"/>	999

SPRAY NON-STICK COOKING PRODUCTS	Your Household:	
	Used in last 6 months	Cans/last 6 months
729		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Baker's Joy	<input type="checkbox"/>	01
Crisco Butter Flavored	<input type="checkbox"/>	02
Crisco Regular (Original)	<input type="checkbox"/>	03
I Can't Believe It's Not Butter!	<input type="checkbox"/>	04
Mazola No Stick	<input type="checkbox"/>	05
Mazola Pure	<input type="checkbox"/>	06
Pam Baking	<input type="checkbox"/>	07
Pam Butter Flavor	<input type="checkbox"/>	08
Pam Grilling	<input type="checkbox"/>	09
Pam Olive Oil	<input type="checkbox"/>	10
Pam Regular (Original)	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999

BAKING POWDER AND SODA	Your Household:	
	Used in last 6 months	Packages/last 30 days
730		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Powder	<input type="checkbox"/>	01
Soda	<input type="checkbox"/>	02
BRANDS:		
Arm & Hammer	<input type="checkbox"/>	03
Calumet	<input type="checkbox"/>	04
Clabber Girl	<input type="checkbox"/>	05
Davis	<input type="checkbox"/>	06
Rumford	<input type="checkbox"/>	07
OTHER (Write In)	<input type="checkbox"/>	999

SHORTENING	Your Household:	
	Used in last 6 months	Pounds/last 30 days
731		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Crisco Regular	<input type="checkbox"/>	01
Crisco Butter Flavor	<input type="checkbox"/>	02
Store's Own Brand	<input type="checkbox"/>	03
OTHER (Write In)	<input type="checkbox"/>	999

SOUR CREAM	Your Household:	
	Used in last 6 months	Containers/last 30 days
733		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Regular	<input type="checkbox"/>	01
Low Fat	<input type="checkbox"/>	02
Non-Fat/Fat Free	<input type="checkbox"/>	03
BRANDS:		
Axelrod	<input type="checkbox"/>	04
Breakstone's	<input type="checkbox"/>	05
Breakstone's Reduced Fat	<input type="checkbox"/>	06
Daisy	<input type="checkbox"/>	07
Dean's	<input type="checkbox"/>	08
Friendship	<input type="checkbox"/>	09
Hood	<input type="checkbox"/>	10
Knudsen	<input type="checkbox"/>	11
Land O'Lakes	<input type="checkbox"/>	12
Meadow Gold	<input type="checkbox"/>	13
Store's Own Brand	<input type="checkbox"/>	14
OTHER (Write In)	<input type="checkbox"/>	999

FRESH MILK	Your Household:	
	Used in last 6 months	Quarts/last 7 days
734		
TOTAL:	<input type="checkbox"/>	00
FORMS:		
Glass Bottle	<input type="checkbox"/>	01
Paperboard Carton	<input type="checkbox"/>	02
Plastic Jug	<input type="checkbox"/>	03
Aseptic (Shelf Stable) Carton	<input type="checkbox"/>	04
TYPES:		
Organic	<input type="checkbox"/>	05
Calcium Added/Vitamin Fortified	<input type="checkbox"/>	06
Lactose Reduced	<input type="checkbox"/>	07
KINDS:		
Chocolate Milk Low Fat	<input type="checkbox"/>	08
Chocolate Milk Regular	<input type="checkbox"/>	09
Whole Milk	<input type="checkbox"/>	10
Skim	<input type="checkbox"/>	11
1% Low Fat	<input type="checkbox"/>	12
2% Low Fat	<input type="checkbox"/>	13
Buttermilk	<input type="checkbox"/>	14
OTHER (Write In)	<input type="checkbox"/>	999

EVAPORATED/CONDENSED MILK	Your Household:	
	Used in last 6 months	Cans/last 30 days
736		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Low Fat	<input type="checkbox"/>	01
Regular	<input type="checkbox"/>	02
Skim	<input type="checkbox"/>	03
KINDS:		
Condensed	<input type="checkbox"/>	04
Evaporated	<input type="checkbox"/>	05
BRANDS:		
Carnation	<input type="checkbox"/>	06
Eagle Brand (Borden)	<input type="checkbox"/>	07
Nestlé La Lechera	<input type="checkbox"/>	08
Pet	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
OTHER (Write In)	<input type="checkbox"/>	999

NON-DAIRY CREAM SUBSTITUTES	Your Household:	
	Used in last 6 months	Servings/average day
737		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Liquid or Frozen	<input type="checkbox"/>	01
Powder	<input type="checkbox"/>	02
BRANDS:		
Borden Cremora	<input type="checkbox"/>	03
Coffee Rich	<input type="checkbox"/>	04
International Delight	<input type="checkbox"/>	05
Nestlé Coffee-Mate Lite	<input type="checkbox"/>	06
Nestlé Coffee-Mate Liquid	<input type="checkbox"/>	07
Nestlé Coffee-Mate Powder	<input type="checkbox"/>	08
Store's Own Brand	<input type="checkbox"/>	09
OTHER (Write In)	<input type="checkbox"/>	999

YOGURT	Your Household:	
	Used in last 6 months	Containers/last 7 days
738		
TOTAL:	<input type="checkbox"/>	00
FORMS:		
With Fruit—premixed	<input type="checkbox"/>	01
With Fruit—not premixed	<input type="checkbox"/>	02
Other Flavor	<input type="checkbox"/>	03
Plain (Unflavored)	<input type="checkbox"/>	04
TYPES:		
Organic	<input type="checkbox"/>	05
Non-organic	<input type="checkbox"/>	06
KINDS:		
Low Fat	<input type="checkbox"/>	07
Non Fat/Fat Free	<input type="checkbox"/>	08
Regular	<input type="checkbox"/>	09
BRANDS:		
Breyers Light	<input type="checkbox"/>	10
Breyers Fruit on the Bottom	<input type="checkbox"/>	11
Breyers Smooth & Creamy	<input type="checkbox"/>	12
DanActive	<input type="checkbox"/>	13
Dannon Activia	<input type="checkbox"/>	14
Dannon All Natural	<input type="checkbox"/>	15
Dannon Danimals	<input type="checkbox"/>	16
Dannon Fruit on the Bottom	<input type="checkbox"/>	17
Dannon Light & Fit	<input type="checkbox"/>	18
Dannon Nonfat Plain	<input type="checkbox"/>	19
Dannon Plain	<input type="checkbox"/>	20
Fage	<input type="checkbox"/>	21
Fruition	<input type="checkbox"/>	22
Horizon Organic	<input type="checkbox"/>	23
La Crème	<input type="checkbox"/>	24
La Yogurt	<input type="checkbox"/>	25
Mountain High	<input type="checkbox"/>	26
Oikos	<input type="checkbox"/>	27
Stonyfield	<input type="checkbox"/>	28
Trix	<input type="checkbox"/>	29
Weight Watchers	<input type="checkbox"/>	30
Yakult	<input type="checkbox"/>	31
Yo Crunch	<input type="checkbox"/>	32
Yoplait Fiber One	<input type="checkbox"/>	33
Yoplait Go-Gurt	<input type="checkbox"/>	34
Yoplait Light	<input type="checkbox"/>	35
Yoplait Original	<input type="checkbox"/>	36
Yoplait Thick & Creamy	<input type="checkbox"/>	37
Yoplait Whips!	<input type="checkbox"/>	38
Yoplait Yo-Plus	<input type="checkbox"/>	39
Store's Own Brand	<input type="checkbox"/>	40
OTHER (Write In)	<input type="checkbox"/>	999

FROZEN YOGURT	Your Household:	
	Used in last 6 months	Pints/last 7 days
739		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Low Fat	<input type="checkbox"/>	01
Non Fat/Fat Free	<input type="checkbox"/>	02
Regular	<input type="checkbox"/>	03
BRANDS:		
Ben & Jerry's	<input type="checkbox"/>	04
Blue Bunny	<input type="checkbox"/>	05
Dreyer's	<input type="checkbox"/>	06
Edy's	<input type="checkbox"/>	07
Häagen-Dazs	<input type="checkbox"/>	08
Turkey Hill	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
OTHER (Write In)	<input type="checkbox"/>	999

ICE CREAM, ICE MILK & SHERBET	Your Household:	
	Used in last 6 months	Pints/ last 7 days
740		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Fat Free	<input type="checkbox"/>	01
Light Ice Cream	<input type="checkbox"/>	02
Regular Ice Cream	<input type="checkbox"/>	03
No Sugar Added Ice Cream	<input type="checkbox"/>	04
Ice Milk	<input type="checkbox"/>	05
Sherbet	<input type="checkbox"/>	06
Fruit Sorbet	<input type="checkbox"/>	07
BRANDS:		
Ben & Jerry's	<input type="checkbox"/>	08
Blue Bell	<input type="checkbox"/>	09
Blue Bunny	<input type="checkbox"/>	10
Borden	<input type="checkbox"/>	11
Breyers	<input type="checkbox"/>	12
Country Rich	<input type="checkbox"/>	13
Dean's	<input type="checkbox"/>	14
Dove	<input type="checkbox"/>	15
Dreyer's Grand	<input type="checkbox"/>	16
Dreyer's Slow Churned	<input type="checkbox"/>	17
Edy's Grand	<input type="checkbox"/>	18
Edy's Slow Churned	<input type="checkbox"/>	19
Friendly's	<input type="checkbox"/>	20
Häagen-Dazs	<input type="checkbox"/>	21
Kemps	<input type="checkbox"/>	22
Mayfield	<input type="checkbox"/>	23
Starbucks	<input type="checkbox"/>	24
Turkey Hill	<input type="checkbox"/>	25
Store's Own Brand	<input type="checkbox"/>	26
OTHER (Write In)	<input type="checkbox"/>	999

ICE CREAM BARS, SANDWICHES & BON BONS	Your Household:	
	Used in last 6 months	Packages/ last 30 days
742		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Bars	<input type="checkbox"/>	01
Bon Bons	<input type="checkbox"/>	02
Cones	<input type="checkbox"/>	03
Sandwiches	<input type="checkbox"/>	04
BRANDS:		
Ben & Jerry's	<input type="checkbox"/>	05
Blue Bunny	<input type="checkbox"/>	06
Borden	<input type="checkbox"/>	07
Breyers	<input type="checkbox"/>	08
Butterfinger Ice Cream Bar	<input type="checkbox"/>	09
Creamsicle	<input type="checkbox"/>	10
Dean's	<input type="checkbox"/>	11
Dove Bar	<input type="checkbox"/>	12
Dreyer's Dibs	<input type="checkbox"/>	13
Edy's Dibs	<input type="checkbox"/>	14
Eskimo Pie	<input type="checkbox"/>	15
Good Humor Bar	<input type="checkbox"/>	16
Häagen-Dazs Bar	<input type="checkbox"/>	17
Klondike Bars	<input type="checkbox"/>	18
Klondike 100 Calorie	<input type="checkbox"/>	19
M & M's	<input type="checkbox"/>	20
Milky Way Ice Cream Bar	<input type="checkbox"/>	21
Nestlé Crunch Bar	<input type="checkbox"/>	22
Nestlé Drumstick Cones	<input type="checkbox"/>	23
Nestlé Pops	<input type="checkbox"/>	24
The Skinny Cow	<input type="checkbox"/>	25
Snickers Ice Cream Bar	<input type="checkbox"/>	26
Weight Watchers Bars	<input type="checkbox"/>	27
Weight Watchers Sandwiches	<input type="checkbox"/>	28
Store's Own Brand	<input type="checkbox"/>	29
OTHER (Write In)	<input type="checkbox"/>	999

FROZEN DESSERTS	Your Household:	
	Used in last 6 months	Packages/ last 30 days
745		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Edwards Pies	<input type="checkbox"/>	01
Eli's Cheesecake	<input type="checkbox"/>	02
Marie Callender's Pies	<input type="checkbox"/>	03
Mrs. Smith's Cobblers	<input type="checkbox"/>	04
Mrs. Smith's Special Recipes Pies	<input type="checkbox"/>	05
Mrs. Smith's (Other Pies)	<input type="checkbox"/>	06
Pepperidge Farm 3-Layer Cake	<input type="checkbox"/>	07
Pepperidge Farm Turnovers	<input type="checkbox"/>	08
Pepperidge Farm (Other Desserts)	<input type="checkbox"/>	09
Sara Lee Cheesecake	<input type="checkbox"/>	10
Sara Lee Cheesecake Bites	<input type="checkbox"/>	11
Sara Lee Coffee Cake	<input type="checkbox"/>	12
Sara Lee Layer Cake	<input type="checkbox"/>	13
Sara Lee Pies	<input type="checkbox"/>	14
Sara Lee Pound Cake	<input type="checkbox"/>	15
Sara Lee (Other Desserts)	<input type="checkbox"/>	16
Weight Watchers Smart Ones	<input type="checkbox"/>	17
Store's Own Brand	<input type="checkbox"/>	18
OTHER (Write In)	<input type="checkbox"/>	999

WHIPPED TOPPING	Your Household:	
	Used in last 12 months	Containers/ last 12 months
743		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Aerosol	<input type="checkbox"/>	01
Frozen/Refrigerated	<input type="checkbox"/>	02
BRANDS:		
Cool Whip	<input type="checkbox"/>	03
Cool Whip Extra Creamy	<input type="checkbox"/>	04
Cool Whip Free	<input type="checkbox"/>	05
Cool Whip Lite	<input type="checkbox"/>	06
Cool Whip Sugar Free	<input type="checkbox"/>	07
Dean's Whipping Cream	<input type="checkbox"/>	08
Dream Whip	<input type="checkbox"/>	09
Reddi-wip Original	<input type="checkbox"/>	10
Reddi-wip Extra Creamy	<input type="checkbox"/>	11
Reddi-wip Fat Free	<input type="checkbox"/>	12
Other Reddi-wip	<input type="checkbox"/>	13
Store's Own Brand	<input type="checkbox"/>	14
OTHER (Write In)	<input type="checkbox"/>	999

FROZEN SNACKS (Not Frozen Yogurt or Ice Cream)	Your Household:	
	Used in last 6 months	Packages/ last 30 days
741		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Breyers Pure Fruit	<input type="checkbox"/>	01
Del Monte Fruit Chillers	<input type="checkbox"/>	02
Dreyer's Fruit Bars	<input type="checkbox"/>	03
Edy's Fruit Bars	<input type="checkbox"/>	04
Fla • Vor • Ice	<input type="checkbox"/>	05
FrozFruit	<input type="checkbox"/>	06
Fudgsicle	<input type="checkbox"/>	07
Fudgsicle—No Sugar Added	<input type="checkbox"/>	08
Luigi's	<input type="checkbox"/>	09
Minute Maid	<input type="checkbox"/>	10
Pop-Ice	<input type="checkbox"/>	11
Popsicle Ice Pops	<input type="checkbox"/>	12
Popsicle—Sugar Free	<input type="checkbox"/>	13
Push-Up	<input type="checkbox"/>	14
Store's Own Brand	<input type="checkbox"/>	15
OTHER (Write In)	<input type="checkbox"/>	999

BAR BAKING CHOCOLATE	Your Household:	
	Used in last 6 months	Boxes/ last 30 days
747		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Unsweetened	<input type="checkbox"/>	01
Bittersweet	<input type="checkbox"/>	02
Semi-Sweet	<input type="checkbox"/>	03
German Sweet	<input type="checkbox"/>	04
White Chocolate	<input type="checkbox"/>	05
BRANDS:		
Baker's	<input type="checkbox"/>	06
Ghirardelli	<input type="checkbox"/>	07
Hershey's	<input type="checkbox"/>	08
Nestlé	<input type="checkbox"/>	09
OTHER (Write In)	<input type="checkbox"/>	999

NUTS FOR COOKING	Your Household:	
	Used in last 6 months	Pounds/ last 30 days
852		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Shelled	<input type="checkbox"/>	01
Unshelled	<input type="checkbox"/>	02
BRANDS:		
Diamond	<input type="checkbox"/>	03
Fisher	<input type="checkbox"/>	04
Planters	<input type="checkbox"/>	05
Store's Own Brand	<input type="checkbox"/>	06
OTHER (Write In)	<input type="checkbox"/>	999

DESSERT TOPPINGS	Your Household:	
	Used in last 12 months	Jars/ Containers last 12 months
744		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Hershey's	<input type="checkbox"/>	01
Mrs. Richardson's	<input type="checkbox"/>	02
Nestlé Nesquik	<input type="checkbox"/>	03
Smucker's	<input type="checkbox"/>	04
Store's Own Brand	<input type="checkbox"/>	05
OTHER (Write In)	<input type="checkbox"/>	999

BAKING CHIPS	Your Household:	
	Used in last 6 months	Bags/last 30 days
748		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Butterscotch	<input type="checkbox"/>	01
Peanut Butter	<input type="checkbox"/>	02
Milk Chocolate	<input type="checkbox"/>	03
Semi-Sweet Chocolate	<input type="checkbox"/>	04
White Chocolate	<input type="checkbox"/>	05
KINDS:		
Mini	<input type="checkbox"/>	06
Regular	<input type="checkbox"/>	07
Chunks	<input type="checkbox"/>	08
BRANDS:		
Baker's Chunks	<input type="checkbox"/>	09
Ghirardelli	<input type="checkbox"/>	10
Hershey's	<input type="checkbox"/>	11
M & M's Mini Baking Bits	<input type="checkbox"/>	12
Nestlé Toll House	<input type="checkbox"/>	13
Reese's	<input type="checkbox"/>	14
Store's Own Brand	<input type="checkbox"/>	15
OTHER (Write In)	<input type="checkbox"/>	999

BAKING COCONUT	Your Household:	
	Used in last 6 months	Containers/last 30 days
749		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Baker's	<input type="checkbox"/>	01
Mounds	<input type="checkbox"/>	02
Store's Own Brand	<input type="checkbox"/>	03
OTHER (Write In)	<input type="checkbox"/>	999

FROSTINGS	Your Household:	
	Used in last 6 months	Packages/last 30 days
750		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Decorating icings	<input type="checkbox"/>	01
Ready to spread	<input type="checkbox"/>	02
Package frosting mix	<input type="checkbox"/>	03
BRANDS:		
Betty Crocker Rich & Creamy	<input type="checkbox"/>	04
Betty Crocker Whipped	<input type="checkbox"/>	05
Duncan Hines Creamy Home-Style	<input type="checkbox"/>	06
Duncan Hines Whipped	<input type="checkbox"/>	07
Jiffy Frosting Mix	<input type="checkbox"/>	08
Pillsbury Creamy Supreme	<input type="checkbox"/>	09
Pillsbury Funfetti	<input type="checkbox"/>	10
Pillsbury Whipped Supreme	<input type="checkbox"/>	11
Store's Own Brand	<input type="checkbox"/>	12
OTHER (Write In)	<input type="checkbox"/>	999

EXTRACTS	Your Household:	
	Used in last 6 months	Bottles/last 6 months
848		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Durkee	<input type="checkbox"/>	01
McCormick	<input type="checkbox"/>	02
Tone's	<input type="checkbox"/>	03
Generic (No Label)	<input type="checkbox"/>	04
Store's Own Brand	<input type="checkbox"/>	05
OTHER (Write In)	<input type="checkbox"/>	999

BAKING MIXES (Excluding cake mixes)	Your Household:	
	Used in last 6 months	Packages/last 30 days
751		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Betty Crocker Wild Blueberry Muffins	<input type="checkbox"/>	01
Other Betty Crocker Muffins	<input type="checkbox"/>	02
Betty Crocker Quick Breads	<input type="checkbox"/>	03
Bisquick	<input type="checkbox"/>	04
Bisquick Heart Smart	<input type="checkbox"/>	05
Duncan Hines Blueberry Muffin	<input type="checkbox"/>	06
Other Duncan Hines Muffins	<input type="checkbox"/>	07
Jiffy	<input type="checkbox"/>	08
Krusteaz	<input type="checkbox"/>	09
Martha White Cornbread	<input type="checkbox"/>	10
Martha White Muffins	<input type="checkbox"/>	11
Pillsbury Muffin Mix	<input type="checkbox"/>	12
Pillsbury Nut Bread	<input type="checkbox"/>	13
Pillsbury Quick Bread	<input type="checkbox"/>	14
Store's Own Brand	<input type="checkbox"/>	15
OTHER (Write In)	<input type="checkbox"/>	999

DRY CAKE MIXES	Your Household:	
	Used in last 6 months	Packages/last 30 days
752		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Betty Crocker Angel Food Cake	<input type="checkbox"/>	01
Betty Crocker Pound Cake	<input type="checkbox"/>	02
Betty Crocker Super Moist	<input type="checkbox"/>	03
Betty Crocker Warm Delights	<input type="checkbox"/>	04
Duncan Hines Angel Food Cake	<input type="checkbox"/>	05
Duncan Hines Moist Deluxe Cake	<input type="checkbox"/>	06
Jell-O No Bake Cheesecake	<input type="checkbox"/>	07
Jiffy	<input type="checkbox"/>	08
Pillsbury Angel Food Cake	<input type="checkbox"/>	09
Pillsbury Moist Supreme	<input type="checkbox"/>	10
Store's Own Brand	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999

SEASONINGS & SPICES	Your Household:	
	Used in last 6 months	Packages or containers/last 6 months
847		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Accent	<input type="checkbox"/>	01
Adolph's	<input type="checkbox"/>	02
Durkee	<input type="checkbox"/>	03
Goya Adobo	<input type="checkbox"/>	04
Other Goya Spices	<input type="checkbox"/>	05
Herb-Ox	<input type="checkbox"/>	06
Hidden Valley	<input type="checkbox"/>	07
Kernel Season's	<input type="checkbox"/>	08
Kitchen Bouquet	<input type="checkbox"/>	09
Lawry's	<input type="checkbox"/>	10
McCormick	<input type="checkbox"/>	11
Morton	<input type="checkbox"/>	12
Mrs. Dash	<input type="checkbox"/>	13
Spice Classics	<input type="checkbox"/>	14
Spice Islands	<input type="checkbox"/>	15
Spice World	<input type="checkbox"/>	16
Tone's	<input type="checkbox"/>	17
Wyler's	<input type="checkbox"/>	18
Store's Own Brand	<input type="checkbox"/>	19
OTHER (Write In)	<input type="checkbox"/>	999

BROWNIE & COOKIE MIXES	Your Household:	
	Used in last 6 months	Packages/last 30 days
754		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Betty Crocker Cookie Mix	<input type="checkbox"/>	01
Betty Crocker Brownies	<input type="checkbox"/>	02
Duncan Hines Chocolate Chip Cookie Mix	<input type="checkbox"/>	03
Duncan Hines Brownies	<input type="checkbox"/>	04
Other Duncan Hines	<input type="checkbox"/>	05
Ghirardelli Brownies	<input type="checkbox"/>	06
Pillsbury Brownies	<input type="checkbox"/>	07
Store's Own Brand	<input type="checkbox"/>	08
OTHER (Write In)	<input type="checkbox"/>	999

PACKAGED PIE CRUST	Your Household:	
	Used in last 6 months	Boxes or packs/last 30 days
755		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Graham Cracker Crumbs	<input type="checkbox"/>	01
Frozen Pastry	<input type="checkbox"/>	02
Pre-formed Crumb	<input type="checkbox"/>	03
Refrigerated Pastry	<input type="checkbox"/>	04
BRANDS:		
Keebler	<input type="checkbox"/>	05
Pillsbury	<input type="checkbox"/>	06
Store's Own Brand	<input type="checkbox"/>	07
OTHER (Write In)	<input type="checkbox"/>	999

PUDDINGS & PIE FILLINGS	Your Household:	
	Used in last 6 months	Containers/last 30 days
756		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Powdered Instant	<input type="checkbox"/>	01
Powdered Regular	<input type="checkbox"/>	02
Ready to Eat	<input type="checkbox"/>	03
KINDS:		
Regular	<input type="checkbox"/>	04
Sugar-Free	<input type="checkbox"/>	05
Fat-Free	<input type="checkbox"/>	06
FORMS:		
Refrigerated	<input type="checkbox"/>	07
Shelf-Stable	<input type="checkbox"/>	08
BRANDS:		
Comstock	<input type="checkbox"/>	09
Hunt's Snack Pack	<input type="checkbox"/>	10
Jell-O Pudding	<input type="checkbox"/>	11
Jell-O Pudding (Fat/Sugar Free)	<input type="checkbox"/>	12
Jell-O Pudding Snacks	<input type="checkbox"/>	13
Jell-O Pudding Snacks (Fat Free)	<input type="checkbox"/>	14
Jell-O Pudding Snacks (Sugar Free)	<input type="checkbox"/>	15
Kozy Shack Pudding	<input type="checkbox"/>	16
Kraft Handi-Snacks Pudding	<input type="checkbox"/>	17
Libby's 100% Pure Pumpkin	<input type="checkbox"/>	18
Minute Tapioca	<input type="checkbox"/>	19
Mousse Temptations by Jell-O	<input type="checkbox"/>	20
My-T-Fine	<input type="checkbox"/>	21
Royal	<input type="checkbox"/>	22
Swiss Miss Pudding	<input type="checkbox"/>	23
Store's Own Brand	<input type="checkbox"/>	24
OTHER (Write In)	<input type="checkbox"/>	999

COOKIES (Ready to Eat)

Your Household:
Used in last 6 months | Boxes or packages/ last 30 days

757

TOTAL: _____ 00

TYPES:

Butter _____ 01
 Chocolate Chip _____ 02
 Chocolate Covered _____ 03
 Figbars _____ 04
 Fudge _____ 05
 Oatmeal _____ 06
 Peanut Butter _____ 07
 Sandwich _____ 08
 Shortbread _____ 09
 Other _____ 10

KINDS:

Regular _____ 11
 Low Fat _____ 12
 Fat Free _____ 13
 Sugar Free _____ 14

PACKAGE SIZE:

100 Calorie Pack _____ 15
 Other Package Size _____ 16

BRANDS:

Archway _____ 17
 Entenmann's _____ 18
 Famous Amos _____ 19
 Kashi TLC _____ 20
 Keebler Chips Deluxe _____ 21
 Keebler E. L. Fudge Sandwich _____ 22
 Keebler Fudge Shoppe _____ 23
 Keebler Pecan Sandies _____ 24
 Keebler Rainbow Chips Deluxe _____ 25
 Keebler Soft Batch _____ 26
 Keebler Vienna Fingers _____ 27
 Other Keebler _____ 28
 Little Debbie Nutty Bars _____ 29
 Little Debbie Oatmeal Creme Pies _____ 30
 Other Little Debbie _____ 31
 LU Biscuits _____ 32
 Mother's _____ 33
 Murray _____ 34
 Nabisco Chips Ahoy! _____ 35
 Nabisco Chunky Chips Ahoy! _____ 36
 Nabisco Newtons _____ 37
 Nabisco Nilla Wafers _____ 38
 Nabisco Nutter Butter _____ 39
 Nabisco Oreo _____ 40
 Nabisco Double Stuf Oreo _____ 41
 Nabisco Teddy Grahams _____ 42
 Other Nabisco _____ 43
 Pepperidge Farm Distinctives _____ 44
 Other Pepperidge Farm _____ 45
 Stella D'Oro _____ 46
 Stauffer's _____ 47
 Store's Own Brand _____ 48
 OTHER (Write In) _____ 999

READY TO EAT MUFFINS

Your Household:
Used in last 6 months | Packages/ Boxes last 30 days

765

TOTAL: _____ 00

PACKAGE SIZE:

100 Calorie Pack _____ 01
 Other Package Size _____ 02

BRANDS:

Entenmann's _____ 03
 Hostess _____ 04
 Little Debbie _____ 05
 Otis Spunkmeyer _____ 06
 Bakery _____ 07
 Store's Own Bakery _____ 08
 OTHER (Write In) _____ 999

GELATIN AND GELATIN DESSERTS

Your Household:
Used in last 6 months | Packages/ last 30 days

759

TOTAL: _____ 00

TYPES:

Refrigerated/Ready to Eat _____ 01
 Powder/Mix _____ 02

BRANDS:

Jell-O Gelatin _____ 03
 Jell-O Gelatin Snacks _____ 04
 Jell-O Gelatin Sugar Free Snacks _____ 05
 Jell-O Sugar Free Gelatin _____ 06
 Knox _____ 07
 Royal _____ 08
 Store's Own Brand _____ 09
 OTHER (Write In) _____ 999

SNACK CAKES

Your Household:
Used in last 6 months | Boxes or Packages/ last 30 days

753

TOTAL: _____ 00

TYPES:

Lowfat _____ 01
 Fat Free _____ 02
 Regular _____ 03

PACKAGE SIZE:

100 Calorie Pack _____ 04
 Other Package Size _____ 05

BRANDS:

Dolly Madison _____ 06
 Drake's _____ 07
 Entenmann's _____ 08
 Hostess CupCakes _____ 09
 Hostess Twinkies _____ 10
 Other Hostess _____ 11
 Little Debbie _____ 12
 Marinela _____ 13
 MoonPie _____ 14
 Nabisco Cakesters _____ 15
 Tastykake _____ 16
 Weight Watchers _____ 17
 OTHER (Write In) _____ 999

TOASTER PRODUCTS

Your Household:
Used in last 6 months | Packages last 30 days

761

TOTAL: _____ 00

BRANDS:

Kellogg's Pop-Tarts _____ 01
 Pillsbury Toaster Scrambles _____ 02
 Pillsbury Toaster Strudel _____ 03
 Toast'em Pop-ups _____ 04
 Store's Own Brand _____ 05
 OTHER (Write In) _____ 999

READY TO EAT DOUGHNUTS

Your Household:
Used in last 6 months | Packages/ Boxes last 30 days

758

TOTAL: _____ 00

BRANDS:

Dolly Madison _____ 01
 Dunkin' Donuts _____ 02
 Entenmann's _____ 03
 Hostess _____ 04
 Krispy Kreme _____ 05
 Little Debbie _____ 06
 Tastykake _____ 07
 Fresh Doughnut Shop _____ 08
 Bakery _____ 09
 Store's Own Bakery _____ 10
 OTHER (Write In) _____ 999

BREAKFAST/ CEREAL/ GRANOLA BARS

Your Household:
Used in last 6 months | Bars/ last 30 days

763

TOTAL: _____ 00

BRANDS:

Curves Chewy Granola Bars _____ 01
 Entenmann's Multi-Grain Cereal Bar _____ 02
 Fiber One Chewy Bars _____ 03
 General Mills Milk 'n Cereal Bars _____ 04
 Kashi TLC Bars _____ 05
 Kellogg's FiberPlus Bar _____ 06
 Kellogg's Nutri-Grain Bar _____ 07
 Kellogg's Rice Krispies Treats _____ 08
 Kellogg's Special K Bar _____ 09
 Kudos _____ 10
 Little Debbie _____ 11
 Nabisco Chewy Granola Bars _____ 12
 Nature Valley Granola Bars _____ 13
 Quaker Cereal Bars _____ 14
 Quaker Chewy Granola Bars _____ 15
 Other Quaker _____ 16
 Sunbelt Fruit & Grain Bars _____ 17
 Sunbelt Granola Bars _____ 18
 Store's Own Brand _____ 19
 OTHER (Write In) _____ 999

FRUIT SNACKS

Your Household:
Used in last 6 months | Snacks/ last 30 days

995

TOTAL: _____ 00

BRANDS:

Betty Crocker Fruit By The Foot _____ 01
 Betty Crocker Fruit Roll-Ups _____ 02
 Betty Crocker Fruit Gushers _____ 03
 Other Betty Crocker _____ 04
 Brach's Fruit Snacks _____ 05
 Farley's Fruit Snacks _____ 06
 Kellogg's Yogos _____ 07
 Ocean Spray Craisins _____ 08
 Sunkist Fruit Snacks _____ 09
 Sun-Maid Raisins _____ 10
 Sunsweet Fruit Snacks _____ 11
 Welch's Fruit Snacks _____ 12
 Store's Own Brand _____ 13
 OTHER (Write In) _____ 999

READY TO EAT SWEET ROLLS & PASTRIES

Your Household:
Used in last 6 months | Packages/ Boxes last 30 days

770

TOTAL: _____ 00

TYPES:

Cinnamon Rolls _____ 01
 Coffee Cake _____ 02
 Cupcakes _____ 03
 Danish Rolls _____ 04
 Honey Buns _____ 05
 Pies _____ 06
 Turnovers _____ 07

BRANDS:

Dolly Madison _____ 08
 Entenmann's _____ 09
 Hostess _____ 10
 Little Debbie _____ 11
 Tastykake _____ 12
 Store's Own Brand _____ 13
 OTHER (Write In) _____ 999

BREAKFAST CEREALS (Cold)	Your Household:	
	Used in last 6 months	Individual portions/ last 7 days
766		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Basic 4	<input type="checkbox"/>	01
Bear Naked Granola	<input type="checkbox"/>	02
Cap'n Crunch (Regular)	<input type="checkbox"/>	03
Cap'n Crunch Crunchberries	<input type="checkbox"/>	04
Cap'n Crunch Peanut Butter Crunch	<input type="checkbox"/>	05
Cascadian Farm	<input type="checkbox"/>	06
Cheerios	<input type="checkbox"/>	07
Apple Cinnamon Cheerios	<input type="checkbox"/>	08
Berry Burst Cheerios	<input type="checkbox"/>	09
Frosted Cheerios	<input type="checkbox"/>	10
Fruity Cheerios	<input type="checkbox"/>	11
Honey Nut Cheerios	<input type="checkbox"/>	12
MultiGrain Cheerios	<input type="checkbox"/>	13
Oat Cluster Cheerios Crunch	<input type="checkbox"/>	14
Corn Chex	<input type="checkbox"/>	15
Honey Nut Chex	<input type="checkbox"/>	16
Multi-Bran Chex	<input type="checkbox"/>	17
Rice Chex	<input type="checkbox"/>	18
Wheat Chex	<input type="checkbox"/>	19
Cinnamon Toast Crunch	<input type="checkbox"/>	20
Cocoa Puffs	<input type="checkbox"/>	21
Cookie Crisp	<input type="checkbox"/>	22
Count Chocula	<input type="checkbox"/>	23
Fiber One	<input type="checkbox"/>	24
General Mills Reese's Peanut Butter Puffs	<input type="checkbox"/>	25
Golden Grahams	<input type="checkbox"/>	26
Honey Nut Clusters	<input type="checkbox"/>	27
Kashi GOLEAN Crunch!	<input type="checkbox"/>	28
Kashi Granola	<input type="checkbox"/>	29
Kashi Heart to Heart	<input type="checkbox"/>	30
Other Kashi	<input type="checkbox"/>	31
Kellogg's All-Bran	<input type="checkbox"/>	32
Kellogg's All-Bran Complete	<input type="checkbox"/>	33
Kellogg's Apple Jacks	<input type="checkbox"/>	34
Kellogg's Cocoa Krispies	<input type="checkbox"/>	35
Kellogg's Corn Flakes	<input type="checkbox"/>	36
Kellogg's Corn Pops	<input type="checkbox"/>	37
Kellogg's Cracklin' Oat Bran	<input type="checkbox"/>	38
Kellogg's Crispix	<input type="checkbox"/>	39
Kellogg's Froot Loops	<input type="checkbox"/>	40
Kellogg's Frosted Flakes	<input type="checkbox"/>	41
Kellogg's Frosted Mini-Wheats	<input type="checkbox"/>	42
Kellogg's Fruit Harvest	<input type="checkbox"/>	43
Kellogg's Honey Smacks	<input type="checkbox"/>	44
Kellogg's Low Fat Granola	<input type="checkbox"/>	45
Kellogg's Marshmallow Froot Loops	<input type="checkbox"/>	46
Kellogg's Product 19	<input type="checkbox"/>	47
Kellogg's Raisin Bran	<input type="checkbox"/>	48
Kellogg's Raisin Bran Crunch	<input type="checkbox"/>	49
Kellogg's Rice Krispies	<input type="checkbox"/>	50
Kellogg's Rice Krispies Treats Cereal	<input type="checkbox"/>	51
Kellogg's Smart Start	<input type="checkbox"/>	52
Kellogg's Special K	<input type="checkbox"/>	53
Kellogg's Special K Chocolatey Delight	<input type="checkbox"/>	54
Kellogg's Special K Red Berries	<input type="checkbox"/>	55
Kellogg's Special K Vanilla Almond	<input type="checkbox"/>	56
Other Kellogg's	<input type="checkbox"/>	57
Kix	<input type="checkbox"/>	58
Life	<input type="checkbox"/>	59
Life Cinnamon	<input type="checkbox"/>	60
Lucky Charms	<input type="checkbox"/>	61
Malt-O-Meal	<input type="checkbox"/>	62
Oatmeal Crisp with Almonds	<input type="checkbox"/>	63

Continued in next Column

BREAKFAST CEREALS (Cold) (Continued)	Your Household:	
	Used in last 6 months	Individual portions/ last 7 days
Oatmeal Crisp with Raisins	<input type="checkbox"/>	64
Post Banana Nut Crunch	<input type="checkbox"/>	65
Post Blueberry Morning	<input type="checkbox"/>	66
Post Cranberry Almond Crunch	<input type="checkbox"/>	67
Post Frosted Shredded Wheat	<input type="checkbox"/>	68
Post Grape-Nuts	<input type="checkbox"/>	69
Post Grape-Nuts Flakes	<input type="checkbox"/>	70
Post Great Grains	<input type="checkbox"/>	71
Post Honey Bunches of Oats	<input type="checkbox"/>	72
Post Honey Bunches of Oats w/Strawberries	<input type="checkbox"/>	73
Post Honeycomb	<input type="checkbox"/>	74
Post Honey Nut Shredded Wheat	<input type="checkbox"/>	75
Post Maple Pecan Crunch	<input type="checkbox"/>	76
Post Pebbles (Cocoa)	<input type="checkbox"/>	77
Post Pebbles (Fruity)	<input type="checkbox"/>	78
Post Raisin Bran	<input type="checkbox"/>	79
Post Regular Size Shredded Wheat	<input type="checkbox"/>	80
Post Spoon Size Shredded Wheat	<input type="checkbox"/>	81
Post Shredded Wheat 'N Bran	<input type="checkbox"/>	82
Other Post	<input type="checkbox"/>	83
Quaker Puffed Rice	<input type="checkbox"/>	84
Quaker Puffed Wheat	<input type="checkbox"/>	85
Quaker Oatmeal Squares	<input type="checkbox"/>	86
Raisin Nut Bran	<input type="checkbox"/>	87
Sunbelt	<input type="checkbox"/>	88
Total	<input type="checkbox"/>	89
Total Raisin Bran	<input type="checkbox"/>	90
Trix	<input type="checkbox"/>	91
Wheaties	<input type="checkbox"/>	92
Store's Own Brand	<input type="checkbox"/>	93
OTHER (Write In)	<input type="checkbox"/>	999

BREAKFAST CEREALS (Hot)	Your Household:	
	Used in last 6 months	Individual portions/ last 7 days
764		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Aunt Jemima Grits	<input type="checkbox"/>	01
Cream of Rice	<input type="checkbox"/>	02
Cream of Wheat Instant	<input type="checkbox"/>	03
Cream of Wheat Regular/Stovetop	<input type="checkbox"/>	04
Farina	<input type="checkbox"/>	05
Kashi GOLEAN	<input type="checkbox"/>	06
Kashi Heart to Heart	<input type="checkbox"/>	07
Malt-O-Meal	<input type="checkbox"/>	08
Quaker Instant Oatmeal	<input type="checkbox"/>	09
Quaker Oat Bran	<input type="checkbox"/>	10
Quaker Quick Oats	<input type="checkbox"/>	11
Quaker Weight Control	<input type="checkbox"/>	12
Old Fashioned Quaker Oats	<input type="checkbox"/>	13
Quaker Instant Grits	<input type="checkbox"/>	14
Quaker Quick Grits	<input type="checkbox"/>	15
Store's Own Brand	<input type="checkbox"/>	16
OTHER (Write In)	<input type="checkbox"/>	999

FROZEN BREAKFASTS	Your Household:	
	Used in last 6 months	Packages/ last 30 days
768		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Aunt Jemima Frozen Breakfasts	<input type="checkbox"/>	01
Bob Evans	<input type="checkbox"/>	02
Hot Pockets Breakfast	<input type="checkbox"/>	03
Jimmy Dean Biscuit Sandwiches	<input type="checkbox"/>	04
Jimmy Dean Breakfast Bowls	<input type="checkbox"/>	05
Jimmy Dean Skillets	<input type="checkbox"/>	06
Other Jimmy Dean	<input type="checkbox"/>	07
Tennessee Pride	<input type="checkbox"/>	08
Weight Watchers Smart Ones	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
OTHER (Write In)	<input type="checkbox"/>	999

FROZEN WAFFLES	Your Household:	
	Used in last 6 months	Packages/ last 30 days
769		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Buttermilk	<input type="checkbox"/>	01
Fruit Flavored	<input type="checkbox"/>	02
Oat Bran	<input type="checkbox"/>	03
Whole Wheat	<input type="checkbox"/>	04
Regular	<input type="checkbox"/>	05
BRANDS:		
Aunt Jemima	<input type="checkbox"/>	06
Eggo Blueberry	<input type="checkbox"/>	07
Eggo Cinnamon Toast	<input type="checkbox"/>	08
Eggo Homestyle Waffles	<input type="checkbox"/>	09
Eggo Nutri-Grain Waffles	<input type="checkbox"/>	10
Eggo Strawberry	<input type="checkbox"/>	11
Other Eggo Waffles	<input type="checkbox"/>	12
Kashi	<input type="checkbox"/>	13
Krusteaz Waffles	<input type="checkbox"/>	14
Store's Own Brand	<input type="checkbox"/>	15
OTHER (Write In)	<input type="checkbox"/>	999

FROZEN PANCAKES/ FRENCH TOAST	Your Household:	
	Used in last 6 months	Packages/ last 30 days
767		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Buttermilk	<input type="checkbox"/>	01
Regular	<input type="checkbox"/>	02
BRANDS:		
Aunt Jemima French Toast	<input type="checkbox"/>	03
Aunt Jemima Pancakes	<input type="checkbox"/>	04
Eggo Pancakes	<input type="checkbox"/>	05
Farm Rich French Toast Sticks	<input type="checkbox"/>	06
Krusteaz French Toast/ Pancakes	<input type="checkbox"/>	07
Pillsbury Pancakes	<input type="checkbox"/>	08
Store's Own Brand	<input type="checkbox"/>	09
OTHER (Write In)	<input type="checkbox"/>	999

WAFFLE OR PANCAKE MIX	Your Household:	
	Used in last 6 months	Containers/ last 30 days
771		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Dry Mix	<input type="checkbox"/>	01
Ready to Pour	<input type="checkbox"/>	02
BRANDS:		
Aunt Jemima Complete	<input type="checkbox"/>	03
Other Aunt Jemima	<input type="checkbox"/>	04
Betty Crocker Pancake Mix	<input type="checkbox"/>	05
Bisquick	<input type="checkbox"/>	06
Bisquick Heart Smart	<input type="checkbox"/>	07
Bisquick Shake 'n Pour	<input type="checkbox"/>	08
Hungry Jack	<input type="checkbox"/>	09
Jiffy	<input type="checkbox"/>	10
Krusteaz Buttermilk Complete Pancake Mix	<input type="checkbox"/>	11
Mrs. Butterworth's	<input type="checkbox"/>	12
Store's Own Brand	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	999

TABLE SYRUP & MOLASSES	Your Household:	
	Used in last 6 months	Bottles or containers/ last 30 days
772		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Lite/Low calorie	<input type="checkbox"/>	01
Regular	<input type="checkbox"/>	02
Sugar Free	<input type="checkbox"/>	03
BRANDS:		
Aunt Jemima Lite	<input type="checkbox"/>	04
Aunt Jemima Original	<input type="checkbox"/>	05
Aunt Jemima Butter Lite	<input type="checkbox"/>	06
Aunt Jemima Butter Rich	<input type="checkbox"/>	07
Aunt Jemima Country Rich	<input type="checkbox"/>	08
Brer Rabbit Molasses	<input type="checkbox"/>	09
Country Kitchen	<input type="checkbox"/>	10
Golden Griddle	<input type="checkbox"/>	11
Grandma's Molasses	<input type="checkbox"/>	12
Hungry Jack Lite	<input type="checkbox"/>	13
Hungry Jack Original	<input type="checkbox"/>	14
Hungry Jack Butter Flavored	<input type="checkbox"/>	15
Karo Pancake	<input type="checkbox"/>	16
Kellogg's Eggo	<input type="checkbox"/>	17
Log Cabin Lite	<input type="checkbox"/>	18
Log Cabin Original	<input type="checkbox"/>	19
Other Log Cabin	<input type="checkbox"/>	20
Maple Grove Farms	<input type="checkbox"/>	21
Mrs. Butterworth's Lite	<input type="checkbox"/>	22
Mrs. Butterworth's Original	<input type="checkbox"/>	23
Mrs. Butterworth's Sugar Free	<input type="checkbox"/>	24
Vermont Maid	<input type="checkbox"/>	25
Store's Own Brand	<input type="checkbox"/>	26
OTHER (Write In)	<input type="checkbox"/>	999

HONEY	Your Household:	
	Used in last 6 months	Containers or jars/last 6 months
773		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Burleson's	<input type="checkbox"/>	01
Golden Blossom	<input type="checkbox"/>	02
Sue Bee	<input type="checkbox"/>	03
Generic (No Label)	<input type="checkbox"/>	04
Store's Own Brand	<input type="checkbox"/>	05
OTHER (Write In)	<input type="checkbox"/>	999

JAMS & JELLIES	Your Household:	
	Used in last 6 months	Jars/ last 30 days
774		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Regular	<input type="checkbox"/>	01
Light	<input type="checkbox"/>	02
Sugar Free/No Sugar Added	<input type="checkbox"/>	03
FORMS:		
Jam	<input type="checkbox"/>	04
Jelly	<input type="checkbox"/>	05
Preserves	<input type="checkbox"/>	06
Marmalade	<input type="checkbox"/>	07
All Fruit	<input type="checkbox"/>	08
KINDS:		
Grape	<input type="checkbox"/>	09
Strawberry	<input type="checkbox"/>	10
Other	<input type="checkbox"/>	11
BRANDS:		
Bama	<input type="checkbox"/>	12
Crosse & Blackwell	<input type="checkbox"/>	13
Knott's Berry Farm	<input type="checkbox"/>	14
Polaner	<input type="checkbox"/>	15
Smucker's	<input type="checkbox"/>	16
Welch's	<input type="checkbox"/>	17
Store's Own Brand	<input type="checkbox"/>	18
OTHER (Write In)	<input type="checkbox"/>	999

PEANUT BUTTER & OTHER NUT SPREADS	Your Household:	
	Used in last 6 months	Jars/ last 30 days
776		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Creamy	<input type="checkbox"/>	01
Crunchy	<input type="checkbox"/>	02
KINDS:		
Natural	<input type="checkbox"/>	03
BRANDS:		
Jif	<input type="checkbox"/>	04
Jif Natural	<input type="checkbox"/>	05
Jif Reduced Fat	<input type="checkbox"/>	06
Simply Jif	<input type="checkbox"/>	07
Nutella	<input type="checkbox"/>	08
Peter Pan Plus	<input type="checkbox"/>	09
Peter Pan Regular	<input type="checkbox"/>	10
Reese's	<input type="checkbox"/>	11
Skippy Natural	<input type="checkbox"/>	12
Skippy Regular	<input type="checkbox"/>	13
Skippy Reduced Fat	<input type="checkbox"/>	14
Skippy Roasted Honey Nut	<input type="checkbox"/>	15
Smart Balance	<input type="checkbox"/>	16
Smucker's	<input type="checkbox"/>	17
Store's Own Brand	<input type="checkbox"/>	18
OTHER (Write In)	<input type="checkbox"/>	999

READY TO SERVE DIPS	Your Household:	
	Used in last 6 months	Containers/ last 30 days
777		
TOTAL:	<input type="checkbox"/>	00
FLAVORS:		
Bacon & Horseradish	<input type="checkbox"/>	01
Bean	<input type="checkbox"/>	02
Blue Cheese	<input type="checkbox"/>	03
Other Cheese	<input type="checkbox"/>	04
Caramel	<input type="checkbox"/>	05
Chocolate	<input type="checkbox"/>	06
Hummus	<input type="checkbox"/>	07
French Onion	<input type="checkbox"/>	08
Green Onion	<input type="checkbox"/>	09
Guacamole/Avocado	<input type="checkbox"/>	10
Jalapeño	<input type="checkbox"/>	11
Ranch	<input type="checkbox"/>	12
Other	<input type="checkbox"/>	13
BRANDS:		
Athenos	<input type="checkbox"/>	14
Cedar's	<input type="checkbox"/>	15
Cheez Whiz	<input type="checkbox"/>	16
Polan's	<input type="checkbox"/>	17
Frito-Lay	<input type="checkbox"/>	18
Heluva Good	<input type="checkbox"/>	19
Kraft	<input type="checkbox"/>	20
Lay's	<input type="checkbox"/>	21
Marzetti	<input type="checkbox"/>	22
Sabra	<input type="checkbox"/>	23
Tostitos	<input type="checkbox"/>	24
Tribe	<input type="checkbox"/>	25
Store's Own Brand	<input type="checkbox"/>	26
OTHER (Write In)	<input type="checkbox"/>	999

AMERICAN PASTEURIZED PROCESSED CHEESE	Your Household:	
	Used in last 6 months	Pounds/ last 30 days
778		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Light/Lite	<input type="checkbox"/>	01
Low Fat	<input type="checkbox"/>	02
Fat Free	<input type="checkbox"/>	03
Regular	<input type="checkbox"/>	04
FORMS:		
Chunk	<input type="checkbox"/>	05
Shredded	<input type="checkbox"/>	06
Individually Wrapped Slices	<input type="checkbox"/>	07
Other Pre-Sliced	<input type="checkbox"/>	08
Loaf/Brick/Boxed	<input type="checkbox"/>	09
KINDS:		
Pre-Packaged	<input type="checkbox"/>	10
Deli	<input type="checkbox"/>	11
BRANDS:		
Alpine Lace	<input type="checkbox"/>	12
Boar's Head	<input type="checkbox"/>	13
Borden 2% Milk	<input type="checkbox"/>	14
Borden Fat Free Singles	<input type="checkbox"/>	15
Borden Singles	<input type="checkbox"/>	16
Crystal Farms	<input type="checkbox"/>	17
Kraft Deli Deluxe	<input type="checkbox"/>	18
Kraft Free Singles	<input type="checkbox"/>	19
Kraft 2% Milk Singles	<input type="checkbox"/>	20
Kraft Singles	<input type="checkbox"/>	21
Kraft Singles Select	<input type="checkbox"/>	22
Other Kraft	<input type="checkbox"/>	23
Land O'Lakes	<input type="checkbox"/>	24
Sara Lee	<input type="checkbox"/>	25
Velveeta	<input type="checkbox"/>	26
Velveeta 2% Milk	<input type="checkbox"/>	27
Velveeta Mexican Mild	<input type="checkbox"/>	28
Velveeta Slices	<input type="checkbox"/>	29
Store's Own Brand	<input type="checkbox"/>	30
OTHER (Write In)	<input type="checkbox"/>	999

NATURAL OR IMPORTED CHEESE	Your Household:	
	Used in last 6 months	Pounds/last 30 days
779		
TOTAL:	<input type="checkbox"/>	00
FORMS:		
Chunk	<input type="checkbox"/>	01
Loaf	<input type="checkbox"/>	02
Pre-Sliced	<input type="checkbox"/>	03
Shredded	<input type="checkbox"/>	04
String	<input type="checkbox"/>	05
TYPES:		
Fat Free	<input type="checkbox"/>	06
Low Fat/Low Cholesterol	<input type="checkbox"/>	07
Low Sodium	<input type="checkbox"/>	08
Low Calorie	<input type="checkbox"/>	09
Regular	<input type="checkbox"/>	10
KINDS:		
Blue Cheese	<input type="checkbox"/>	11
Brie	<input type="checkbox"/>	12
Cheddar	<input type="checkbox"/>	13
Colby	<input type="checkbox"/>	14
Edam	<input type="checkbox"/>	15
Feta	<input type="checkbox"/>	16
Gouda	<input type="checkbox"/>	17
Havarti	<input type="checkbox"/>	18
Jarlsberg	<input type="checkbox"/>	19
Monterey Jack	<input type="checkbox"/>	20
Pepper Jack	<input type="checkbox"/>	21
Mozzarella	<input type="checkbox"/>	22
Muenster	<input type="checkbox"/>	23
Parmesan	<input type="checkbox"/>	24
Provolone	<input type="checkbox"/>	25
Ricotta	<input type="checkbox"/>	26
Romano	<input type="checkbox"/>	27
Swiss	<input type="checkbox"/>	28
Cheese Blends	<input type="checkbox"/>	29
BRANDS:		
Alpine Lace	<input type="checkbox"/>	30
Athenos	<input type="checkbox"/>	31
Babybel	<input type="checkbox"/>	32
Borden	<input type="checkbox"/>	33
Cabot	<input type="checkbox"/>	34
Cacique	<input type="checkbox"/>	35
County Line	<input type="checkbox"/>	36
Cracker Barrel	<input type="checkbox"/>	37
Crystal Farms	<input type="checkbox"/>	38
Frigo	<input type="checkbox"/>	39
Heluva Good!	<input type="checkbox"/>	40
Kraft	<input type="checkbox"/>	41
Land O'Lakes	<input type="checkbox"/>	42
The Laughing Cow	<input type="checkbox"/>	43
Polly-O	<input type="checkbox"/>	44
Sargento Light	<input type="checkbox"/>	45
Sargento (Regular)	<input type="checkbox"/>	46
Sorrento	<input type="checkbox"/>	47
Tillamook	<input type="checkbox"/>	48
Store's Own Brand	<input type="checkbox"/>	49
OTHER (Write In)	<input type="checkbox"/>	999

GRATED CHEESE	Your Household:	
	Used in last 6 months	Containers/last 30 days
780		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Deli — Pre-Packaged	<input type="checkbox"/>	01
Deli — Fresh	<input type="checkbox"/>	02
Dry/Canned	<input type="checkbox"/>	03
KINDS:		
Parmesan	<input type="checkbox"/>	04
Romano	<input type="checkbox"/>	05
Parmesan/Romano Blend	<input type="checkbox"/>	06
BRANDS:		
4C	<input type="checkbox"/>	07
Kraft	<input type="checkbox"/>	08
Store's Own Brand	<input type="checkbox"/>	09
OTHER (Write In)	<input type="checkbox"/>	999

COTTAGE CHEESE	Your Household:	
	Used in last 6 months	Containers/last 30 days
781		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Low Fat	<input type="checkbox"/>	01
Non Fat/Fat Free	<input type="checkbox"/>	02
Regular	<input type="checkbox"/>	03
BRANDS:		
Axelrod	<input type="checkbox"/>	04
Breakstone's	<input type="checkbox"/>	05
Daisy	<input type="checkbox"/>	06
Dean's	<input type="checkbox"/>	07
Friendship	<input type="checkbox"/>	08
Hood	<input type="checkbox"/>	09
Knudsen	<input type="checkbox"/>	10
Light n' Lively	<input type="checkbox"/>	11
Prairie Farms	<input type="checkbox"/>	12
Store's Own Brand	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	999

CREAM CHEESE	Your Household:	
	Used in last 6 months	Packages/last 30 days
782		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Flavored	<input type="checkbox"/>	01
Regular/Unflavored	<input type="checkbox"/>	02
FORMS:		
Brick	<input type="checkbox"/>	03
Soft	<input type="checkbox"/>	04
Whipped	<input type="checkbox"/>	05
KINDS:		
Fat Free	<input type="checkbox"/>	06
Reduced Fat	<input type="checkbox"/>	07
Regular	<input type="checkbox"/>	08
BRANDS:		
Philadelphia Fat Free	<input type="checkbox"/>	09
Philadelphia Light	<input type="checkbox"/>	10
Philadelphia Regular	<input type="checkbox"/>	11
Temptee	<input type="checkbox"/>	12
Store's Own Brand	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	999
Used For:	783-0	
Cooking/Baking	<input type="checkbox"/>	1
Spreading	<input type="checkbox"/>	2

SPREAD CHEESE/ CHEESE SAUCE	Your Household:	
	Used in last 6 months	Packages/last 30 days
784		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Aerosol Can	<input type="checkbox"/>	01
Balls/Logs	<input type="checkbox"/>	02
Crock/Tub	<input type="checkbox"/>	03
Jar/Cup	<input type="checkbox"/>	04
Squeeze Bottle	<input type="checkbox"/>	05
KINDS:		
Sauce	<input type="checkbox"/>	06
Spread	<input type="checkbox"/>	07
BRANDS:		
Alouette	<input type="checkbox"/>	08
Boursin	<input type="checkbox"/>	09
Cheez Whiz	<input type="checkbox"/>	10
Kaukauna	<input type="checkbox"/>	11
Kraft Easy Cheese	<input type="checkbox"/>	12
WisPride	<input type="checkbox"/>	13
Store's Own Brand	<input type="checkbox"/>	14
OTHER (Write In)	<input type="checkbox"/>	999

CRACKERS	Your Household:	
	Used in last 6 months	Boxes/last 30 days
785		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Butter-Flavored	<input type="checkbox"/>	01
Cheese	<input type="checkbox"/>	02
Crispbread	<input type="checkbox"/>	03
Graham	<input type="checkbox"/>	04
Oat/Oat Bran	<input type="checkbox"/>	05
Saltines	<input type="checkbox"/>	06
Sandwich	<input type="checkbox"/>	07
Sesame	<input type="checkbox"/>	08
Wheat/Rye	<input type="checkbox"/>	09
Other Flavored Snack	<input type="checkbox"/>	10
FORMS:		
Low Fat	<input type="checkbox"/>	11
Fat Free	<input type="checkbox"/>	12
Regular	<input type="checkbox"/>	13
PACKAGE SIZE:		
100 Calorie Pack	<input type="checkbox"/>	14
Other Package Size	<input type="checkbox"/>	15
BRANDS:		
Austin Cracker Sandwiches	<input type="checkbox"/>	16
Back to Nature	<input type="checkbox"/>	17
Carr's	<input type="checkbox"/>	18
Combos (cracker varieties)	<input type="checkbox"/>	19
Kashi TLC Crackers	<input type="checkbox"/>	20
Keebler Club	<input type="checkbox"/>	21
Keebler Club Multi-Grain	<input type="checkbox"/>	22
Keebler Grahams	<input type="checkbox"/>	23
Keebler Sandwich Crackers	<input type="checkbox"/>	24
Keebler Town House	<input type="checkbox"/>	25
Keebler Wheatables	<input type="checkbox"/>	26
Keebler Zesta Saltines	<input type="checkbox"/>	27
Other Keebler	<input type="checkbox"/>	28
Kellogg's Special K Crackers	<input type="checkbox"/>	29
Kraft Handi-Snacks	<input type="checkbox"/>	30
Lance Sandwich Crackers	<input type="checkbox"/>	31
Nabisco Better Cheddars	<input type="checkbox"/>	32
Nabisco Cheese Nips	<input type="checkbox"/>	33
Nabisco Honey Maid Grahams	<input type="checkbox"/>	34
Nabisco Premium Saltines	<input type="checkbox"/>	35
Nabisco Ritz	<input type="checkbox"/>	36
Nabisco Ritz Bits Cheese Sandwiches	<input type="checkbox"/>	37
Nabisco Ritz Bits Peanut Butter Sandwiches	<input type="checkbox"/>	38
Nabisco Ritz Bits (Other)	<input type="checkbox"/>	39
Nabisco Ritz Fresh Stacks	<input type="checkbox"/>	40
Nabisco Triscuit	<input type="checkbox"/>	41
Nabisco Wheatsworth	<input type="checkbox"/>	42
Nabisco Wheat Thins	<input type="checkbox"/>	43
Other Nabisco	<input type="checkbox"/>	44
Pepperidge Farm Crackers	<input type="checkbox"/>	45
Pepperidge Farm Goldfish	<input type="checkbox"/>	46
Pepperidge Farm Flavor Blasted Goldfish	<input type="checkbox"/>	47
RyKrisp	<input type="checkbox"/>	48
Stoned Wheat Thins	<input type="checkbox"/>	49
Sunshine Cheez-It	<input type="checkbox"/>	50
Sunshine Krispy Saltines	<input type="checkbox"/>	51
Wasa	<input type="checkbox"/>	52
Store's Own Brand	<input type="checkbox"/>	53
OTHER (Write In)	<input type="checkbox"/>	999

RICE CAKES	Your Household:	
	Used in last 6 months	Packages/last 30 days
786		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Quaker	<input type="checkbox"/>	01
Store's Own Brand	<input type="checkbox"/>	02
OTHER (Write In)	<input type="checkbox"/>	999

PRETZELS	Your Household:	
	Used in last 6 months	Packages/last 30 days
789		
TOTAL:	<input type="checkbox"/>	00
PACKAGE SIZE:		
100 Calorie Pack	<input type="checkbox"/>	01
Other Package Size	<input type="checkbox"/>	02
TYPES:		
Flavored	<input type="checkbox"/>	03
Oat Bran	<input type="checkbox"/>	04
Sourdough	<input type="checkbox"/>	05
BRANDS:		
Bachman	<input type="checkbox"/>	06
Combos (pretzel varieties)	<input type="checkbox"/>	07
Mr. Salty	<input type="checkbox"/>	08
Rold Gold	<input type="checkbox"/>	09
Snyder's Pretzels	<input type="checkbox"/>	10
Snyder's Pretzel Sandwiches	<input type="checkbox"/>	11
Utz	<input type="checkbox"/>	12
Store's Own Brand	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	999

POTATO CHIPS	Your Household:	
	Used in last 6 months	Packages/last 30 days
787		
TOTAL:	<input type="checkbox"/>	00
PACKAGE SIZE:		
100 Calorie Pack	<input type="checkbox"/>	01
2-5 oz.	<input type="checkbox"/>	02
6-8 oz.	<input type="checkbox"/>	03
10-12 oz.	<input type="checkbox"/>	04
More than 12 oz.	<input type="checkbox"/>	05
Multi/Variety Pack	<input type="checkbox"/>	06
TYPES:		
Flavored	<input type="checkbox"/>	07
Regular	<input type="checkbox"/>	08
KINDS:		
No Salt	<input type="checkbox"/>	09
Salted	<input type="checkbox"/>	10
BRANDS:		
Cape Cod	<input type="checkbox"/>	11
Herr's	<input type="checkbox"/>	12
Jays	<input type="checkbox"/>	13
Kettle Chips	<input type="checkbox"/>	14
Lay's	<input type="checkbox"/>	15
Baked! Lay's	<input type="checkbox"/>	16
Lay's Light	<input type="checkbox"/>	17
Lay's Stax	<input type="checkbox"/>	18
Lay's Wavy	<input type="checkbox"/>	19
Pringles Light Fat Free	<input type="checkbox"/>	20
Pringles Minis	<input type="checkbox"/>	21
Pringles Regular	<input type="checkbox"/>	22
Pringles Select	<input type="checkbox"/>	23
Ruffles Light	<input type="checkbox"/>	24
Ruffles Regular	<input type="checkbox"/>	25
Snyder's	<input type="checkbox"/>	26
Terra	<input type="checkbox"/>	27
Utz	<input type="checkbox"/>	28
Wise	<input type="checkbox"/>	29
Store's Own Brand	<input type="checkbox"/>	30
OTHER (Write In)	<input type="checkbox"/>	999

POPPING CORN & POPCORN SNACKS	Your Household:	
	Used in last 6 months	Packages/Bowls served/last 30 days
791		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Popped Corn	<input type="checkbox"/>	01
Popcorn Snacks	<input type="checkbox"/>	02
Unpopped Corn	<input type="checkbox"/>	03
BRANDS:		
Act II Microwave	<input type="checkbox"/>	04
Cracker Jack	<input type="checkbox"/>	05
Crunch 'n Munch	<input type="checkbox"/>	06
Fiddle Faddle	<input type="checkbox"/>	07
Jiffy Pop	<input type="checkbox"/>	08
Jolly Time	<input type="checkbox"/>	09
Newman's Own	<input type="checkbox"/>	10
Orville Redenbacher's Kettle Korn	<input type="checkbox"/>	11
Orville Redenbacher's Butter (Microwave)	<input type="checkbox"/>	12
Orville Redenbacher's SmartPop!	<input type="checkbox"/>	13
Other Orville Redenbacher's	<input type="checkbox"/>	14
Pop Secret	<input type="checkbox"/>	15
Pop Weaver	<input type="checkbox"/>	16
Smartfood	<input type="checkbox"/>	17
Store's Own Brand	<input type="checkbox"/>	18
OTHER (Write In)	<input type="checkbox"/>	999

CORN, TORTILLA & OTHER CHIPS & CHEESE SNACKS	Your Household:	
	Used in last 6 months	Packages/last 30 days
790		
TOTAL:	<input type="checkbox"/>	00
PACKAGE SIZE:		
100 Calorie Pack	<input type="checkbox"/>	01
2-5 oz.	<input type="checkbox"/>	02
6-8 oz.	<input type="checkbox"/>	03
10-12 oz.	<input type="checkbox"/>	04
More than 12 oz.	<input type="checkbox"/>	05
Multi/Variety Pack	<input type="checkbox"/>	06
BRANDS:		
Bugles	<input type="checkbox"/>	07
Cheez Doodles	<input type="checkbox"/>	08
Cheetos	<input type="checkbox"/>	09
Cheetos Baked!	<input type="checkbox"/>	10
Cheetos Twisted	<input type="checkbox"/>	11
Chi-Chi's	<input type="checkbox"/>	12
Combos	<input type="checkbox"/>	13
Corn Nuts	<input type="checkbox"/>	14
Doritos Baked!	<input type="checkbox"/>	15
Doritos Nacho Cheese	<input type="checkbox"/>	16
Doritos Cool Ranch	<input type="checkbox"/>	17
Other Doritos	<input type="checkbox"/>	18
Fritos Regular	<input type="checkbox"/>	19
Fritos Bar-B-Q	<input type="checkbox"/>	20
Fritos Chili Cheese	<input type="checkbox"/>	21
Fritos Scoops!	<input type="checkbox"/>	22
Other Fritos	<input type="checkbox"/>	23
Mission Tortilla Chips	<input type="checkbox"/>	24
Santitas	<input type="checkbox"/>	25
Stacy's Pita Chips	<input type="checkbox"/>	26
SunChips	<input type="checkbox"/>	27
Tostitos Baked!	<input type="checkbox"/>	28
Tostitos Crispy Rounds	<input type="checkbox"/>	29
Tostitos Restaurant Style	<input type="checkbox"/>	30
Tostitos Scoops!	<input type="checkbox"/>	31
Other Tostitos	<input type="checkbox"/>	32
Store's Own Brand	<input type="checkbox"/>	33
OTHER (Write In)	<input type="checkbox"/>	999

CANNED OR JARRED SOUP/BROTH	Your Household:	
	Used in last 6 months	Cans/jars last 30 days
796		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Condensed	<input type="checkbox"/>	01
Ready to Serve	<input type="checkbox"/>	02
Refrigerated	<input type="checkbox"/>	03
Frozen	<input type="checkbox"/>	04
KINDS:		
Low Sodium	<input type="checkbox"/>	05
Regular	<input type="checkbox"/>	06
BRANDS:		
Campbell's Chunky	<input type="checkbox"/>	07
Campbell's Select Harvest	<input type="checkbox"/>	08
Other Campbell's Ready to Serve	<input type="checkbox"/>	09
Campbell's Condensed Chicken Noodle Soup	<input type="checkbox"/>	10
Campbell's Condensed Cream of Mushroom	<input type="checkbox"/>	11
Campbell's Condensed Tomato Soup	<input type="checkbox"/>	12
Other Campbell's Condensed Soup	<input type="checkbox"/>	13
Campbell's Healthy Request	<input type="checkbox"/>	14
Campbell's Soup at Hand	<input type="checkbox"/>	15
College Inn Broth	<input type="checkbox"/>	16
Healthy Choice	<input type="checkbox"/>	17
Muir Glen	<input type="checkbox"/>	18
Progresso	<input type="checkbox"/>	19
Progresso Light	<input type="checkbox"/>	20
Progresso 99% Fat Free	<input type="checkbox"/>	21
Swanson Broth	<input type="checkbox"/>	22
Wolfgang Puck	<input type="checkbox"/>	23
Store's Own Brand	<input type="checkbox"/>	24
OTHER (Write In)	<input type="checkbox"/>	999

DRY SOUP & BOUILLON	Your Household:	
	Used in last 6 months	Packages/last 30 days
792		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Campbell's Dry Soup Mix	<input type="checkbox"/>	01
Herb-ox Bouillon	<input type="checkbox"/>	02
Knorr Bouillon	<input type="checkbox"/>	03
Knorr Recipe Classics Soup Mix	<input type="checkbox"/>	04
Lipton Cup-a-Soup	<input type="checkbox"/>	05
Lipton Recipe Secrets	<input type="checkbox"/>	06
Lipton Soup Secrets	<input type="checkbox"/>	07
Maruchan Instant Lunch	<input type="checkbox"/>	08
Maruchan Ramen Soup	<input type="checkbox"/>	09
Mrs. Grass Soup & Recipe Mix	<input type="checkbox"/>	10
Nissin Cup Noodles	<input type="checkbox"/>	11
Nissin Top Ramen	<input type="checkbox"/>	12
Nong Shim Bowl Noodle Soup	<input type="checkbox"/>	13
Wylers Bouillon	<input type="checkbox"/>	14
Store's Own Brand	<input type="checkbox"/>	15
OTHER (Write In)	<input type="checkbox"/>	999

PIZZA MIXES AND SAUCES	Your Household:	
	Used in last 6 months	Packages/ last 30 days
TOTAL: 793	<input type="checkbox"/>	00
BRANDS:		
Boboli	<input type="checkbox"/>	01
Chef Boyardee	<input type="checkbox"/>	02
Contadina	<input type="checkbox"/>	03
Ragú Pizza Quick Sauce	<input type="checkbox"/>	04
Ragú Pizza Sauce	<input type="checkbox"/>	05
OTHER (Write In)	<input type="checkbox"/>	999

MEXICAN FOODS	Your Household:	
	Used in last 6 months	Packages/ last 30 days
TOTAL: 794	<input type="checkbox"/>	00
TYPES:		
Burritos	<input type="checkbox"/>	01
Chilies	<input type="checkbox"/>	02
Chili Mixes	<input type="checkbox"/>	03
Enchiladas	<input type="checkbox"/>	04
Enchilada Sauce	<input type="checkbox"/>	05
Fajitas	<input type="checkbox"/>	06
Nachos	<input type="checkbox"/>	07
Refried Beans	<input type="checkbox"/>	08
Seasonings	<input type="checkbox"/>	09
Soft Tortillas	<input type="checkbox"/>	10
Taco Dinner Kit	<input type="checkbox"/>	11
Taco Sauce	<input type="checkbox"/>	12
Taco Shells	<input type="checkbox"/>	13
Tortilla Mix	<input type="checkbox"/>	14
Tostados	<input type="checkbox"/>	15
KINDS:		
Canned	<input type="checkbox"/>	16
Dry Mix	<input type="checkbox"/>	17
Frozen	<input type="checkbox"/>	18
Refrigerated	<input type="checkbox"/>	19
BRANDS:		
Azteca	<input type="checkbox"/>	20
Chi-Chi's	<input type="checkbox"/>	21
Goya	<input type="checkbox"/>	22
Guerrero	<input type="checkbox"/>	23
José Olé	<input type="checkbox"/>	24
Las Palmas	<input type="checkbox"/>	25
Lawry's	<input type="checkbox"/>	26
McCormick	<input type="checkbox"/>	27
Mission	<input type="checkbox"/>	28
Old El Paso	<input type="checkbox"/>	29
Ortega	<input type="checkbox"/>	30
Rosarita	<input type="checkbox"/>	31
Taco Bell Home Originals	<input type="checkbox"/>	32
Store's Own Brand	<input type="checkbox"/>	33
OTHER (Write In)	<input type="checkbox"/>	999

SALSA OR PICANTE SAUCE	Your Household:	
	Used in last 6 months	Jars or Packages/ last 30 days
TOTAL: 795	<input type="checkbox"/>	00
BRANDS:		
Chi-Chi's	<input type="checkbox"/>	01
Herdez	<input type="checkbox"/>	02
La Victoria	<input type="checkbox"/>	03
Newman's Own	<input type="checkbox"/>	04
Old El Paso	<input type="checkbox"/>	05
Ortega	<input type="checkbox"/>	06
Pace	<input type="checkbox"/>	07
Santa Fe	<input type="checkbox"/>	08
Taco Bell Home Originals	<input type="checkbox"/>	09
Tostitos	<input type="checkbox"/>	10
Store's Own Brand	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999

KETCHUP/CATSUP	Your Household:	
	Used in last 6 months	Bottles/ jars/last 30 days
TOTAL: 844	<input type="checkbox"/>	00
BRANDS:		
Del Monte	<input type="checkbox"/>	01
Heinz	<input type="checkbox"/>	02
Hunt's	<input type="checkbox"/>	03
Store's Own Brand	<input type="checkbox"/>	04
OTHER (Write In)	<input type="checkbox"/>	999

BOTTLED BARBECUE & SEASONING SAUCES	Your Household:	
	Used in last 6 months	Bottles/ last 3 months
TOTAL: 845	<input type="checkbox"/>	00
TYPES:		
Barbecue Sauce	<input type="checkbox"/>	01
Chili Sauce	<input type="checkbox"/>	02
Horseradish	<input type="checkbox"/>	03
Hot Sauce	<input type="checkbox"/>	04
Marinade	<input type="checkbox"/>	05
Seafood Cocktail Sauce	<input type="checkbox"/>	06
Steak Sauce	<input type="checkbox"/>	07
Tartar Sauce	<input type="checkbox"/>	08
Teriyaki Sauce	<input type="checkbox"/>	09
Worcestershire Sauce	<input type="checkbox"/>	10
Other	<input type="checkbox"/>	11
BRANDS:		
A.1. Bold & Spicy	<input type="checkbox"/>	12
A.1. Marinade	<input type="checkbox"/>	13
A.1. Original Steak Sauce	<input type="checkbox"/>	14
Bull's-Eye Barbecue Sauce	<input type="checkbox"/>	15
Cattlemen's Classic Barbecue Sauce	<input type="checkbox"/>	16
Del Monte	<input type="checkbox"/>	17
Frank's RedHot Sauce	<input type="checkbox"/>	18
French's	<input type="checkbox"/>	19
Heinz 57 Sauce	<input type="checkbox"/>	20
Other Heinz	<input type="checkbox"/>	21
Hellmann's/Best Foods	<input type="checkbox"/>	22
Hunt's Barbecue Sauce	<input type="checkbox"/>	23
Jack Daniel's Barbecue Sauce	<input type="checkbox"/>	24
KC Masterpiece Barbecue Sauce	<input type="checkbox"/>	25
KC Masterpiece Marinade	<input type="checkbox"/>	26
Kikkoman Teriyaki	<input type="checkbox"/>	27
Kraft Barbecue Sauce (Original)	<input type="checkbox"/>	28
Kraft Thick'n Spicy	<input type="checkbox"/>	29
Other Kraft	<input type="checkbox"/>	30
Lawry's Marinade	<input type="checkbox"/>	31
Lea & Perrins Worcestershire Sauce	<input type="checkbox"/>	32
Louisiana Hot Sauce	<input type="checkbox"/>	33
Open Pit Barbecue Sauce	<input type="checkbox"/>	34
Sweet Baby Ray's Barbecue Sauce	<input type="checkbox"/>	35
Tabasco Sauce (McIlhenny)	<input type="checkbox"/>	36
Store's Own Brand	<input type="checkbox"/>	37
OTHER (Write In)	<input type="checkbox"/>	999

SOY SAUCE	Your Household:	
	Used in last 6 months	Bottles/ last 6 months
TOTAL: 846	<input type="checkbox"/>	00
TYPES:		
Low Sodium	<input type="checkbox"/>	01
Regular	<input type="checkbox"/>	02
BRANDS:		
Kikkoman	<input type="checkbox"/>	03
La Choy	<input type="checkbox"/>	04
Store's Own Brand	<input type="checkbox"/>	05
OTHER (Write In)	<input type="checkbox"/>	999

CANNED BEANS WITH SAUCE	Your Household:	
	Used in last 6 months	Cans/ last 30 days
TOTAL: 799	<input type="checkbox"/>	00
BRANDS:		
B&M Baked Beans	<input type="checkbox"/>	01
Brooks Chili Beans	<input type="checkbox"/>	02
Bush's Best Baked Beans	<input type="checkbox"/>	03
Bush's Best Chili Beans	<input type="checkbox"/>	04
Bush's Best Chili Magic Chili Starter	<input type="checkbox"/>	05
Bush's Best Grillin' Beans	<input type="checkbox"/>	06
Campbell's Pork & Beans	<input type="checkbox"/>	07
Glory	<input type="checkbox"/>	08
Goya Beans in Sauce	<input type="checkbox"/>	09
Hanover Baked Beans	<input type="checkbox"/>	10
Heinz Vegetarian Beans	<input type="checkbox"/>	11
Ranch Style Beans	<input type="checkbox"/>	12
S&W Baked Beans	<input type="checkbox"/>	13
Showboat Pork & Beans	<input type="checkbox"/>	14
Van Camp's Baked Beans	<input type="checkbox"/>	15
Van Camp's Beanee Weenee	<input type="checkbox"/>	16
Van Camp's Pork & Beans	<input type="checkbox"/>	17
Store's Own Brand	<input type="checkbox"/>	18
OTHER (Write In)	<input type="checkbox"/>	999

CHILI	Your Household:	
	Used in last 6 months	Packages/ last 30 days
TOTAL: 801	<input type="checkbox"/>	00
TYPES:		
Regular	<input type="checkbox"/>	01
Without Beans	<input type="checkbox"/>	02
BRANDS:		
Armour Chili	<input type="checkbox"/>	03
Campbell's Chunky Chili	<input type="checkbox"/>	04
Dennison's	<input type="checkbox"/>	05
Hormel	<input type="checkbox"/>	06
Hormel Chili Master	<input type="checkbox"/>	07
Nalley	<input type="checkbox"/>	08
Stagg	<input type="checkbox"/>	09
Wolf Brand Chili	<input type="checkbox"/>	10
Store's Own Brand	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999

CANNED OR JARRED FRUIT	Your Household:	
	Used in last 6 months	Cans or Jars/last 30 days
TOTAL: 760	<input type="checkbox"/>	00
TYPES:		
Applesauce	<input type="checkbox"/>	01
Cherries	<input type="checkbox"/>	02
Cranberries/Cranberry Sauce	<input type="checkbox"/>	03
Fruit Cocktail	<input type="checkbox"/>	04
Grapefruit	<input type="checkbox"/>	05
Oranges	<input type="checkbox"/>	06
Peaches	<input type="checkbox"/>	07
Pears	<input type="checkbox"/>	08
Pineapple	<input type="checkbox"/>	09
BRANDS:		
Del Monte	<input type="checkbox"/>	10
Dole	<input type="checkbox"/>	11
Libby's	<input type="checkbox"/>	12
Mott's	<input type="checkbox"/>	13
Musselman's	<input type="checkbox"/>	14
Ocean Spray	<input type="checkbox"/>	15
S&W	<input type="checkbox"/>	16
White House	<input type="checkbox"/>	17
Store's Own Brand	<input type="checkbox"/>	18
OTHER (Write In)	<input type="checkbox"/>	999

CANNED TOMATOES	Your Household:	
	Used in last 6 months	Cans/last 30 days
802		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Crushed	<input type="checkbox"/>	01
Diced/Chunky/Wedge	<input type="checkbox"/>	02
Paste	<input type="checkbox"/>	03
Sauce	<input type="checkbox"/>	04
Stewed	<input type="checkbox"/>	05
Whole	<input type="checkbox"/>	06
Other	<input type="checkbox"/>	07
BRANDS:		
Contadina	<input type="checkbox"/>	08
Del Monte	<input type="checkbox"/>	09
Hunt's	<input type="checkbox"/>	10
Muir Glen	<input type="checkbox"/>	11
Progresso	<input type="checkbox"/>	12
Red Gold	<input type="checkbox"/>	13
Ro*Tel	<input type="checkbox"/>	14
S&W	<input type="checkbox"/>	15
Store's Own Brand	<input type="checkbox"/>	16
OTHER (Write In)	<input type="checkbox"/>	999

CANNED OR JARRED VEGETABLES	Your Household:	
	Used in last 6 months	Cans or jars/last 30 days
803		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Beans	<input type="checkbox"/>	01
Carrots	<input type="checkbox"/>	02
Corn	<input type="checkbox"/>	03
Mixed	<input type="checkbox"/>	04
Mushrooms	<input type="checkbox"/>	05
Peas	<input type="checkbox"/>	06
Spinach	<input type="checkbox"/>	07
FORMS:		
Canned	<input type="checkbox"/>	08
Jarred	<input type="checkbox"/>	09
BRANDS:		
Allens	<input type="checkbox"/>	10
Bush's Best	<input type="checkbox"/>	11
Del Monte	<input type="checkbox"/>	12
Food Club	<input type="checkbox"/>	13
Freshlike	<input type="checkbox"/>	14
Geisha	<input type="checkbox"/>	15
Giorgio	<input type="checkbox"/>	16
Glory	<input type="checkbox"/>	17
Goya	<input type="checkbox"/>	18
Green Giant	<input type="checkbox"/>	19
Hanover	<input type="checkbox"/>	20
Le Sueur	<input type="checkbox"/>	21
Libby's	<input type="checkbox"/>	22
Pennsylvania Dutchman	<input type="checkbox"/>	23
Stokely's	<input type="checkbox"/>	24
S&W	<input type="checkbox"/>	25
Veg-All	<input type="checkbox"/>	26
Store's Own Brand	<input type="checkbox"/>	27
OTHER (Write In)	<input type="checkbox"/>	999

CANNED STEWS	Your Household:	
	Used in last 6 months	Cans/last 30 days
804		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Dinty Moore	<input type="checkbox"/>	01
Store's Own Brand	<input type="checkbox"/>	02
OTHER (Write In)	<input type="checkbox"/>	999

CANNED OR JARRED SPAGHETTI & MACARONI	Your Household:	
	Used in last 6 months	Cans/jars last 30 days
805		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Chef Boyardee	<input type="checkbox"/>	01
SpaghettiOs	<input type="checkbox"/>	02
Store's Own Brand	<input type="checkbox"/>	03
OTHER (Write In)	<input type="checkbox"/>	999

SPAGHETTI/PASTA SAUCE	Your Household:	
	Used in last 6 months	Containers/last 30 days
806		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Canned	<input type="checkbox"/>	01
Jarred	<input type="checkbox"/>	02
KINDS:		
Low Fat/Low Sugar	<input type="checkbox"/>	03
Regular	<input type="checkbox"/>	04
FORMS:		
Refrigerated	<input type="checkbox"/>	05
Non-Refrigerated	<input type="checkbox"/>	06
BRANDS:		
Barilla	<input type="checkbox"/>	07
Bertolli	<input type="checkbox"/>	08
Classico	<input type="checkbox"/>	09
Del Monte	<input type="checkbox"/>	10
Francesco Rinaldi	<input type="checkbox"/>	11
Hunt's	<input type="checkbox"/>	12
Muir Glen	<input type="checkbox"/>	13
Newman's Own	<input type="checkbox"/>	14
Prego Chunky Garden	<input type="checkbox"/>	15
Prego Meat Sauce	<input type="checkbox"/>	16
Prego Traditional	<input type="checkbox"/>	17
Other Prego	<input type="checkbox"/>	18
Progresso	<input type="checkbox"/>	19
Ragú Cheesy	<input type="checkbox"/>	20
Ragú Chunky	<input type="checkbox"/>	21
Ragú Light	<input type="checkbox"/>	22
Ragú Old World Style	<input type="checkbox"/>	23
Ragú Organic	<input type="checkbox"/>	24
Ragú Robust!	<input type="checkbox"/>	25
Other Ragú	<input type="checkbox"/>	26
Store's Own Brand	<input type="checkbox"/>	27
OTHER (Write In)	<input type="checkbox"/>	999

CANNED TUNA	Your Household:	
	Used in last 6 months	Cans/last 30 days
797		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Low Sodium	<input type="checkbox"/>	01
Regular	<input type="checkbox"/>	02
FORMS:		
Packed in water	<input type="checkbox"/>	03
Packed in oil	<input type="checkbox"/>	04
KINDS:		
Solid white	<input type="checkbox"/>	05
Chunk light	<input type="checkbox"/>	06
Chunk white	<input type="checkbox"/>	07
BRANDS:		
Ace of Diamonds	<input type="checkbox"/>	08
Bumble Bee	<input type="checkbox"/>	09
Chicken of the Sea	<input type="checkbox"/>	10
Geisha	<input type="checkbox"/>	11
StarKist	<input type="checkbox"/>	12
Store's Own Brand	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	999

PACKAGED, FROZEN, REFRIGERATED PASTA	Your Household:	
	Used in last 6 months	Packages/last 30 days
808		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Dry	<input type="checkbox"/>	01
Frozen	<input type="checkbox"/>	02
Refrigerated (Fresh)	<input type="checkbox"/>	03
FORMS:		
Long	<input type="checkbox"/>	04
Stuffed	<input type="checkbox"/>	05
Other	<input type="checkbox"/>	06
KINDS:		
Regular	<input type="checkbox"/>	07
Whole Wheat/Whole Grain	<input type="checkbox"/>	08
Other	<input type="checkbox"/>	09
BRANDS:		
American Beauty	<input type="checkbox"/>	10
Barilla	<input type="checkbox"/>	11
Barilla Plus	<input type="checkbox"/>	12
Buitoni	<input type="checkbox"/>	13
Celentano	<input type="checkbox"/>	14
Creamette	<input type="checkbox"/>	15
De Cecco	<input type="checkbox"/>	16
Dreamfields	<input type="checkbox"/>	17
Golden Grain Mission	<input type="checkbox"/>	18
Light 'n Fluffy	<input type="checkbox"/>	19
Mueller's	<input type="checkbox"/>	20
No Yolks	<input type="checkbox"/>	21
Pennsylvania Dutch	<input type="checkbox"/>	22
Prince	<input type="checkbox"/>	23
Reames	<input type="checkbox"/>	24
Ronzoni	<input type="checkbox"/>	25
Rosetto	<input type="checkbox"/>	26
San Giorgio	<input type="checkbox"/>	27
Skinner	<input type="checkbox"/>	28
Stouffer's	<input type="checkbox"/>	29
Store's Own Brand	<input type="checkbox"/>	30
OTHER (Write In)	<input type="checkbox"/>	999

LUNCH COMBINATIONS/ KITS	Your Household:	
	Used in last 6 months	Packages/last 30 days
810		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Armour LunchMakers	<input type="checkbox"/>	01
Bumble Bee Lunch on the Run	<input type="checkbox"/>	02
Lunchables (Oscar Mayer)	<input type="checkbox"/>	03
Lunchables Pizza (Oscar Mayer)	<input type="checkbox"/>	04
Oscar Mayer Deli Creations	<input type="checkbox"/>	05
StarKist Lunch To-Go	<input type="checkbox"/>	06
Store's Own Brand	<input type="checkbox"/>	07
OTHER (Write In)	<input type="checkbox"/>	999

PACKAGED DINNERS & SIDE DISHES (MIXES OR PREPARED)	Your Household:	
	Used in last 6 months	Packages/ last 30 days
811		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Microwave	<input type="checkbox"/>	01
Regular	<input type="checkbox"/>	02
BRANDS:		
Annie's Macaroni & Cheese	<input type="checkbox"/>	03
Betty Crocker Complete Meals	<input type="checkbox"/>	04
Betty Crocker Suddenly Pasta Salad	<input type="checkbox"/>	05
Bowl Appétit	<input type="checkbox"/>	06
Chef Boyardee Microwavable Meals	<input type="checkbox"/>	07
Healthy Choice Fresh Mixers	<input type="checkbox"/>	08
Homestyle Bakes	<input type="checkbox"/>	09
Hormel Compleats	<input type="checkbox"/>	10
Knorr Pasta Sides	<input type="checkbox"/>	11
Knorr Sides Plus Veggies	<input type="checkbox"/>	12
Kraft Deluxe Macaroni & Cheese	<input type="checkbox"/>	13
Kraft Easy Mac	<input type="checkbox"/>	14
Kraft Macaroni & Cheese	<input type="checkbox"/>	15
Kraft Macaroni & Cheese (Kid's Shapes)	<input type="checkbox"/>	16
Kraft Macaroni & Cheese (Cheesy Alfredo, White Cheddar, Thick 'n Creamy)	<input type="checkbox"/>	17
Kraft Pasta Salad	<input type="checkbox"/>	18
La Choy	<input type="checkbox"/>	19
Pasta Roni	<input type="checkbox"/>	20
Velveeta Shells & Cheese	<input type="checkbox"/>	21
Store's Own Brand	<input type="checkbox"/>	22
OTHER (Write In)	<input type="checkbox"/>	999

PACKAGED INSTANT POTATOES	Your Household:	
	Used in last 6 months	Packages/ last 30 days
812		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Au Gratin	<input type="checkbox"/>	01
Hash Brown	<input type="checkbox"/>	02
Mashed	<input type="checkbox"/>	03
Scalloped	<input type="checkbox"/>	04
Other	<input type="checkbox"/>	05
BRANDS:		
Betty Crocker Au Gratin Potatoes	<input type="checkbox"/>	06
Betty Crocker Flavored Mashed Potatoes	<input type="checkbox"/>	07
Betty Crocker Potato Buds	<input type="checkbox"/>	08
Betty Crocker Scalloped Potatoes	<input type="checkbox"/>	09
Other Betty Crocker	<input type="checkbox"/>	10
Hungry Jack Mashed Potatoes	<input type="checkbox"/>	11
Idaho Spuds	<input type="checkbox"/>	12
Idahoan Potatoes	<input type="checkbox"/>	13
Velveeta Potatoes	<input type="checkbox"/>	14
Store's Own Brand	<input type="checkbox"/>	15
OTHER (Write In)	<input type="checkbox"/>	999

DINNER MIXES AND KITS	Your Household:	
	Used in last 6 months	Packages/ last 30 days
841		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Canned	<input type="checkbox"/>	01
Dry Mix	<input type="checkbox"/>	02
BRANDS:		
Chicken Helper	<input type="checkbox"/>	03
Del Monte Sloppy Joe Sauce	<input type="checkbox"/>	04
Hamburger Helper	<input type="checkbox"/>	05
Heinz Sloppy Joe Sauce	<input type="checkbox"/>	06
Manwich	<input type="checkbox"/>	07
Not-So-Sloppy-Joe Sloppy Joe Sauce	<input type="checkbox"/>	08
Old El Paso	<input type="checkbox"/>	09
Tuna Helper	<input type="checkbox"/>	10
Store's Own Brand	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999

STUFFING MIXES AND STUFFING PRODUCTS	Your Household:	
	Used in last 6 months	Packages/ last 3 months
814		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Plain (Unseasoned)	<input type="checkbox"/>	01
Seasoned	<input type="checkbox"/>	02
FLAVORS:		
Beef	<input type="checkbox"/>	03
Chicken	<input type="checkbox"/>	04
Cornbread	<input type="checkbox"/>	05
Herb	<input type="checkbox"/>	06
Pork	<input type="checkbox"/>	07
Turkey	<input type="checkbox"/>	08
BRANDS:		
Arnold Stuffing	<input type="checkbox"/>	09
Brownberry	<input type="checkbox"/>	10
Mrs. Cubbison's	<input type="checkbox"/>	11
Pepperidge Farm Stuffing	<input type="checkbox"/>	12
Stove Top	<input type="checkbox"/>	13
Store's Own Brand	<input type="checkbox"/>	14
OTHER (Write In)	<input type="checkbox"/>	999

BREAD CRUMBS & COATING MIXES	Your Household:	
	Used in last 6 months	Packages/ last 30 days
813		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Bread Crumbs	<input type="checkbox"/>	01
Coatings	<input type="checkbox"/>	02
BRANDS:		
Contadina	<input type="checkbox"/>	03
4C	<input type="checkbox"/>	04
Golden Dipt	<input type="checkbox"/>	05
Kellogg's Corn Flake Crumbs	<input type="checkbox"/>	06
Oven Fry for Chicken	<input type="checkbox"/>	07
Oven Fry for Pork	<input type="checkbox"/>	08
Progresso	<input type="checkbox"/>	09
Shake 'N Bake Original for Chicken	<input type="checkbox"/>	10
Shake 'N Bake Original for Pork	<input type="checkbox"/>	11
Other Shake 'N Bake	<input type="checkbox"/>	12
Zatarain's	<input type="checkbox"/>	13
Store's Own Brand	<input type="checkbox"/>	14
OTHER (Write In)	<input type="checkbox"/>	999

RICE	Your Household:	
	Used in last 6 months	Packages/ last 30 days
815		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Boil In Bag	<input type="checkbox"/>	01
Instant	<input type="checkbox"/>	02
Regular (Long Cooking)	<input type="checkbox"/>	03
KINDS:		
Brown	<input type="checkbox"/>	04
White	<input type="checkbox"/>	05
BRANDS:		
Canilla	<input type="checkbox"/>	06
Carolina	<input type="checkbox"/>	07
Goya	<input type="checkbox"/>	08
Mahatma	<input type="checkbox"/>	09
Minute Instant Brown	<input type="checkbox"/>	10
Minute Original	<input type="checkbox"/>	11
Minute Premium	<input type="checkbox"/>	12
Riceland	<input type="checkbox"/>	13
Success Boil-in-Bag	<input type="checkbox"/>	14
Texmati	<input type="checkbox"/>	15
Uncle Ben's Boil-in-Bag	<input type="checkbox"/>	16
Uncle Ben's Fast & Natural Instant Brown Rice	<input type="checkbox"/>	17
Uncle Ben's Instant Rice	<input type="checkbox"/>	18
Uncle Ben's Whole Grain Brown Rice	<input type="checkbox"/>	19
Uncle Ben's Whole Grain White Rice	<input type="checkbox"/>	20
Uncle Ben's Original Converted	<input type="checkbox"/>	21
Store's Own Brand	<input type="checkbox"/>	22
OTHER (Write In)	<input type="checkbox"/>	999

FLAVORED & SEASONED RICE	Your Household:	
	Used in last 6 months	Packages/ last 30 days
816		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Goya	<input type="checkbox"/>	01
Knorr Rice Sides	<input type="checkbox"/>	02
Mahatma Rice Mixes	<input type="checkbox"/>	03
Near East	<input type="checkbox"/>	04
Rice-A-Roni	<input type="checkbox"/>	05
Uncle Ben's Country Inn	<input type="checkbox"/>	06
Uncle Ben's Long Grain & Wild Rice	<input type="checkbox"/>	07
Uncle Ben's Ready Rice	<input type="checkbox"/>	08
Other Uncle Ben's	<input type="checkbox"/>	09
Zatarain's	<input type="checkbox"/>	10
Store's Own Brand	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999

FROZEN/ REFRIGERATED POTATO PRODUCTS	Your Household:	
	Used in last 6 months	Packages/ last 30 days
818		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
French Fried Potatoes	<input type="checkbox"/>	01
Mashed Potatoes	<input type="checkbox"/>	02
Other Potatoes	<input type="checkbox"/>	03
BRANDS:		
Alexia	<input type="checkbox"/>	04
Hormel Country Crock	<input type="checkbox"/>	05
Larry's Mashed Potatoes	<input type="checkbox"/>	06
McCain French Fries	<input type="checkbox"/>	07
McCain Roasters	<input type="checkbox"/>	08
Ore-Ida Easy Fries	<input type="checkbox"/>	09
Ore-Ida Frozen French Fries	<input type="checkbox"/>	10
Ore-Ida Frozen Hash Browns	<input type="checkbox"/>	11
Ore-Ida Frozen Tater Tots	<input type="checkbox"/>	12
Ore-Ida Roasted	<input type="checkbox"/>	13
Ore-Ida Steam n' Mash	<input type="checkbox"/>	14
Other Ore-Ida	<input type="checkbox"/>	15
Simply Potatoes	<input type="checkbox"/>	16
Store's Own Brand	<input type="checkbox"/>	17
OTHER (Write In)	<input type="checkbox"/>	999

REFRIGERATED DINNERS, ENTREES & SIDE DISHES	Your Household:	
	Used in last 6 months	Packages/ last 30 days
825		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Hormel Country Crock Side Dishes (Non-Potato) ..	<input type="checkbox"/>	01
Hormel Entrees	<input type="checkbox"/>	02
Lloyd's Barbecue	<input type="checkbox"/>	03
Perdue	<input type="checkbox"/>	04
Tyson	<input type="checkbox"/>	05
OTHER (Write In)	<input type="checkbox"/>	999

FROZEN VEGETABLES	Your Household:	
	Used in last 6 months	Packages/ last 30 days
819		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Box	<input type="checkbox"/>	01
Plastic Bag	<input type="checkbox"/>	02
KINDS:		
Plain	<input type="checkbox"/>	03
With Sauce/Seasoning	<input type="checkbox"/>	04
FORMS:		
Single Vegetable	<input type="checkbox"/>	05
Mixed Vegetables	<input type="checkbox"/>	06
BRANDS:		
Birds Eye	<input type="checkbox"/>	07
Cascadian Farm	<input type="checkbox"/>	08
Flav-R-Pac	<input type="checkbox"/>	09
Freshlike	<input type="checkbox"/>	10
Green Giant	<input type="checkbox"/>	11
Goya	<input type="checkbox"/>	12
Hanover	<input type="checkbox"/>	13
Libby's	<input type="checkbox"/>	14
Pictsweet	<input type="checkbox"/>	15
Raley's	<input type="checkbox"/>	16
Store's Own Brand	<input type="checkbox"/>	17
OTHER (Write In)	<input type="checkbox"/>	999

FROZEN MAIN COURSES (Entrees or Casseroles)	Your Household:	
	Used in last 6 months	Packages/ last 30 days
821		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Low Calorie	<input type="checkbox"/>	01
Regular	<input type="checkbox"/>	02
KINDS:		
Single Serving	<input type="checkbox"/>	03
Family Size	<input type="checkbox"/>	04
BRANDS:		
Amy's	<input type="checkbox"/>	05
Banquet	<input type="checkbox"/>	06
Contessa	<input type="checkbox"/>	07
Gorton's	<input type="checkbox"/>	08
Healthy Choice	<input type="checkbox"/>	09
Hot Pockets	<input type="checkbox"/>	10
Hot Pockets Croissant Crust ..	<input type="checkbox"/>	11
Kashi	<input type="checkbox"/>	12
Lean Cuisine Cafe Cuisine ..	<input type="checkbox"/>	13
Lean Cuisine Entrees	<input type="checkbox"/>	14
Lean Pockets	<input type="checkbox"/>	15
Marie Callender's	<input type="checkbox"/>	16
Michelina's	<input type="checkbox"/>	17
On-Cor	<input type="checkbox"/>	18
Stouffer's Entrees	<input type="checkbox"/>	19
Swanson Pot Pies	<input type="checkbox"/>	20
Tyson	<input type="checkbox"/>	21
Weight Watchers Smart Ones	<input type="checkbox"/>	22
Store's Own Brand	<input type="checkbox"/>	23
OTHER (Write In)	<input type="checkbox"/>	999

FROZEN PIZZA	Your Household:	
	Used in last 6 months	Packages/ last 30 days
824		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
California Pizza Kitchen	<input type="checkbox"/>	01
Celeste Pizza For One	<input type="checkbox"/>	02
DiGiorno Rising Crust Pizza ..	<input type="checkbox"/>	03
DiGiorno Stuffed Crust Pizza ..	<input type="checkbox"/>	04
Freschetta	<input type="checkbox"/>	05
Home Run Inn	<input type="checkbox"/>	06
Jack's Naturally Rising	<input type="checkbox"/>	07
Jack's Original	<input type="checkbox"/>	08
Lean Cuisine	<input type="checkbox"/>	09
McCain Ellio's	<input type="checkbox"/>	10
Red Baron Deep Dish Singles	<input type="checkbox"/>	11
Red Baron Classic Crust	<input type="checkbox"/>	12
Stouffer's French Bread Pizza ..	<input type="checkbox"/>	13
Tombstone Original	<input type="checkbox"/>	14
Tony's	<input type="checkbox"/>	15
Tony's Deep Dish	<input type="checkbox"/>	16
Totino's Party Pizza	<input type="checkbox"/>	17
Weight Watchers Smart Ones	<input type="checkbox"/>	18
Store's Own Brand	<input type="checkbox"/>	19
OTHER (Write In)	<input type="checkbox"/>	999

VEGETARIAN FROZEN BURGERS	Your Household:	
	Used in last 6 months	Packages/ last 30 days
984		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Boca Burger	<input type="checkbox"/>	01
Gardenburger	<input type="checkbox"/>	02
Morningstar Farms	<input type="checkbox"/>	03
OTHER (Write In)	<input type="checkbox"/>	999

FROZEN COMPLETE DINNERS	Your Household:	
	Used in last 6 months	Number/ last 30 days
823		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Low Calorie	<input type="checkbox"/>	01
Regular	<input type="checkbox"/>	02
KINDS:		
Single Serving	<input type="checkbox"/>	03
Family Size	<input type="checkbox"/>	04
BRANDS:		
Banquet	<input type="checkbox"/>	05
Bertolli	<input type="checkbox"/>	06
Birds Eye Voila!	<input type="checkbox"/>	07
Boston Market Frozen Meal Healthy Choice Complete Meals	<input type="checkbox"/>	09
Hungry-Man	<input type="checkbox"/>	10
Kid Cuisine	<input type="checkbox"/>	11
Lean Cuisine	<input type="checkbox"/>	12
Marie Callender's	<input type="checkbox"/>	13
Michelina's	<input type="checkbox"/>	14
Stouffer's Corner Bistro	<input type="checkbox"/>	15
Stouffer's Dinners	<input type="checkbox"/>	16
Stouffer's Easy Express	<input type="checkbox"/>	17
Weight Watchers Smart Ones	<input type="checkbox"/>	18
Store's Own Brand	<input type="checkbox"/>	19
OTHER (Write In)	<input type="checkbox"/>	999

FROZEN HOT SNACKS	Your Household:	
	Used in last 6 months	Packages/ last 30 days
822		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Asian Sensations	<input type="checkbox"/>	01
Bagel Bites	<input type="checkbox"/>	02
Farm Rich Cheese Sticks	<input type="checkbox"/>	03
Other Farm Rich Snacks	<input type="checkbox"/>	04
Pillsbury Savorings	<input type="checkbox"/>	05
Poppers	<input type="checkbox"/>	06
SuperPretzel	<input type="checkbox"/>	07
T.G.I. Friday's	<input type="checkbox"/>	08
Totino's Pizza Rolls	<input type="checkbox"/>	09
White Castle Hamburgers ..	<input type="checkbox"/>	10
Store's Own Brand	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999

GRAVY/SAUCE MIXES AND COOKING SAUCES	Your Household:	
	Used in last 6 months	Packages or containers/ last 30 days
842		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Dry gravy mixes	<input type="checkbox"/>	01
Liquid gravy (ready to heat) ..	<input type="checkbox"/>	02
Other sauce mixes	<input type="checkbox"/>	03
BRANDS:		
Campbell's	<input type="checkbox"/>	04
Durkee	<input type="checkbox"/>	05
Franco-American	<input type="checkbox"/>	06
French's	<input type="checkbox"/>	07
Gravy Master	<input type="checkbox"/>	08
Heinz	<input type="checkbox"/>	09
Knorr	<input type="checkbox"/>	10
Lawry's	<input type="checkbox"/>	11
McCormick	<input type="checkbox"/>	12
Pioneer	<input type="checkbox"/>	13
Store's Own Brand	<input type="checkbox"/>	14
OTHER (Write In)	<input type="checkbox"/>	999

**FISH & SEAFOOD
FRESH OR FROZEN**

Your Household:
Used in last 6 months | Pounds last 30 days

826

TOTAL: _____ 00

TYPES:

Crab _____ 01

Coated/Breaded Fillets _____ 02

Raw Fillets _____ 03

Fish Sticks _____ 04

Lobster Tails _____ 05

Scallops _____ 06

Shrimp (Breaded) _____ 07

Shrimp (Raw) _____ 08

(Imitation Seafood) Surimi .. _____ 09

FORMS:

Fresh _____ 10

Frozen _____ 11

BRANDS:

Contessa _____ 12

Gorton's _____ 13

Louis Kemp _____ 14

Mrs. Paul's _____ 15

SeaPak _____ 16

Van de Kamp's _____ 17

Store's Own Brand _____ 18

OTHER (Write In) _____ 999

**CHICKEN &
TURKEY FRESH
OR FROZEN**

Your Household:
Used in last 6 months | Pounds last 30 days

827

TOTAL: _____ 00

TYPES:

Chicken Breast (Fresh) _____ 01

Chicken Breast (Frozen) _____ 02

Chicken Breasts (Fully Cooked) _____ 03

Chicken Strips (Fully Cooked) _____ 04

Chicken Whole (Fresh) _____ 05

Chicken Whole (Frozen) _____ 06

Chicken Wings Fully Cooked (Frozen) _____ 07

Other Chicken (Fresh) _____ 08

Other Chicken (Frozen) _____ 09

Cornish Hen (Fresh) _____ 10

Cornish Hen (Frozen) _____ 11

Turkey Boneless (Fresh) _____ 12

Turkey Boneless (Frozen) _____ 13

Turkey Breast (Fresh—Bone In) _____ 14

Turkey Breast (Frozen—Bone In) _____ 15

Turkey Whole (Fresh) _____ 16

Turkey Whole (Frozen) _____ 17

Other Fresh Turkey _____ 18

Other Frozen Turkey _____ 19

BRANDS:

Butterball Turkey _____ 20

Country Pride _____ 21

Foster Farms _____ 22

Gold'n Plump _____ 23

Honeysuckle White Turkey .. _____ 24

Jennie-O Turkey Store _____ 25

Louis Rich _____ 26

Perdue _____ 27

Pilgrim's _____ 28

Sanderson Farms _____ 29

Shady Brook Farms _____ 30

Tyson _____ 31

Store's Own Brand _____ 32

OTHER (Write In) _____ 999

**FROZEN BREADED
CHICKEN**

Your Household:
Used in last 6 months | Packages/ last 30 days

828

TOTAL: _____ 00

BRANDS:

Banquet Crispy Chicken _____ 01

Banquet Patties _____ 02

Banquet Tenders, Nuggets, Wings _____ 03

Barber Foods _____ 04

Tyson Any'tizers _____ 05

Tyson Breast Patties _____ 06

Other Tyson _____ 07

Weaver _____ 08

OTHER (Write In) _____ 999

**BEEF
FRESH/FROZEN**

Your Household:
Used in last 6 months | Pounds/ last 30 days

829

TOTAL: _____ 00

TYPES:

Lean _____ 01

Regular _____ 02

FORMS:

Fresh _____ 03

Frozen _____ 04

KINDS:

Ground Beef _____ 05

Steaks _____ 06

Roasts _____ 07

OTHER (Write In) _____ 999

**OTHER MEAT
FRESH/FROZEN**

Your Household:
Used in last 6 months | Pounds/ last 30 days

830

TOTAL: _____ 00

TYPES:

Lean _____ 01

Regular _____ 02

FORMS:

Fresh _____ 03

Frozen _____ 04

KINDS:

Lamb _____ 05

Pork (Chops) _____ 06

Pork (Roasts) _____ 07

Other Pork _____ 08

Veal _____ 09

OTHER (Write In) _____ 999

COOKED HAMS

Your Household:
Used in last 6 months | Packages/ last 30 days

831

TOTAL: _____ 00

TYPES:

Canned _____ 01

Wrapped _____ 02

KINDS:

Low Salt _____ 03

Regular _____ 04

BRANDS:

Cook's _____ 05

Dubuque _____ 06

Farmland _____ 07

Hillshire Farm _____ 08

HoneyBaked _____ 09

Hormel _____ 10

Hormel Cure 81 _____ 11

Plumrose _____ 12

Smithfield _____ 13

OTHER (Write In) _____ 999

**BACON AND
BREAKFAST STRIPS**

Your Household:
Used in last 6 months | Pounds/ last 30 days

834

TOTAL: _____ 00

TYPES:

Low Sodium _____ 01

Regular _____ 02

Thick Cut _____ 03

KINDS:

Regular (Ready to Cook) ... _____ 04

Microwaveable _____ 05

Fully Cooked _____ 06

BRANDS:

Armour _____ 07

Bar S _____ 08

Butterball Turkey Bacon ... _____ 09

Corn King _____ 10

Eckrich _____ 11

Farmer John _____ 12

Farmland _____ 13

Gwaltney _____ 14

Hormel Black Label _____ 15

Hormel Microwave Ready .. _____ 16

Other Hormel Bacon _____ 17

Jimmy Dean _____ 18

Oscar Mayer _____ 19

Plumrose _____ 20

Smithfield _____ 21

Thorn Apple Valley _____ 22

Tyson _____ 23

Wright _____ 24

Store's Own Brand _____ 25

OTHER (Write In) _____ 999

CANNED MEATS

Your Household:
Used in last 6 months | Cans/ last 30 days

840

TOTAL: _____ 00

BRANDS:

Hormel _____ 01

Libby's Corned Beef _____ 02

SPAM _____ 03

Treet _____ 04

Store's Own Brand _____ 05

OTHER (Write In) _____ 999

CANNED CHICKEN

Your Household:
Used in last 6 months | Cans/ last 30 days

807

TOTAL: _____ 00

BRANDS:

Hormel _____ 01

Swanson _____ 02

Sweet Sue _____ 03

Valley Fresh _____ 04

Store's Own Brand _____ 05

OTHER (Write In) _____ 999

BRATWURST

Your Household:
Used in last 6 months | Pounds/ last 30 days

832

TOTAL: _____ 00

BRANDS:

Hillshire Farm _____ 01

Johnsonville _____ 02

Store's Own Brand _____ 03

OTHER (Write In) _____ 999

FRANKFURTERS & HOT DOGS

Your Household:
Used in last 6 months | Packages/ last 30 days

836

TOTAL: _____ 00

TYPES:

Beef _____ 01

Chicken _____ 02

Turkey _____ 03

Other meats _____ 04

KINDS:

Fat Free _____ 05

Light/Reduced Fat _____ 06

Low Sodium _____ 07

Regular _____ 08

BRANDS:

Armour _____ 09

Ball Park _____ 10

Bar S _____ 11

Bryan _____ 12

Eckrich _____ 13

Farmer John _____ 14

Farmland _____ 15

Gwaltney _____ 16

Hebrew National _____ 17

Hillshire Farms _____ 18

John Morrell _____ 19

Kahn's _____ 20

Nathan's _____ 21

Oscar Mayer (Light) _____ 22

Oscar Mayer (Regular) _____ 23

Oscar Mayer Selects _____ 24

Store's Own Brand _____ 25

_____ _____ 999

OTHER (Write In)

SAUSAGE

Your Household:
Used in last 6 months | Pounds/ last 30 days

837

TOTAL: _____ 00

TYPES:

Breakfast _____ 01

Dinner _____ 02

Other _____ 03

FORMS:

Link _____ 04

Patties _____ 05

Roll _____ 06

KINDS:

Smoked _____ 07

Non-Smoked _____ 08

BRANDS:

Armour _____ 09

Banquet Brown 'N Serve _____ 10

Bob Evans _____ 11

Bryan _____ 12

Eckrich _____ 13

Farmer John _____ 14

Farmland _____ 15

Hillshire Farm _____ 16

Hormel Little Sizzlers _____ 17

Jimmy Dean _____ 18

John Morrell _____ 19

Johnsonville _____ 20

Oscar Mayer _____ 21

Owens _____ 22

Tennessee Pride _____ 23

Store's Own Brand _____ 24

_____ _____ 999

OTHER (Write In)

COLD CUTS

Your Household:
Used in last 6 months | Pounds/ last 30 days

838

TOTAL: _____ 00

TYPES:

Fat Free _____ 01

Low Fat _____ 02

Low Sodium _____ 03

Regular _____ 04

KINDS:

Bologna _____ 05

Chicken Cold Cuts _____ 06

Ham _____ 07

Roast Beef _____ 08

Salami/Summer Sausage _____ 09

Turkey Bologna _____ 10

Turkey Breast _____ 11

Turkey Ham _____ 12

Other Red Meat Cold Cuts _____ 13

Other Turkey Cold Cuts _____ 14

FORMS:

Packaged _____ 15

Fresh cut/Deli _____ 16

BRANDS:

Armour _____ 17

Bar S _____ 18

Boar's Head _____ 19

Bryan _____ 20

Buddig _____ 21

Butterball _____ 22

Eckrich _____ 23

Farmland _____ 24

Healthy Ones _____ 25

Hillshire Farm/Deli Select _____ 26

Hormel _____ 27

Hormel Natural Choice _____ 28

Jennie-O _____ 29

Land O'Frost _____ 30

Oscar Mayer _____ 31

Sara Lee _____ 32

Store's Own Brand _____ 33

_____ _____ 999

OTHER (Write In)

MUSTARD

Your Household:
Used in last 6 months | Jars or squeeze bottles/last 3 months

843

TOTAL: _____ 00

TYPES:

Brown/Spicy _____ 01

Dijon _____ 02

Dijonnaise _____ 03

Honey _____ 04

Yellow _____ 05

Other _____ 06

BRANDS:

Best Foods _____ 07

French's Classic Yellow _____ 08

Other French's _____ 09

Grey Poupon Dijon _____ 10

Other Grey Poupon _____ 11

Gulden's _____ 12

Heinz _____ 13

Hellmann's _____ 14

Jack Daniel's _____ 15

Plochman's Premium _____ 16

Store's Own Brand _____ 17

_____ _____ 999

OTHER (Write In)

MEAT SNACKS

Your Household:
Used in last 6 months | Packages/ last 30 days

833

TOTAL: _____ 00

TYPES:

Jerky _____ 01

Meat Sticks _____ 02

KINDS:

Beef _____ 03

Pepperoni _____ 04

Salami _____ 05

BRANDS:

Jack Link's _____ 06

Oberto _____ 07

Pemmican _____ 08

Slim Jim _____ 09

Store's Own Brand _____ 10

_____ _____ 999

OTHER (Write In)

PICKLES

Your Household:
Used in last 6 months | Jars/ last 30 days

849

TOTAL: _____ 00

TYPES:

Dill (Refrigerated in store) _____ 01

Dill (Shelf in store) _____ 02

Low Salt _____ 03

Sweet _____ 04

KINDS:

Slices _____ 05

Spears _____ 06

Whole _____ 07

BRANDS:

Claussen _____ 08

Del Monte _____ 09

Heinz _____ 10

Mt. Olive _____ 11

Vlasic _____ 12

Store's Own Brand _____ 13

_____ _____ 999

OTHER (Write In)

PICKLE RELISH

Your Household:
Used in last 6 months | Bottles or jars/last 3 months

850

TOTAL: _____ 00

BRANDS:

Del Monte _____ 01

Heinz _____ 02

Mt. Olive _____ 03

Vlasic _____ 04

Store's Own Brand _____ 05

_____ _____ 999

OTHER (Write In)

VINEGAR

Your Household:
Used in last 6 months | Bottles/ last 30 days

854

TOTAL: _____ 00

TYPES:

Balsamic _____ 01

Cider _____ 02

Rice _____ 03

White Distilled _____ 04

Wine _____ 05

Other _____ 06

BRANDS:

Heinz _____ 07

Nakano _____ 08

Pompeian _____ 09

Progresso _____ 10

Regina _____ 11

Star _____ 12

White House _____ 13

Store's Own Brand _____ 14

_____ _____ 999

OTHER (Write In)

SALAD OR COOKING OIL	Your Household:	
	Used in last 6 months	Pints/last 30 days
855		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Canola Oil	<input type="checkbox"/>	01
Corn Oil	<input type="checkbox"/>	02
Olive Oil	<input type="checkbox"/>	03
Peanut Oil	<input type="checkbox"/>	04
Safflower Oil	<input type="checkbox"/>	05
Sunflower Oil	<input type="checkbox"/>	06
Vegetable Oil	<input type="checkbox"/>	07
Other	<input type="checkbox"/>	08
BRANDS:		
Bertolli	<input type="checkbox"/>	09
Carapelli	<input type="checkbox"/>	10
Colavita	<input type="checkbox"/>	11
Crisco Natural Blend	<input type="checkbox"/>	12
Crisco Pure Canola	<input type="checkbox"/>	13
Crisco Vegetable Oil	<input type="checkbox"/>	14
Other Crisco	<input type="checkbox"/>	15
Filippo Berio	<input type="checkbox"/>	16
Goya	<input type="checkbox"/>	17
LouAna	<input type="checkbox"/>	18
Mazola	<input type="checkbox"/>	19
Pompeian	<input type="checkbox"/>	20
Wesson Best Blend	<input type="checkbox"/>	21
Wesson Vegetable Oil	<input type="checkbox"/>	22
Store's Own Brand	<input type="checkbox"/>	23
OTHER (Write In)	<input type="checkbox"/>	999
Used for:	856-0	
Baking	<input type="checkbox"/>	1
Frying	<input type="checkbox"/>	2
Salad	<input type="checkbox"/>	3
Sautéing/Stir Frying	<input type="checkbox"/>	4
Other	<input type="checkbox"/>	5

MAYONNAISE AND MAYONNAISE TYPE SALAD DRESSING	Your Household:	
	Used in last 6 months	Jars/last 30 days
857		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Low Fat	<input type="checkbox"/>	01
Fat Free	<input type="checkbox"/>	02
Regular	<input type="checkbox"/>	03
KINDS:		
Jar	<input type="checkbox"/>	04
Squeeze	<input type="checkbox"/>	05
BRANDS:		
Best Foods Light	<input type="checkbox"/>	06
Best Foods Real Mayonnaise	<input type="checkbox"/>	07
Best Foods Low Fat	<input type="checkbox"/>	08
Blue Plate	<input type="checkbox"/>	09
Duke's	<input type="checkbox"/>	10
Hellmann's Light	<input type="checkbox"/>	11
Hellmann's Real Mayonnaise	<input type="checkbox"/>	12
Hellmann's Low Fat	<input type="checkbox"/>	13
Other Hellmann's	<input type="checkbox"/>	14
Kraft Real Mayonnaise	<input type="checkbox"/>	15
Kraft Fat Free Mayonnaise	<input type="checkbox"/>	16
Kraft Light Mayonnaise	<input type="checkbox"/>	17
Kraft Miracle Whip Free	<input type="checkbox"/>	18
Kraft Miracle Whip Light	<input type="checkbox"/>	19
Kraft Miracle Whip (Regular)	<input type="checkbox"/>	20
Other Kraft	<input type="checkbox"/>	21
Store's Own Brand	<input type="checkbox"/>	22
OTHER (Write In)	<input type="checkbox"/>	999

SALAD DRESSING	Your Household:	
	Used in last 6 months	Bottles or packages/last 30 days
858		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Fat Free	<input type="checkbox"/>	01
Low Fat/Light	<input type="checkbox"/>	02
Regular	<input type="checkbox"/>	03
KINDS:		
Dry Mix	<input type="checkbox"/>	04
Bottle (Shelf in store)	<input type="checkbox"/>	05
Bottle (Refrigerated in store)	<input type="checkbox"/>	06
FLAVORS:		
Bacon	<input type="checkbox"/>	07
Buttermilk	<input type="checkbox"/>	08
Caesar/Creamy Caesar	<input type="checkbox"/>	09
Creamy Cucumber	<input type="checkbox"/>	10
Dijon/Mustard	<input type="checkbox"/>	11
French	<input type="checkbox"/>	12
Italian/Creamy Italian	<input type="checkbox"/>	13
Oil & Vinegar	<input type="checkbox"/>	14
Ranch	<input type="checkbox"/>	15
Roquefort/Blue Cheese	<input type="checkbox"/>	16
1000 Island/Russian	<input type="checkbox"/>	17
Vinaigrette	<input type="checkbox"/>	18
Other	<input type="checkbox"/>	19
BRANDS:		
Briannas	<input type="checkbox"/>	20
Girard's	<input type="checkbox"/>	21
Good Seasons Fat Free	<input type="checkbox"/>	22
Good Seasons (Regular)	<input type="checkbox"/>	23
Hidden Valley Ranch Regular Bottled	<input type="checkbox"/>	24
Hidden Valley Ranch Fat Free Bottled	<input type="checkbox"/>	25
Hidden Valley Ranch Light Bottled	<input type="checkbox"/>	26
Hidden Valley Ranch Dry Mix	<input type="checkbox"/>	27
Ken's	<input type="checkbox"/>	28
Kraft Free	<input type="checkbox"/>	29
Kraft Light	<input type="checkbox"/>	30
Kraft (Regular)	<input type="checkbox"/>	31
Marie's	<input type="checkbox"/>	32
Marzetti/T. Marzetti	<input type="checkbox"/>	33
Naturally Fresh	<input type="checkbox"/>	34
Newman's Own	<input type="checkbox"/>	35
Newman's Own Lighten Up	<input type="checkbox"/>	36
Seven Seas	<input type="checkbox"/>	37
Western Salad Dressing	<input type="checkbox"/>	38
Wish-Bone Fat Free	<input type="checkbox"/>	39
Wish-Bone Light	<input type="checkbox"/>	40
Wish-Bone (Regular)	<input type="checkbox"/>	41
Wish-Bone Salad Spritzers	<input type="checkbox"/>	42
Store's Own Brand	<input type="checkbox"/>	43
OTHER (Write In)	<input type="checkbox"/>	999

SALAD TOPPING	Your Household:	
	Used in last 6 months	Bottles or packages/last 30 days
853		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Almond Accents	<input type="checkbox"/>	01
Arnold Croutons	<input type="checkbox"/>	02
Bac-Os	<input type="checkbox"/>	03
Brownberry Croutons	<input type="checkbox"/>	04
French's French Fried Onions	<input type="checkbox"/>	05
Hormel Real Bacon Bits	<input type="checkbox"/>	06
Hormel Real Bacon Pieces	<input type="checkbox"/>	07
McCormick Bac'n Pieces	<input type="checkbox"/>	08
Mrs. Cubbison's Croutons	<input type="checkbox"/>	09
Oscar Mayer Real Bacon Bits	<input type="checkbox"/>	10
Pepperidge Farm Croutons	<input type="checkbox"/>	11
Salad Crispins	<input type="checkbox"/>	12
Store's Own Brand	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	999

PACKAGED FRESH SALAD	Your Household:	
	Used in last 6 months	Packages/last 30 days
996		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Dole	<input type="checkbox"/>	01
Earthbound Farm	<input type="checkbox"/>	02
Fresh Express	<input type="checkbox"/>	03
Ready Pac	<input type="checkbox"/>	04
Store's Own Brand	<input type="checkbox"/>	05
OTHER (Write In)	<input type="checkbox"/>	999

FRESH FRUIT & VEGETABLES	Your Household:	
	Used in last 6 months	Pounds/last 30 days
861		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Organic	<input type="checkbox"/>	01
Non-organic	<input type="checkbox"/>	02
TYPES:		
Apples	<input type="checkbox"/>	03
Apricots	<input type="checkbox"/>	04
Asparagus	<input type="checkbox"/>	05
Avocados	<input type="checkbox"/>	06
Bananas	<input type="checkbox"/>	07
Broccoli	<input type="checkbox"/>	08
Cabbage	<input type="checkbox"/>	09
Cantaloupes	<input type="checkbox"/>	10
Carrots	<input type="checkbox"/>	11
Cauliflower	<input type="checkbox"/>	12
Cherries	<input type="checkbox"/>	13
Corn	<input type="checkbox"/>	14
Cucumber	<input type="checkbox"/>	15
Grapefruit	<input type="checkbox"/>	16
Grapes	<input type="checkbox"/>	17
Green Beans	<input type="checkbox"/>	18
Kiwi	<input type="checkbox"/>	19
Lemons	<input type="checkbox"/>	20
Lettuce	<input type="checkbox"/>	21
Limes	<input type="checkbox"/>	22
Mushrooms	<input type="checkbox"/>	23
Onions	<input type="checkbox"/>	24
Oranges	<input type="checkbox"/>	25
Peaches	<input type="checkbox"/>	26
Pears	<input type="checkbox"/>	27
Peas	<input type="checkbox"/>	28
Peppers	<input type="checkbox"/>	29
Pineapples	<input type="checkbox"/>	30
Plums	<input type="checkbox"/>	31
Potatoes	<input type="checkbox"/>	32
Pumpkin	<input type="checkbox"/>	33
Raspberries	<input type="checkbox"/>	34
Spinach	<input type="checkbox"/>	35
Strawberries	<input type="checkbox"/>	36
Tomatoes	<input type="checkbox"/>	37
Watermelons	<input type="checkbox"/>	38
OTHER (Write In)	<input type="checkbox"/>	999

FROZEN ORANGE JUICE	Your Household:	
	Used in last 6 months	Glasses/average day
862		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Minute Maid Original	<input type="checkbox"/>	01
Other Minute Maid	<input type="checkbox"/>	02
Old Orchard	<input type="checkbox"/>	03
Tropicana	<input type="checkbox"/>	04
Store's Own Brand	<input type="checkbox"/>	05
OTHER (Write In)	<input type="checkbox"/>	999

ORANGE JUICE NOT FROZEN	Your Household:	
	Used in last 6 months	Glasses/average day
TOTAL: 863	<input type="checkbox"/>	00
TYPES:		
Single Serving Bottles	<input type="checkbox"/>	01
Single Serving Boxes	<input type="checkbox"/>	02
Bottled	<input type="checkbox"/>	03
Canned	<input type="checkbox"/>	04
Carton	<input type="checkbox"/>	05
Plastic Jug	<input type="checkbox"/>	06
KINDS:		
Fresh Squeezed	<input type="checkbox"/>	07
From Concentrate	<input type="checkbox"/>	08
Not From Concentrate	<input type="checkbox"/>	09
BRANDS:		
Florida's Natural	<input type="checkbox"/>	10
Minute Maid + Calcium	<input type="checkbox"/>	11
Minute Maid Country Style	<input type="checkbox"/>	12
Minute Maid Heart Wise	<input type="checkbox"/>	13
Minute Maid (Regular)	<input type="checkbox"/>	14
Other Minute Maid	<input type="checkbox"/>	15
Simply Orange	<input type="checkbox"/>	16
Trop50	<input type="checkbox"/>	17
Tropicana Pure Premium No Pulp (Original)	<input type="checkbox"/>	18
Tropicana Pure Premium Lots of Pulp (Grovestand)	<input type="checkbox"/>	19
Tropicana Pure Premium Some Pulp (Homestyle)	<input type="checkbox"/>	20
Tropicana Pure Premium w/Calcium	<input type="checkbox"/>	21
Other Tropicana	<input type="checkbox"/>	22
Store's Own Brand	<input type="checkbox"/>	23
OTHER (Write In)	<input type="checkbox"/>	999

GRAPEFRUIT JUICE	Your Household:	
	Used in last 6 months	Glasses/average day
TOTAL: 864	<input type="checkbox"/>	00
TYPES:		
Single Serving Bottles	<input type="checkbox"/>	01
Bottled	<input type="checkbox"/>	02
Canned	<input type="checkbox"/>	03
Carton	<input type="checkbox"/>	04
Frozen	<input type="checkbox"/>	05
Plastic Jug	<input type="checkbox"/>	06
KINDS:		
Pink/Ruby Red	<input type="checkbox"/>	07
White/Golden	<input type="checkbox"/>	08
Other	<input type="checkbox"/>	09
BRANDS:		
Florida's Natural Ruby Red	<input type="checkbox"/>	10
Minute Maid	<input type="checkbox"/>	11
Ocean Spray	<input type="checkbox"/>	12
Simply Grapefruit	<input type="checkbox"/>	13
Tropicana Pure Premium Ruby Red	<input type="checkbox"/>	14
Other Tropicana	<input type="checkbox"/>	15
Store's Own Brand	<input type="checkbox"/>	16
OTHER (Write In)	<input type="checkbox"/>	999

NECTARS	Your Household:	
	Used in last 6 months	Glasses/last 7 days
TOTAL: 867	<input type="checkbox"/>	00
BRANDS:		
Goya	<input type="checkbox"/>	01
Jumex	<input type="checkbox"/>	02
Kern's	<input type="checkbox"/>	03
OTHER (Write In)	<input type="checkbox"/>	999

TOMATO AND VEGETABLE JUICES	Your Household:	
	Used in last 6 months	Glasses/average day
TOTAL: 865	<input type="checkbox"/>	00
TYPES:		
Bottled	<input type="checkbox"/>	01
Canned	<input type="checkbox"/>	02
KINDS:		
Low/Reduced Sodium	<input type="checkbox"/>	03
Regular	<input type="checkbox"/>	04
BRANDS:		
Campbell's Tomato Juice	<input type="checkbox"/>	05
Clamato	<input type="checkbox"/>	06
Del Monte	<input type="checkbox"/>	07
V8 (Original)	<input type="checkbox"/>	08
V8 Spicy Hot	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
OTHER (Write In)	<input type="checkbox"/>	999

POWDERED FRUIT & SOFT DRINKS	Your Household:	
	Used in last 6 months	Glasses/last 7 days
TOTAL: 866	<input type="checkbox"/>	00
TYPES:		
Sweetened - Sugar	<input type="checkbox"/>	01
Sweetened - Sugar-Free	<input type="checkbox"/>	02
Unsweetened	<input type="checkbox"/>	03
BRANDS:		
Country Time Pink Lemonade	<input type="checkbox"/>	04
Country Time Lemonade	<input type="checkbox"/>	05
Crystal Light	<input type="checkbox"/>	06
Flavor Aid	<input type="checkbox"/>	07
Gatorade	<input type="checkbox"/>	08
Hawaiian Punch	<input type="checkbox"/>	09
Kool-Aid (sugar sweetened)	<input type="checkbox"/>	10
Kool-Aid (sugar free)	<input type="checkbox"/>	11
Kool-Aid (unsweetened)	<input type="checkbox"/>	12
Propel Fit Powder	<input type="checkbox"/>	13
Special K ₂ O Protein Water	<input type="checkbox"/>	14
Tang (sugar sweetened)	<input type="checkbox"/>	15
Tang (sugar free)	<input type="checkbox"/>	16
Wyer's Light	<input type="checkbox"/>	17
Store's Own Brand	<input type="checkbox"/>	18
OTHER (Write In)	<input type="checkbox"/>	999

INSTANT BREAKFAST	Your Household:	
	Used in last 6 months	Packages/Boxes last 30 days
TOTAL: 762	<input type="checkbox"/>	00
BRAND:		
Carnation Instant Breakfast	<input type="checkbox"/>	01
Store's Own Brand	<input type="checkbox"/>	02
OTHER (Write In)	<input type="checkbox"/>	999

DRIED FRUIT	Your Household:	
	Used in last 6 months	Pounds/last 6 months
TOTAL: 859	<input type="checkbox"/>	00
TYPES:		
Apples	<input type="checkbox"/>	01
Apricots	<input type="checkbox"/>	02
Bananas	<input type="checkbox"/>	03
Cranberries	<input type="checkbox"/>	04
Dates	<input type="checkbox"/>	05
Figs	<input type="checkbox"/>	06
Prunes	<input type="checkbox"/>	07
Raisins	<input type="checkbox"/>	08
OTHER (Write In)	<input type="checkbox"/>	999
Used for:	860-0	
Cooking	<input type="checkbox"/>	1
Snacks	<input type="checkbox"/>	2

OTHER FRUIT JUICES & DRINKS	Your Household:	
	Used in last 6 months	Glasses/average day
TOTAL: 868	<input type="checkbox"/>	00
TYPES:		
Single Serving Bottles	<input type="checkbox"/>	01
Single Serving Boxes	<input type="checkbox"/>	02
Single Serving Cans	<input type="checkbox"/>	03
Single Serving Pouches	<input type="checkbox"/>	04
Bottled	<input type="checkbox"/>	05
Canned	<input type="checkbox"/>	06
Carton	<input type="checkbox"/>	07
FORMS:		
Concentrate	<input type="checkbox"/>	08
Frozen	<input type="checkbox"/>	09
Liquid	<input type="checkbox"/>	10
KINDS:		
Apple	<input type="checkbox"/>	11
Cherry	<input type="checkbox"/>	12
Cranberry	<input type="checkbox"/>	13
Fruit Punch	<input type="checkbox"/>	14
Grape	<input type="checkbox"/>	15
Lemonade/Pink Lemonade	<input type="checkbox"/>	16
Lemon/Lime	<input type="checkbox"/>	17
Orange	<input type="checkbox"/>	18
Pineapple	<input type="checkbox"/>	19
Pomegranate	<input type="checkbox"/>	20
Juice Blends	<input type="checkbox"/>	21
Other	<input type="checkbox"/>	22
BRANDS:		
Apple & Eve	<input type="checkbox"/>	23
Bolthouse Farms	<input type="checkbox"/>	24
Capri Sun (Ready to Drink)	<input type="checkbox"/>	25
Chiquita	<input type="checkbox"/>	26
Crystal Light (Ready To Drink)	<input type="checkbox"/>	27
Dole Pineapple Juice	<input type="checkbox"/>	28
Dole Blended Juices	<input type="checkbox"/>	29
Fuze	<input type="checkbox"/>	30
Hawaiian Punch	<input type="checkbox"/>	31
Hi-C	<input type="checkbox"/>	32
Juicy Juice	<input type="checkbox"/>	33
Kool-Aid Bursts	<input type="checkbox"/>	34
Kool-Aid Jammers	<input type="checkbox"/>	35
Minute Maid	<input type="checkbox"/>	36
Minute Maid Coolers	<input type="checkbox"/>	37
Minute Maid Light	<input type="checkbox"/>	38
Mott's	<input type="checkbox"/>	39
Naked	<input type="checkbox"/>	40
Nantucket Nectars	<input type="checkbox"/>	41
Newman's Own	<input type="checkbox"/>	42
Northland Cranberry	<input type="checkbox"/>	43
Other Northland	<input type="checkbox"/>	44
Ocean Spray Diet	<input type="checkbox"/>	45
Ocean Spray Light	<input type="checkbox"/>	46
Ocean Spray 100% Juice	<input type="checkbox"/>	47
Other Ocean Spray	<input type="checkbox"/>	48
Odwalla	<input type="checkbox"/>	49
Old Orchard	<input type="checkbox"/>	50
POM Wonderful	<input type="checkbox"/>	51
RealLemon	<input type="checkbox"/>	52
Seneca	<input type="checkbox"/>	53
Simply Lemonade	<input type="checkbox"/>	54
Snapple	<input type="checkbox"/>	55
SoBe	<input type="checkbox"/>	56
SunnyD	<input type="checkbox"/>	57
Sunsweet	<input type="checkbox"/>	58
Tree Top	<input type="checkbox"/>	59
Tropicana	<input type="checkbox"/>	60
Tropicana Twister	<input type="checkbox"/>	61
V8 Splash	<input type="checkbox"/>	62
Diet V8 Splash	<input type="checkbox"/>	63
V8 V-Fusion	<input type="checkbox"/>	64
Veryfine	<input type="checkbox"/>	65
Welch's Grape	<input type="checkbox"/>	66
Other Welch's	<input type="checkbox"/>	67
Store's Own Brand	<input type="checkbox"/>	68
OTHER (Write In)	<input type="checkbox"/>	999

DRINK ADDITIVES & HOT COCOA (Add milk or water)	Your Household:	
	Used in last 6 months	Servings/ last 7 days
869		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Sugar Free	<input type="checkbox"/>	01
Regular	<input type="checkbox"/>	02
KINDS:		
Fat Free	<input type="checkbox"/>	03
Regular	<input type="checkbox"/>	04
FORMS:		
Syrup	<input type="checkbox"/>	05
Powder	<input type="checkbox"/>	06
BRANDS:		
Abuelita Hot Chocolate	<input type="checkbox"/>	07
Nestlé Hot Cocoa (Rich Chocolate)	<input type="checkbox"/>	08
Nestlé Hot Cocoa (French Vanilla)	<input type="checkbox"/>	09
Nestlé Hot Cocoa (w/mini-marshmallows)	<input type="checkbox"/>	10
Nestlé Fat Free Hot Cocoa	<input type="checkbox"/>	11
Nestlé No Sugar Added Hot Cocoa	<input type="checkbox"/>	12
Other Nestlé Hot Cocoa	<input type="checkbox"/>	13
Hershey Chocolate Syrup	<input type="checkbox"/>	14
Hershey Hot Cocoa	<input type="checkbox"/>	15
Nesquik Chocolate	<input type="checkbox"/>	16
Nesquik Strawberry	<input type="checkbox"/>	17
Nesquik Hot Cocoa	<input type="checkbox"/>	18
Ovaltine (Rich Chocolate)	<input type="checkbox"/>	19
Other Ovaltine	<input type="checkbox"/>	20
Swiss Miss Milk Chocolate Hot Cocoa	<input type="checkbox"/>	21
Swiss Miss French Vanilla Hot Cocoa	<input type="checkbox"/>	22
Other Swiss Miss Hot Cocoa	<input type="checkbox"/>	23
Store's Own Brand	<input type="checkbox"/>	24
OTHER (Write In)	<input type="checkbox"/>	999

COCOA POWDER (for baking)	Your Household:	
	Used in last 6 months	Containers/ last 30 days
870		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Hershey	<input type="checkbox"/>	01
Nestlé	<input type="checkbox"/>	02
Store's Own Brand	<input type="checkbox"/>	03
OTHER (Write In)	<input type="checkbox"/>	999

SOY MILK	Your Household:	
	Used in last 6 months	Glasses/ last 7 days
986		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Regular	<input type="checkbox"/>	01
Chocolate	<input type="checkbox"/>	02
Vanilla	<input type="checkbox"/>	03
Other	<input type="checkbox"/>	04
BRANDS:		
8th Continent	<input type="checkbox"/>	05
EdenSoy	<input type="checkbox"/>	06
Silk	<input type="checkbox"/>	07
Soy Dream	<input type="checkbox"/>	08
WestSoy	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
OTHER (Write In)	<input type="checkbox"/>	999

INSTANT ICED TEA MIX	Your Household:	
	Used in last 12 months	Glasses or cups/average day (in season)
871		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Sweetened - Sugar	<input type="checkbox"/>	01
Sweetened - Sugar Free	<input type="checkbox"/>	02
Unsweetened	<input type="checkbox"/>	03
KINDS:		
With Lemon	<input type="checkbox"/>	04
Without Lemon	<input type="checkbox"/>	05
BRANDS:		
4C	<input type="checkbox"/>	06
Crystal Light Iced Tea	<input type="checkbox"/>	07
Lipton Decaf Iced Tea Mix	<input type="checkbox"/>	08
Lipton Iced Tea Mix	<input type="checkbox"/>	09
Lipton Sugar Free	<input type="checkbox"/>	10
Other Lipton	<input type="checkbox"/>	11
Nestea	<input type="checkbox"/>	12
Store's Own Brand	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	999

REGULAR TEA	Your Household:	
	Used in last 6 months	Cups or glasses/ average day
872		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Regular	<input type="checkbox"/>	01
Decaffeinated	<input type="checkbox"/>	02
FORMS:		
Flavored	<input type="checkbox"/>	03
Green	<input type="checkbox"/>	04
Herb Tea	<input type="checkbox"/>	05
Regular Blend	<input type="checkbox"/>	06
KINDS:		
Family Size Tea Bags	<input type="checkbox"/>	07
Regular Size Tea Bags	<input type="checkbox"/>	08
Loose Tea	<input type="checkbox"/>	09
BRANDS:		
Bigelow	<input type="checkbox"/>	10
Celestial Seasonings	<input type="checkbox"/>	11
Constant Comment	<input type="checkbox"/>	12
Good Earth	<input type="checkbox"/>	13
Lipton Cold Brew	<input type="checkbox"/>	14
Lipton Decaffeinated	<input type="checkbox"/>	15
Lipton Herbal	<input type="checkbox"/>	16
Lipton Pyramid	<input type="checkbox"/>	17
Lipton Regular Tea	<input type="checkbox"/>	18
Other Lipton	<input type="checkbox"/>	19
Luzianne	<input type="checkbox"/>	20
Red Rose	<input type="checkbox"/>	21
Salada	<input type="checkbox"/>	22
Stash	<input type="checkbox"/>	23
Tazo	<input type="checkbox"/>	24
Tetley	<input type="checkbox"/>	25
Traditional Medicinals	<input type="checkbox"/>	26
Twinings	<input type="checkbox"/>	27
Yogi Tea	<input type="checkbox"/>	28
Store's Own Brand	<input type="checkbox"/>	29
OTHER (Write In)	<input type="checkbox"/>	999

READY TO DRINK ICED CAPPUCCINO/ ESPRESSO	Your Household:	
	Used in last 6 months	Cups or glasses/ last 7 days
878		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Starbucks DoubleShot	<input type="checkbox"/>	01
Starbucks Frappuccino	<input type="checkbox"/>	02
OTHER (Write In)	<input type="checkbox"/>	999

GROUND COFFEE	Your Household:	
	Used in last 6 months	Cups or glasses/ average day
873		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Flavored	<input type="checkbox"/>	01
Unflavored	<input type="checkbox"/>	02
FORMS:		
Loose Grinds	<input type="checkbox"/>	03
Single Serve Pod	<input type="checkbox"/>	04
BRANDS:		
Chase & Sanborn (Regular)	<input type="checkbox"/>	05
Chock Full O'Nuts (Regular)	<input type="checkbox"/>	06
Dunkin' Donuts Ground	<input type="checkbox"/>	07
Eight O'Clock	<input type="checkbox"/>	08
Folgers Breakfast Blend	<input type="checkbox"/>	09
Folgers Classic Roast	<input type="checkbox"/>	10
Folgers Classic Roast (Decaf)	<input type="checkbox"/>	11
Folgers 100% Colombian	<input type="checkbox"/>	12
Folgers French Roast	<input type="checkbox"/>	13
Folgers Gourmet Selections	<input type="checkbox"/>	14
Folgers Gourmet Supreme	<input type="checkbox"/>	15
Folgers Special Roast	<input type="checkbox"/>	16
Other Folgers	<input type="checkbox"/>	17
Gevalia	<input type="checkbox"/>	18
Green Mountain	<input type="checkbox"/>	19
Hills Bros.	<input type="checkbox"/>	20
Maxwell House 100% Colombian	<input type="checkbox"/>	21
Maxwell House Filter Packs	<input type="checkbox"/>	22
Maxwell House (Decaf)	<input type="checkbox"/>	23
Maxwell House Lite	<input type="checkbox"/>	24
Maxwell House Master Blend (Regular)	<input type="checkbox"/>	25
Maxwell House French Roast (Regular)	<input type="checkbox"/>	26
Maxwell House Original (Regular)	<input type="checkbox"/>	27
Other Maxwell House	<input type="checkbox"/>	28
Melitta	<input type="checkbox"/>	29
Millstone	<input type="checkbox"/>	30
Seattle's Best	<input type="checkbox"/>	31
Starbucks	<input type="checkbox"/>	32
Yuban (Regular)	<input type="checkbox"/>	33
Gourmet/Coffee Bar Brand	<input type="checkbox"/>	34
Store's Own Brand (Regular)	<input type="checkbox"/>	35
Store's Own Brand (Decaf)	<input type="checkbox"/>	36
OTHER (Write In)	<input type="checkbox"/>	999

WHOLE COFFEE BEANS	Your Household:	
	Used in last 6 months	Number of pounds/ last 30 days
874		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Decaffeinated	<input type="checkbox"/>	01
Caffeinated	<input type="checkbox"/>	02
KINDS:		
Flavored	<input type="checkbox"/>	03
Unflavored	<input type="checkbox"/>	04
BRANDS:		
Eight O'Clock	<input type="checkbox"/>	05
Folgers	<input type="checkbox"/>	06
Gevalia	<input type="checkbox"/>	07
Millstone	<input type="checkbox"/>	08
Seattle's Best	<input type="checkbox"/>	09
Starbucks	<input type="checkbox"/>	10
Store's Own Brand	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999
Where purchased:	875-0	
Supermarket/Grocery Store	<input type="checkbox"/>	1
Gourmet/Specialty Shop	<input type="checkbox"/>	2
Wholesaler/Club	<input type="checkbox"/>	3
Other	<input type="checkbox"/>	4

INSTANT OR FREEZE-DRIED COFFEE	Your Household:	
	Used in last 6 months	Cups or glasses/average day
876		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Freeze-Dried	<input type="checkbox"/>	01
Instant Powdered/Buds	<input type="checkbox"/>	02
BRANDS:		
Folgers Crystals (Regular)	<input type="checkbox"/>	03
Folgers Crystals (Decaf)	<input type="checkbox"/>	04
Folgers Singles	<input type="checkbox"/>	05
Maxwell House Coffee Singles	<input type="checkbox"/>	06
Maxwell House (Regular)	<input type="checkbox"/>	07
Maxwell House (Decaf)	<input type="checkbox"/>	08
Nescafé Classic	<input type="checkbox"/>	09
Nescafé Taster's Choice (Regular)	<input type="checkbox"/>	10
Nescafé Taster's Choice (Decaf)	<input type="checkbox"/>	11
Sanka	<input type="checkbox"/>	12
Starbucks VIA	<input type="checkbox"/>	13
Store's Own Brand	<input type="checkbox"/>	14
OTHER (Write In)	<input type="checkbox"/>	999

FLAVORED INSTANT COFFEE	Your Household:	
	Used in last 6 months	Cups or glasses/last 7 days
877		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Decaffeinated	<input type="checkbox"/>	01
Regular	<input type="checkbox"/>	02
Sugar Free	<input type="checkbox"/>	03
Fat Free	<input type="checkbox"/>	04
BRANDS:		
Folgers Cappuccino	<input type="checkbox"/>	05
General Foods International Coffees:		
Café Vienna	<input type="checkbox"/>	06
French Vanilla Café	<input type="checkbox"/>	07
French Vanilla Decaf	<input type="checkbox"/>	08
Hazelnut Belgian Café	<input type="checkbox"/>	09
Suisse Mocha	<input type="checkbox"/>	10
Other	<input type="checkbox"/>	11
Hills Bros. Cappuccino	<input type="checkbox"/>	12
Nescafé Taster's Choice	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	999

ORGANIC FOODS	Your Household:	
	Used in last 6 months	
990-0		
TOTAL:	<input type="checkbox"/>	1
ORGANIC FOODS:		
Baby Food	<input type="checkbox"/>	2
Bread	<input type="checkbox"/>	3
Breakfast Cereals	<input type="checkbox"/>	4
Cheese	<input type="checkbox"/>	5
Chocolate	<input type="checkbox"/>	6
Coffee	<input type="checkbox"/>	7
Fish/Seafood	<input type="checkbox"/>	8
Frozen Foods	<input type="checkbox"/>	9
Granola	<input type="checkbox"/>	0
Ice Cream	<input type="checkbox"/>	X
Meat	<input type="checkbox"/>	Y
991-0		
Pasta	<input type="checkbox"/>	1
Peanut Butter	<input type="checkbox"/>	2
Poultry	<input type="checkbox"/>	3
Soup	<input type="checkbox"/>	4
Spaghetti/Pasta Sauce	<input type="checkbox"/>	5
Tea	<input type="checkbox"/>	6
OTHER (Write In)	<input type="checkbox"/>	7

FOOD PREPARED FROM SCRATCH	Your Household:	
	Made in last 6 months	Times/last 30 days
879		
TOTAL:	<input type="checkbox"/>	00
FOODS:		
Baby Food	<input type="checkbox"/>	01
Biscuits	<input type="checkbox"/>	02
Bread	<input type="checkbox"/>	03
Cake	<input type="checkbox"/>	04
Candy	<input type="checkbox"/>	05
Chili	<input type="checkbox"/>	06
Cookies	<input type="checkbox"/>	07
Dips	<input type="checkbox"/>	08
Frosting	<input type="checkbox"/>	09
Gravies	<input type="checkbox"/>	10
Ice Cream	<input type="checkbox"/>	11
Jambalaya	<input type="checkbox"/>	12
Jams	<input type="checkbox"/>	13
Jellies	<input type="checkbox"/>	14
Macaroni Salad	<input type="checkbox"/>	15
Pancakes	<input type="checkbox"/>	16
Pasta	<input type="checkbox"/>	17
Pies	<input type="checkbox"/>	18
Pizza	<input type="checkbox"/>	19
Potato Salad	<input type="checkbox"/>	20
Salad Dressing	<input type="checkbox"/>	21
Soup	<input type="checkbox"/>	22
Spaghetti Sauce	<input type="checkbox"/>	23
Stew	<input type="checkbox"/>	24
Tomato Sauce	<input type="checkbox"/>	25
Other Sauces	<input type="checkbox"/>	26
Casseroles	<input type="checkbox"/>	27
Waffles	<input type="checkbox"/>	28
OTHER (Write In)	<input type="checkbox"/>	999

MICROWAVE USAGE	Your Household:	
	Used in last 6 months	Times/last 7 days
880		
TOTAL:	<input type="checkbox"/>	00
For Which Meal(s):		
Breakfast	<input type="checkbox"/>	01
Lunch	<input type="checkbox"/>	02
Dinner	<input type="checkbox"/>	03
Snack	<input type="checkbox"/>	04
REASON:		
Cook	<input type="checkbox"/>	05
Defrost/Thaw	<input type="checkbox"/>	06
Reheat leftovers	<input type="checkbox"/>	07
TYPES OF FOOD:		
Baking Mixes	<input type="checkbox"/>	08
Food prepared from scratch	<input type="checkbox"/>	09
Fresh vegetables	<input type="checkbox"/>	10
Frozen breakfast foods	<input type="checkbox"/>	11
Frozen desserts	<input type="checkbox"/>	12
Frozen dinner/dinner entrees	<input type="checkbox"/>	13
Frozen side dishes	<input type="checkbox"/>	14
Pasta	<input type="checkbox"/>	15
Popcorn	<input type="checkbox"/>	16
Shelf Stable (Non-Refrigerated)	<input type="checkbox"/>	17
Soup	<input type="checkbox"/>	18
Take-out food	<input type="checkbox"/>	19
OTHER (Write In)	<input type="checkbox"/>	999

PRODUCT SAMPLES	Your Household:	
	Used in last 6 months	Times/last 7 days
987-0		
In the last 6 months, have you used a product sample?	<input type="checkbox"/>	1
If yes, how did you obtain the product sample(s) you used?		
Delivered in the mail	<input type="checkbox"/>	2
Included with the newspaper	<input type="checkbox"/>	3
Obtained in-store	<input type="checkbox"/>	4
Other	<input type="checkbox"/>	5
In the last 6 months, have you purchased a product after using its sample?	<input type="checkbox"/>	6

GROCERY SHOPPING	Your Household:	
	Used in last 6 months	Times/last 30 days
881-0		
Number of trips	<input type="checkbox"/>	00
In the past week, what day(s) did you shop for groceries?		
Sunday	<input type="checkbox"/>	1
Monday	<input type="checkbox"/>	2
Tuesday	<input type="checkbox"/>	3
Wednesday	<input type="checkbox"/>	4
Thursday	<input type="checkbox"/>	5
Friday	<input type="checkbox"/>	6
Saturday	<input type="checkbox"/>	7
Distance from your home to the store where you most frequently shop for groceries:		
Less than 1 mile	<input type="checkbox"/>	8
1-2 miles	<input type="checkbox"/>	9
3-5 miles	<input type="checkbox"/>	0
6-10 miles	<input type="checkbox"/>	X
11+ miles	<input type="checkbox"/>	Y
Time of day you usually shop for groceries (Check one):		
Morning	<input type="checkbox"/>	1
Afternoon	<input type="checkbox"/>	2
Evening	<input type="checkbox"/>	3
Various Times	<input type="checkbox"/>	4
Do you prepare a written grocery shopping list in advance?		
Always	<input type="checkbox"/>	1
Sometimes	<input type="checkbox"/>	2
Never	<input type="checkbox"/>	3
In the past 30 days, have you purchased groceries over the Internet/online?	<input type="checkbox"/>	1
In the past 30 days, did you use a grocery store loyalty card?	<input type="checkbox"/>	1

CENTS OFF COUPONS	Your Household:	
	Used in last 12 months	Times used/last 3 months
885		
TOTAL:	<input type="checkbox"/>	00
Where redeemed:		
Discount Store	<input type="checkbox"/>	01
Drug Store	<input type="checkbox"/>	02
Grocery Store/Supermarket	<input type="checkbox"/>	03
Other	<input type="checkbox"/>	999
Received or clipped from:		
Handed out by person in store	<input type="checkbox"/>	1
In or on packages	<input type="checkbox"/>	2
Magazine	<input type="checkbox"/>	3
Mail	<input type="checkbox"/>	4
Sunday newspaper/inserts	<input type="checkbox"/>	5
Weekday newspaper/inserts	<input type="checkbox"/>	6
In-store circulars	<input type="checkbox"/>	7
Instant coupon machine/Shelf coupons	<input type="checkbox"/>	8
Preferred customer/loyalty card	<input type="checkbox"/>	9
Coupons at register	<input type="checkbox"/>	0
Internet or E-mail	<input type="checkbox"/>	X
Use coupons to:		
Save as much money as I can	<input type="checkbox"/>	1
Save on brands I use now	<input type="checkbox"/>	2
Try new products	<input type="checkbox"/>	3
Other	<input type="checkbox"/>	4
Types of products used for:		
Beverages	<input type="checkbox"/>	5
Cleaning products	<input type="checkbox"/>	6
Cosmetics	<input type="checkbox"/>	7
Food products	<input type="checkbox"/>	8
Tobacco	<input type="checkbox"/>	9
Toiletry items	<input type="checkbox"/>	0
Other	<input type="checkbox"/>	X
Total number of coupons used, last 30 days:	<input type="checkbox"/>	994-0
(Write in number)		

TOILET PAPER	Your Household:	
	Used in last 6 months	Rolls/last 30 days
888		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Plain White	<input type="checkbox"/>	01
Print	<input type="checkbox"/>	02
FORMS:		
Moist	<input type="checkbox"/>	03
Dry	<input type="checkbox"/>	04
BRANDS:		
Angel Soft	<input type="checkbox"/>	05
Charmin Basic	<input type="checkbox"/>	06
Charmin Freshmates (Moist Wipes)	<input type="checkbox"/>	07
Charmin Sensitive	<input type="checkbox"/>	08
Charmin Ultra Soft	<input type="checkbox"/>	09
Charmin Ultra Strong	<input type="checkbox"/>	10
Cottonelle	<input type="checkbox"/>	11
Cottonelle Aloe & E	<input type="checkbox"/>	12
Cottonelle Fresh Moist Wipes	<input type="checkbox"/>	13
Cottonelle Ultra	<input type="checkbox"/>	14
Marcal Small Steps	<input type="checkbox"/>	15
Quilted Northern Soft & Strong	<input type="checkbox"/>	16
Quilted Northern Ultra Plush	<input type="checkbox"/>	17
Scott 1000	<input type="checkbox"/>	18
Scott Extra Soft	<input type="checkbox"/>	19
Scott Naturals	<input type="checkbox"/>	20
Soft 'n Gentle	<input type="checkbox"/>	21
White Cloud	<input type="checkbox"/>	22
Store's Own Brand	<input type="checkbox"/>	23
OTHER (Write In)	<input type="checkbox"/>	999

PAPER TOWELS	Your Household:	
	Used in last 6 months	Rolls/last 30 days
890		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Plain White	<input type="checkbox"/>	01
Print	<input type="checkbox"/>	02
BRANDS:		
Bounty	<input type="checkbox"/>	03
Bounty Prints	<input type="checkbox"/>	04
Bounty Select-a-Size	<input type="checkbox"/>	05
Brawny	<input type="checkbox"/>	06
Brawny Big Roll	<input type="checkbox"/>	07
Marcal Small Steps	<input type="checkbox"/>	08
Mardi Gras	<input type="checkbox"/>	09
Scott	<input type="checkbox"/>	10
Scott Mega Roll	<input type="checkbox"/>	11
Scott Naturals	<input type="checkbox"/>	12
Sparkle	<input type="checkbox"/>	13
Viva	<input type="checkbox"/>	14
Store's Own Brand	<input type="checkbox"/>	15
OTHER (Write In)	<input type="checkbox"/>	999

PRE-MOISTENED HOUSEHOLD WIPES	Your Household:	
	Used in last 6 months	Packages/last 30 days
892		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Clorox Disinfecting Wipes	<input type="checkbox"/>	01
Glass Plus Wipes	<input type="checkbox"/>	02
Green Works	<input type="checkbox"/>	03
Lysol Disinfecting Wipes	<input type="checkbox"/>	04
Murphy Soft Wipes	<input type="checkbox"/>	05
Old English Furniture Wipes	<input type="checkbox"/>	06
Pledge Wipes	<input type="checkbox"/>	07
Scrubbing Bubbles Wipes	<input type="checkbox"/>	08
Swiffer Wet	<input type="checkbox"/>	09
Windex Wipes	<input type="checkbox"/>	10
OTHER (Write In)	<input type="checkbox"/>	999

FACIAL TISSUES	Your Household:	
	Used in last 6 months	Boxes/last 30 days
889		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Scented	<input type="checkbox"/>	01
Unscented	<input type="checkbox"/>	02
FORMS:		
Box	<input type="checkbox"/>	03
Soft Pack	<input type="checkbox"/>	04
BRANDS:		
Kleenex Anti-Viral	<input type="checkbox"/>	05
Kleenex Expressions	<input type="checkbox"/>	06
Kleenex Lotion	<input type="checkbox"/>	07
Kleenex Regular	<input type="checkbox"/>	08
Kleenex Ultra Soft	<input type="checkbox"/>	09
Other Kleenex	<input type="checkbox"/>	10
Marcal Small Steps	<input type="checkbox"/>	11
Nice 'N Soft	<input type="checkbox"/>	12
Puffs Basic	<input type="checkbox"/>	13
Puffs Plus Lotion	<input type="checkbox"/>	14
Puffs Ultra Soft & Strong	<input type="checkbox"/>	15
Scotties	<input type="checkbox"/>	16
Store's Own Brand	<input type="checkbox"/>	17
OTHER (Write In)	<input type="checkbox"/>	999

PAPER NAPKINS	Your Household:	
	Used in last 6 months	Packs/last 30 days
891		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Dinner	<input type="checkbox"/>	01
Family	<input type="checkbox"/>	02
BRANDS:		
Bounty	<input type="checkbox"/>	03
Chinet	<input type="checkbox"/>	04
Dixie	<input type="checkbox"/>	05
Kleenex	<input type="checkbox"/>	06
Marcal Small Steps	<input type="checkbox"/>	07
Mardi Gras	<input type="checkbox"/>	08
Scott	<input type="checkbox"/>	09
Scott Naturals	<input type="checkbox"/>	10
Vanity Fair	<input type="checkbox"/>	11
Zee	<input type="checkbox"/>	12
Store's Own Brand	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	999

DRY DISPOSABLE WIPES & DUSTERS	Your Household:	
	Used in last 6 months	Packs/last 30 days
893		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Easy Wipe Cloths	<input type="checkbox"/>	01
Endust Dust Cloths	<input type="checkbox"/>	02
Endust Duster	<input type="checkbox"/>	03
Handi-Wipes	<input type="checkbox"/>	04
Pledge Dust & Allergen	<input type="checkbox"/>	05
Pledge Multi-Surface Duster	<input type="checkbox"/>	06
Swiffer Cloths	<input type="checkbox"/>	07
Swiffer Dusters	<input type="checkbox"/>	08
Scotch Brite Cloths	<input type="checkbox"/>	09
OTHER (Write In)	<input type="checkbox"/>	999

PLASTIC CONTAINERS (not bags)	Your Household:	
	Used in last 6 months	Number used/last 30 days
985		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Glad OvenWare	<input type="checkbox"/>	01
GladWare	<input type="checkbox"/>	02
Rubbermaid	<input type="checkbox"/>	03
Tupperware	<input type="checkbox"/>	04
Ziploc Smart Snap Seal	<input type="checkbox"/>	05
Ziploc Twist 'n Loc	<input type="checkbox"/>	06
Store's Own Brand	<input type="checkbox"/>	07
OTHER (Write In)	<input type="checkbox"/>	999

RECYCLING	
998-0	
In the last 30 days, did you or anyone in your household recycle or re-use any of the following?	
Batteries	<input type="checkbox"/> 1
Electronic Equipment	<input type="checkbox"/> 2
Aluminum Beverage Cans	<input type="checkbox"/> 3
Other Metal items	<input type="checkbox"/> 4
Glass Bottles	<input type="checkbox"/> 5
Other Glass items	<input type="checkbox"/> 6
Plastic Bottles	<input type="checkbox"/> 7
Plastic Bags	<input type="checkbox"/> 8
Other Plastic Items	<input type="checkbox"/> 9
Newspapers	<input type="checkbox"/> 0
Other Paper	<input type="checkbox"/> X
OTHER (Write In)	<input type="checkbox"/> Y

DISPOSABLE CUPS	Your Household:	
	Used in last 6 months	Number used/last 30 days
894		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Foam	<input type="checkbox"/>	01
Paper	<input type="checkbox"/>	02
Plastic	<input type="checkbox"/>	03
BRANDS:		
Dixie	<input type="checkbox"/>	04
Solo	<input type="checkbox"/>	05
Generic (No Label)	<input type="checkbox"/>	06
Store's Own Brand	<input type="checkbox"/>	07
OTHER (Write In)	<input type="checkbox"/>	999

DISPOSABLE PLATES	Your Household:	
	Used in last 12 months	Packages/last 30 days
895		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Foam	<input type="checkbox"/>	01
Plain Paper	<input type="checkbox"/>	02
Coated Paper	<input type="checkbox"/>	03
Plastic	<input type="checkbox"/>	04
BRANDS:		
Chinet	<input type="checkbox"/>	05
Dixie	<input type="checkbox"/>	06
Hefty	<input type="checkbox"/>	07
Solo	<input type="checkbox"/>	08
Generic (No Label)	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
OTHER (Write In)	<input type="checkbox"/>	999

PLASTIC GARBAGE BAGS & TRASH CAN LINERS

Your Household:
Used in last 6 months | Number/Boxes last 30 days

896

TOTAL: _____ 00

TYPES:

Indoor Garbage Bags (White) _____ 01

Outdoor Trash Bags (Dark) _____ 02

BRANDS:

Glad Drawstring _____ 03

Glad ForceFlex _____ 04

Glad Handle-Tie _____ 05

Glad Odor Shield _____ 06

Glad Quick Tie _____ 07

Other Glad _____ 08

Good Sense _____ 09

Hefty Cinch Sak _____ 10

Hefty Steel Sak _____ 11

Hefty Ultra Flex _____ 12

Other Hefty _____ 13

Ruffies _____ 14

Store's Own Brand _____ 15

OTHER (Write In) _____ 999

PLASTIC SANDWICH/FOOD STORAGE/FREEZER BAGS

Your Household:
Used in last 6 months | Bags/last 7 days

897

TOTAL: _____ 00

TYPES:

Food Storage Bags _____ 01

Freezer Bags (Double Layer) _____ 02

Freezer Bags (Single Layer) _____ 03

Sandwich Bags _____ 04

Snack Bags _____ 05

KINDS:

Interlocking Seal _____ 06

Open Mouth/Fold Top _____ 07

Plastic Zipper/Slider _____ 08

BRANDS:

Baggies _____ 09

Debbie Meyer Green Bags _____ 10

Glad _____ 11

Hefty One-Zip _____ 12

Ziploc evolve _____ 13

Ziploc Sandwich Bags _____ 14

Ziploc Double Guard _____ 15

Ziploc Double Zipper Freezer _____ 16

Ziploc Double Zipper Storage _____ 17

Ziploc Slider Bags _____ 18

Ziploc Zip 'n Steam _____ 19

Other Ziploc _____ 20

Store's Own Brand _____ 21

OTHER (Write In) _____ 999

WAXED PAPER

Your Household:
Used in last 6 months | Times/last 30 days

898

TOTAL: _____ 00

BRANDS:

Cut-Rite _____ 01

Wax-tex _____ 02

Store's Own Brand _____ 03

OTHER (Write In) _____ 999

PLASTIC-TYPE KITCHEN WRAP

Your Household:
Used in last 6 months | Times/last 7 days

899

TOTAL: _____ 00

TYPES:

Small (about 50 ft.) _____ 01

Medium (about 100 ft.) _____ 02

Large (about 200 ft.) _____ 03

X-Large (about 300 ft.) _____ 04

BRANDS:

Glad Cling Wrap _____ 05

Glad Press'n Seal _____ 06

Saran Premium _____ 07

Saran Cling Plus _____ 08

Store's Own Brand _____ 09

OTHER (Write In) _____ 999

ALUMINUM FOIL

Your Household:
Used in last 6 months | Times/last 7 days

900

TOTAL: _____ 00

TYPES:

Heavy Duty _____ 01

Regular Weight _____ 02

BRANDS:

Diamond Foil _____ 03

Reynolds Wrap _____ 04

Reynolds Wrap Non-Stick _____ 05

Reynolds Wrappers _____ 06

Store's Own Brand _____ 07

OTHER (Write In) _____ 999

OVEN CLEANERS

Your Household:
Used in last 6 months | Containers/last 6 months

902

TOTAL: _____ 00

BRANDS:

Easy-Off Fume Free _____ 01

Easy-Off Heavy Duty Aerosol _____ 02

OTHER (Write In) _____ 999

IN-BOWL TOILET BOWL CLEANERS

Your Household:
Used in last 6 months | Containers/last 3 months

903

TOTAL: _____ 00

BRANDS:

Clorox _____ 01

Clorox ToiletWand _____ 02

Green Works _____ 03

Lime-A-Way _____ 04

Lysol Cling _____ 05

Lysol Cling Clip Ons _____ 06

Lysol Power _____ 07

Other Lysol _____ 08

Pine-Sol _____ 09

Scotch-Brite Disposable Toilet Scrubbers _____ 10

Scrubbing Bubbles Fresh Brush _____ 11

Scrubbing Bubbles Nature's Source _____ 12

Scrubbing Bubbles Toilet Cleaning Gel _____ 13

Sno-bol Liquid _____ 14

2000 Flushes Clip-On _____ 15

Ty-D-Bol _____ 16

The Works _____ 17

Store's Own Brand _____ 18

OTHER (Write In) _____ 999

IN-TANK TOILET BOWL CLEANERS

Your Household:
Used in last 6 months | Containers/last 3 months

904

TOTAL: _____ 00

TYPES:

Liquid _____ 01

Solid _____ 02

BRANDS:

Clorox Automatic Tablet _____ 03

Kaboom Scrub Free! _____ 04

2000 Flushes - Bleach _____ 05

2000 Flushes - Blue Plus Bleach _____ 06

2000 Flushes - Blue Plus Detergents _____ 07

Ty-D-Bol Liquid _____ 08

Ty-D-Bol Power Tabs _____ 09

Scrubbing Bubbles Vanish Drop-ins _____ 10

The Works _____ 11

Store's Own Brand _____ 12

OTHER (Write In) _____ 999

DRAIN/SEPTIC TANK CLEANERS

Your Household:
Used in last 6 months | Containers/last 6 months

905

TOTAL: _____ 00

BRANDS:

Dr. Drain Septic Cleaner _____ 01

Drano Dual Force Foam _____ 02

Drano Liquid Regular _____ 03

Drano Max Gel _____ 04

Drano Pipe & Septic Care _____ 05

Other Drano _____ 06

Liquid Plumr Foaming Pipe Snake _____ 07

Liquid Plumr Power Gel _____ 08

Liquid Plumr (Regular) _____ 09

Other Liquid Plumr _____ 10

Mr. Plumber _____ 11

Rid-X Septic Cleaner _____ 12

OTHER (Write In) _____ 999

DISHWASHING LIQUID	Your Household:	
	Used in last 6 months	Sinksful of dishes/last 7 days
906		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Ajax Lemon	<input type="checkbox"/>	01
Other Ajax	<input type="checkbox"/>	02
Dawn Direct Foam	<input type="checkbox"/>	03
Dawn Plus Bleach Alternative	<input type="checkbox"/>	04
Dawn Hand Renewal with Olay Beauty	<input type="checkbox"/>	05
Dawn Plus Power Scrubbers	<input type="checkbox"/>	06
Dawn Ultra Antibacterial	<input type="checkbox"/>	07
Dawn Ultra Original	<input type="checkbox"/>	08
Other Dawn	<input type="checkbox"/>	09
Green Works	<input type="checkbox"/>	10
Ivory	<input type="checkbox"/>	11
Joy	<input type="checkbox"/>	12
Palmolive Antibacterial	<input type="checkbox"/>	13
Palmolive Dry Skin w/Aloe	<input type="checkbox"/>	14
Palmolive Original	<input type="checkbox"/>	15
Palmolive Oxy Plus	<input type="checkbox"/>	16
Palmolive pure + clear	<input type="checkbox"/>	17
Other Palmolive	<input type="checkbox"/>	18
Sunlight	<input type="checkbox"/>	19
Store's Own Brand	<input type="checkbox"/>	20
OTHER (Write In)	<input type="checkbox"/>	999

AUTOMATIC DISHWASHER DETERGENT	Your Household:	
	Used in last 6 months	Loads of dishes/last 7 days
907		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Gel/Liquid Detergent	<input type="checkbox"/>	01
Gel Pacs	<input type="checkbox"/>	02
Powder Detergent	<input type="checkbox"/>	03
Rinsing Agents	<input type="checkbox"/>	04
Tablet Detergents	<input type="checkbox"/>	05
BRANDS:		
Cascade All-in-1 ActionPacs	<input type="checkbox"/>	06
Cascade Complete	<input type="checkbox"/>	07
Cascade Rinse Aid	<input type="checkbox"/>	08
Cascade with Bleach	<input type="checkbox"/>	09
Cascade with Dawn	<input type="checkbox"/>	10
Finish	<input type="checkbox"/>	11
Finish All-in-1 Gel Pacs	<input type="checkbox"/>	12
Finish All-in-1 PowerBall Tabs	<input type="checkbox"/>	13
Finish Jet Dry	<input type="checkbox"/>	14
Finish Quantum	<input type="checkbox"/>	15
Palmolive eco+	<input type="checkbox"/>	16
Sunlight	<input type="checkbox"/>	17
Store's Own Brand	<input type="checkbox"/>	18
OTHER (Write In)	<input type="checkbox"/>	999

HEAVY DUTY HAND CLEANERS	Your Household:	
	Used in last 6 months	Times/last 30 days
913		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Boraxo	<input type="checkbox"/>	01
Go-Jo	<input type="checkbox"/>	02
Goop	<input type="checkbox"/>	03
Lava	<input type="checkbox"/>	04
Simple Green Heavy Duty Gel	<input type="checkbox"/>	05
OTHER (Write In)	<input type="checkbox"/>	999

HOUSEHOLD CLEANERS	Your Household:	
	Used in last 6 months	Containers/last 3 months
909		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Bucket Dilutable	<input type="checkbox"/>	01
Liquid	<input type="checkbox"/>	02
Powder	<input type="checkbox"/>	03
Spray (pump or aerosol)	<input type="checkbox"/>	04
KINDS:		
Refill	<input type="checkbox"/>	05
Regular	<input type="checkbox"/>	06
BRANDS:		
Arm & Hammer Baking Soda	<input type="checkbox"/>	07
Clean Shower	<input type="checkbox"/>	08
Clorox Clean Up	<input type="checkbox"/>	09
Clorox Disinfecting Bathroom Cleaner	<input type="checkbox"/>	10
Clorox Disinfecting Kitchen Cleaner	<input type="checkbox"/>	11
CLR	<input type="checkbox"/>	12
Comet Bathroom Spray	<input type="checkbox"/>	13
Fabuloso	<input type="checkbox"/>	14
Fantastik Antibacterial Heavy Duty	<input type="checkbox"/>	15
Fantastik Oxy Power	<input type="checkbox"/>	16
Formula 409	<input type="checkbox"/>	17
Greased Lightning	<input type="checkbox"/>	18
Green Works	<input type="checkbox"/>	19
Kaboom	<input type="checkbox"/>	20
Lestoil	<input type="checkbox"/>	21
Lime-a-way	<input type="checkbox"/>	22
Lysol All Purpose 4 in 1	<input type="checkbox"/>	23
Lysol Antibacterial Kitchen Cleaner	<input type="checkbox"/>	24
Lysol Bathroom Cleaner	<input type="checkbox"/>	25
Lysol Brand Disinfectant	<input type="checkbox"/>	26
Lysol Mold & Mildew Remover	<input type="checkbox"/>	27
Lysol Multi-Surface	<input type="checkbox"/>	28
Method Multi-Surface	<input type="checkbox"/>	29
Mr. Clean Antibacterial Multi-Surface Spray	<input type="checkbox"/>	30
Mr. Clean Multi-Surface Liquid	<input type="checkbox"/>	31
Mr. Clean with Febreze	<input type="checkbox"/>	32
Murphy's Oil Soap	<input type="checkbox"/>	33
OxiClean	<input type="checkbox"/>	34
Parsons Ammonia	<input type="checkbox"/>	35
Pine-Sol	<input type="checkbox"/>	36
Pine-Sol Lavender	<input type="checkbox"/>	37
Pine-Sol Lemon	<input type="checkbox"/>	38
Scrub Free	<input type="checkbox"/>	39
Scrubbing Bubbles Automatic Shower Cleaner	<input type="checkbox"/>	40
Scrubbing Bubbles Bathroom Cleaner	<input type="checkbox"/>	41
Scrubbing Bubbles Nature's Source	<input type="checkbox"/>	42
Simple Green	<input type="checkbox"/>	43
Spic & Span Liquid	<input type="checkbox"/>	44
Spic & Span Powder	<input type="checkbox"/>	45
Tilex Bathroom Cleaner	<input type="checkbox"/>	46
Tilex Fresh Shower	<input type="checkbox"/>	47
Tilex Mold & Mildew Remover	<input type="checkbox"/>	48
X-14 Bathroom Cleaner	<input type="checkbox"/>	49
X-14 Mildew Stain Remover	<input type="checkbox"/>	50
Store's Own Brand	<input type="checkbox"/>	51
OTHER (Write In)	<input type="checkbox"/>	999

SCOURING PADS	Your Household:	
	Used in last 6 months	Pads/last 30 days
911		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Brillo	<input type="checkbox"/>	01
Chore Boy	<input type="checkbox"/>	02
Dobie	<input type="checkbox"/>	03
Mr. Clean Magic Eraser	<input type="checkbox"/>	04
O-Cel-O Scrub Sponge	<input type="checkbox"/>	05
Scotch Brite Never Rust	<input type="checkbox"/>	06
Scotch Brite Non-Scratch	<input type="checkbox"/>	07
Scotch Brite Scrub Sponge	<input type="checkbox"/>	08
S.O.S Regular	<input type="checkbox"/>	09
S.O.S Juniors	<input type="checkbox"/>	10
S.O.S Scrubber Sponge	<input type="checkbox"/>	11
Store's Own Brand	<input type="checkbox"/>	12
OTHER (Write In)	<input type="checkbox"/>	999

RUBBER GLOVES	Your Household:	
	Used in last 6 months	Pairs/last 6 months
912		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Playtex Hand Saver Gloves	<input type="checkbox"/>	01
Playtex Living Gloves	<input type="checkbox"/>	02
OTHER (Write In)	<input type="checkbox"/>	999

SCOURING CLEANSERS	Your Household:	
	Used in last 6 months	Containers/last 30 days
908		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Ajax with Bleach	<input type="checkbox"/>	01
Bar Keepers Friend	<input type="checkbox"/>	02
Bon-Ami	<input type="checkbox"/>	03
Comet Powder	<input type="checkbox"/>	04
Comet Soft Cleanser	<input type="checkbox"/>	05
Soft Scrub Gel	<input type="checkbox"/>	06
Soft Scrub Lemon	<input type="checkbox"/>	07
Soft Scrub with Bleach	<input type="checkbox"/>	08
Store's Own Brand	<input type="checkbox"/>	09
OTHER (Write In)	<input type="checkbox"/>	999

GLASS AND SURFACE CLEANERS	Your Household:	
	Used in last 6 months	Containers/last 6 months
914		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Cinch	<input type="checkbox"/>	01
Clorox Anywhere Hard Surface	<input type="checkbox"/>	02
Formula 409 Glass & Surface	<input type="checkbox"/>	03
Glass Plus	<input type="checkbox"/>	04
Green Works	<input type="checkbox"/>	05
Invisible Glass	<input type="checkbox"/>	06
Method Window Wash	<input type="checkbox"/>	07
Sparkle	<input type="checkbox"/>	08
Regular (Blue) Windex	<input type="checkbox"/>	09
Windex Multi-Surface Antibacterial	<input type="checkbox"/>	10
Windex Multi-Surface (w/Vinegar)	<input type="checkbox"/>	11
Windex Nature's Source	<input type="checkbox"/>	12
Windex Outdoor	<input type="checkbox"/>	13
Other Windex	<input type="checkbox"/>	14
Store's Own Brand	<input type="checkbox"/>	15
OTHER (Write In)	<input type="checkbox"/>	999

FURNITURE POLISH	Your Household:	
	Used in last 6 months	Containers/ last 6 months
916		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Aerosol	<input type="checkbox"/>	01
Liquid	<input type="checkbox"/>	02
Oil	<input type="checkbox"/>	03
BRANDS:		
Behold	<input type="checkbox"/>	04
Behold Lemon	<input type="checkbox"/>	05
Endust	<input type="checkbox"/>	06
Favor	<input type="checkbox"/>	07
Old English	<input type="checkbox"/>	08
Orange Glo	<input type="checkbox"/>	09
Pledge Lemon Clean	<input type="checkbox"/>	10
Pledge Extra Moisturizing ..	<input type="checkbox"/>	11
Pledge Multi Surface	<input type="checkbox"/>	12
Pledge Revitalizing Oil	<input type="checkbox"/>	13
Other Pledge	<input type="checkbox"/>	14
Scott's Liquid Gold	<input type="checkbox"/>	15
Swiffer Dust & Shine	<input type="checkbox"/>	16
Store's Own Brand	<input type="checkbox"/>	17
OTHER (Write In)	<input type="checkbox"/>	999

CARPET AND RUG CLEANERS	Your Household:	
	Used in last 6 months	Containers/ last 6 months
919		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Liquid	<input type="checkbox"/>	01
Spray (pump or aerosol)	<input type="checkbox"/>	02
Powder/Granules	<input type="checkbox"/>	03
KINDS:		
Whole Room	<input type="checkbox"/>	04
Spot Cleaner	<input type="checkbox"/>	05
BRANDS:		
Bissell	<input type="checkbox"/>	06
409 Carpet Cleaner	<input type="checkbox"/>	07
Resolve High-Traffic	<input type="checkbox"/>	08
Resolve Pet Stain Carpet Cleaner	<input type="checkbox"/>	09
Resolve Pet Stain Instant Eraser	<input type="checkbox"/>	10
Resolve Triple Action	<input type="checkbox"/>	11
Other Resolve	<input type="checkbox"/>	12
Spot Shot	<input type="checkbox"/>	13
Woolite	<input type="checkbox"/>	14
Store's Own Brand	<input type="checkbox"/>	15
OTHER (Write In)	<input type="checkbox"/>	999

SOAP & DETERGENTS FOR REGULAR LAUNDRY	Your Household:	
	Used in last 6 months	Washloads/ last 7 days
921		
TOTAL:	<input type="checkbox"/>	00
FORMS:		
Liquid	<input type="checkbox"/>	01
Powder	<input type="checkbox"/>	02
Tablets	<input type="checkbox"/>	03
KINDS:		
Ultra	<input type="checkbox"/>	04
Regular	<input type="checkbox"/>	05
TYPES:		
High Efficiency (HE)	<input type="checkbox"/>	06
Regular (Not HE)	<input type="checkbox"/>	07
BRANDS:		
Ajax	<input type="checkbox"/>	08
All Free Clear	<input type="checkbox"/>	09
All Small & Mighty	<input type="checkbox"/>	10
All 2X Ultra Stainlifter	<input type="checkbox"/>	11
Arm & Hammer Essentials ..	<input type="checkbox"/>	12
Arm & Hammer Free	<input type="checkbox"/>	13
Arm & Hammer plus OxiClean	<input type="checkbox"/>	14
Arm & Hammer (Regular) ..	<input type="checkbox"/>	15
Arm & Hammer with Color-Safe Bleach	<input type="checkbox"/>	16
Cheer	<input type="checkbox"/>	17
Dreft	<input type="checkbox"/>	18
Dynamo	<input type="checkbox"/>	19
Fab	<input type="checkbox"/>	20
Gain with Bleach Alternative ..	<input type="checkbox"/>	21
Gain (Regular)	<input type="checkbox"/>	22
Green Works	<input type="checkbox"/>	23
Method	<input type="checkbox"/>	24
Purex Regular	<input type="checkbox"/>	25
Purex with Bleach	<input type="checkbox"/>	26
Sun	<input type="checkbox"/>	27
Tide with Bleach Alternative ..	<input type="checkbox"/>	28
Tide Coldwater	<input type="checkbox"/>	29
Tide Free & Gentle	<input type="checkbox"/>	30
Tide HE	<input type="checkbox"/>	31
Tide Liquid	<input type="checkbox"/>	32
Tide Pure Essentials	<input type="checkbox"/>	33
Tide Total Care	<input type="checkbox"/>	34
Tide With Bleach	<input type="checkbox"/>	35
Tide With Downy	<input type="checkbox"/>	36
Tide With Febreze	<input type="checkbox"/>	37
Tide (Regular)	<input type="checkbox"/>	38
Ultra Era	<input type="checkbox"/>	39
Wisk	<input type="checkbox"/>	40
Woolite Liquid	<input type="checkbox"/>	41
Xtra	<input type="checkbox"/>	42
Store's Own Brand	<input type="checkbox"/>	43
OTHER (Write In)	<input type="checkbox"/>	999
Do You Buy Refills?	922-0	
Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

FLOOR CLEANER, WAX & POLISH	Your Household:	
	Used in last 6 months	Containers/ last 6 months
917		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Cleaner	<input type="checkbox"/>	01
One Step Clean & Shine	<input type="checkbox"/>	02
Polish	<input type="checkbox"/>	03
Liquid Wax	<input type="checkbox"/>	04
BRANDS:		
Armstrong Floor Cleaner	<input type="checkbox"/>	05
Clorox Ready Mop Liquid	<input type="checkbox"/>	06
Mop & Glo	<input type="checkbox"/>	07
Murphy Oil Soap	<input type="checkbox"/>	08
Orange Glo Hardwood Floor ..	<input type="checkbox"/>	09
Pledge Multi Surface Floor ..	<input type="checkbox"/>	10
Pledge Wood Floor Cleaner ..	<input type="checkbox"/>	11
Swiffer Sweeper	<input type="checkbox"/>	12
Swiffer Wet Jet	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	999
Used for:	918-0	
Conventional/Regular Floor ..	<input type="checkbox"/>	1
No Wax Floor	<input type="checkbox"/>	2

AIR FRESHENERS, CARPET & ROOM DEODORIZERS	Your Household:	
	Used in last 6 months	Containers/ last 3 months
920		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Candles	<input type="checkbox"/>	01
Electric	<input type="checkbox"/>	02
Fan	<input type="checkbox"/>	03
Liquid	<input type="checkbox"/>	04
Potpourri	<input type="checkbox"/>	05
Powder	<input type="checkbox"/>	06
Solid	<input type="checkbox"/>	07
Spray/Aerosol	<input type="checkbox"/>	08
BRANDS:		
Air Wick Aqua Mist	<input type="checkbox"/>	09
Air Wick Candles	<input type="checkbox"/>	10
Air Wick Freshmatic	<input type="checkbox"/>	11
Air Wick Regular Spray	<input type="checkbox"/>	12
Air Wick Scented Oil	<input type="checkbox"/>	13
Air Wick Stickups	<input type="checkbox"/>	14
Arm & Hammer Carpet Deodorizer	<input type="checkbox"/>	15
Arm & Hammer Carpet Deodorizer Pet Fresh	<input type="checkbox"/>	16
Carpet Fresh	<input type="checkbox"/>	17
Febreze Air Effects	<input type="checkbox"/>	18
Febreze Candles	<input type="checkbox"/>	19
Febreze Fabric Refresher	<input type="checkbox"/>	20
Febreze Home Collection	<input type="checkbox"/>	21
Febreze Noticeables	<input type="checkbox"/>	22
Glade Candle	<input type="checkbox"/>	23
Glade Plug-Ins	<input type="checkbox"/>	24
Glade Plug-Ins Scented Oils ..	<input type="checkbox"/>	25
Glade Carpet & Room Deodorizer	<input type="checkbox"/>	26
Glade Scented Oil Candle	<input type="checkbox"/>	27
Glade Sense & Spray	<input type="checkbox"/>	28
Glade Spray	<input type="checkbox"/>	29
Other Glade	<input type="checkbox"/>	30
Lysol Disinfectant Spray	<input type="checkbox"/>	31
Lysol Neutra-Air Spray	<input type="checkbox"/>	32
Oust Air Sanitizer	<input type="checkbox"/>	33
Renuzit Adjustables	<input type="checkbox"/>	34
Yankee Candle	<input type="checkbox"/>	35
Store's Own Brand	<input type="checkbox"/>	36
OTHER (Write In)	<input type="checkbox"/>	999

ENVIRONMENTALLY FRIENDLY/"GREEN" PRODUCTS	Your Household:	
	Used in last 6 months	
992-0		
TOTAL:	<input type="checkbox"/>	1
Recycled-Content Paper Products:		
Facial Tissues	<input type="checkbox"/>	2
Paper Napkins	<input type="checkbox"/>	3
Paper Plates	<input type="checkbox"/>	4
Paper Towels	<input type="checkbox"/>	5
Toilet Paper	<input type="checkbox"/>	6
Other	<input type="checkbox"/>	7
Non-Toxic/Biodegradable Products:	993-0	
All Purpose Household Cleaner ..	<input type="checkbox"/>	1
Dish Washing Liquid/Detergent ..	<input type="checkbox"/>	2
Glass/Surface Cleaners	<input type="checkbox"/>	3
Laundry Detergent	<input type="checkbox"/>	4
Other	<input type="checkbox"/>	5
Light Bulbs	<input type="checkbox"/>	6

SPRAY STARCH	Your Household:	
	Used in last 6 months	Containers/ last 6 months
923		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Light	<input type="checkbox"/>	01
Heavy	<input type="checkbox"/>	02
Regular	<input type="checkbox"/>	03
BRANDS:		
Easy-on	<input type="checkbox"/>	04
Faultless	<input type="checkbox"/>	05
Magic Finish/Magic Spray	<input type="checkbox"/>	06
Niagara	<input type="checkbox"/>	07
OTHER (Write In)	<input type="checkbox"/>	999

LAUNDRY PRE-TREATMENTS & STAIN REMOVERS

Your Household:
Used in last 6 months | Washloads/last 7 days

929

TOTAL: _____ 00

TYPES:

Gel _____ 01

Liquid _____ 02

Powder _____ 03

Spray _____ 04

Stick _____ 05

Wipes _____ 06

BRANDS:

Biz _____ 07

Clorox Bleach Pen _____ 08

Clorox Oxi Magic _____ 09

Green Works _____ 10

OxiClean _____ 11

Resolve/Spray 'n Wash _____ 12

Shout _____ 13

Shout Color Catcher _____ 14

Shout Nature's Source _____ 15

Tide Stain Release _____ 16

Tide to Go _____ 17

Zout _____ 18

OTHER (Write In) _____ 999

BLEACH

Your Household:
Used in last 6 months | Washloads/last 7 days

926

TOTAL: _____ 00

TYPES:

Chlorine - Liquid _____ 01

Color Safe - Liquid _____ 02

Color Safe - Powder/Packet _____ 03

BRANDS:

Borateem _____ 04

Clorox _____ 05

Clorox 2 (for colors) _____ 06

Clorox Ultimate Care _____ 07

Purex 2 _____ 08

Ultra Vivid _____ 09

Store's Own Brand _____ 10

OTHER (Write In) _____ 999

How used: 927-0

Household Cleaner 1

Laundry 2

WATER FILTERS

932-0

Does your household own a water filter?
Yes 1

What type(s) do you use?

In-Faucet 2

In-line (in pipe) 3

End of Faucet 4

Pour-Through Container/Pitcher 5

Refrigerator Filter 6

Other 7

BRANDS:

Brita 8

Pur 9

Other 0

SOAP & DETERGENTS FOR FINE FABRICS

Your Household:
Used in last 6 months | Washloads/last 7 days

924

TOTAL: _____ 00

TYPES:

Liquid _____ 01

Powder _____ 02

BRANDS:

Delicare _____ 03

Dreft _____ 04

Dryel _____ 05

Ivory Snow _____ 06

Woolite Liquid _____ 07

Woolite Extra Dark Care _____ 08

Store's Own Brand _____ 09

OTHER (Write In) _____ 999

How used: 925-0

Baby Clothes/Diapers 1

Lingerie 2

Other Articles of Clothing 3

FABRIC SOFTENERS

Your Household:
Used in last 6 months | Washloads/last 7 days

930

TOTAL: _____ 00

KINDS:

Sheets _____ 01

Liquid _____ 02

BRANDS:

Arm & Hammer _____ 03

Bounce Free _____ 04

Bounce Fresh Linen _____ 05

Bounce Outdoor Fresh _____ 06

Bounce Pure Essentials _____ 07

Bounce w/Febreze _____ 08

Other Bounce _____ 09

Cling Free _____ 10

Cuddle Soft _____ 11

Downy April Fresh _____ 12

Downy Ball _____ 13

Downy Clean Breeze _____ 14

Downy Free & Sensitive _____ 15

Downy Mountain Spring _____ 16

Downy Pure Essentials _____ 17

Downy Simple Pleasures _____ 18

Downy TotalCare _____ 19

Downy w/Febreze _____ 20

Other Downy _____ 21

Final Touch _____ 22

Gain _____ 23

Purex _____ 24

Snuggle Exhilarations _____ 25

Other Snuggle _____ 26

Suavitel _____ 27

Store's Own Brand _____ 28

OTHER (Write In) _____ 999

How used: 931-0

Baby Clothes/Diapers 1

Fine Washables 2

Other Laundry 3

When used:

Wash Cycle (liquid) 4

Rinse (liquid) 5

In the Dryer (dryer sheet) 6

PROFESSIONAL PET SERVICES

Your Household:
Used in last 12 months | Times used/last 12 months

933

TOTAL: _____ 00

TYPE OF SERVICE:

Daycare _____ 01

Boarding/Kennel _____ 02

Grooming _____ 03

Training _____ 04

OTHER (Write In) _____ 999

PET OWNERSHIP/ VETERINARIAN VISITS

Please write in the number of dogs, cats, birds, horses and other pets your household owns.

934

Number

Number of Dogs

Dogs Under 1 Year Old _____ 01

Dogs 1 Year or Older, but Under 2 Years Old _____ 03

Dogs 2-6 Years Old _____ 04

Dogs 7+ Years Old _____ 05

Number of Dogs by Size

Dogs 10 lbs. or less _____ 06

Dogs 11-20 lbs. _____ 07

Dogs 21-60 lbs. _____ 08

Dogs 61 or more lbs. _____ 09

Number of Cats

Cats Under 1 Year Old _____ 11

Cats 1 Year or Older, but Under 2 Years Old _____ 12

Cats 2-6 Years Old _____ 13

Cats 7+ Years Old _____ 14

Number of Birds _____ 15

Number of Horses _____ 16

Number of Other Pets _____ 17

In the last 12 months, how many times have you or another household member taken a pet to the veterinarian?

Number of Times _____ 935-0

In the last 12 months, where did your household purchase ...

	Pet Food	Flea Control Products
	936	
Grocery/Supermarket	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Discount Store	<input type="checkbox"/>	<input type="checkbox"/>
Wholesale Membership Club	<input type="checkbox"/>	<input type="checkbox"/>
PETCO	<input type="checkbox"/>	<input type="checkbox"/>
PetSmart	<input type="checkbox"/>	<input type="checkbox"/>
Other Pet Specialty Store	<input type="checkbox"/>	<input type="checkbox"/>
Veterinarian	<input type="checkbox"/>	<input type="checkbox"/>
Catalog/Mail Order	<input type="checkbox"/>	<input type="checkbox"/>
Internet/Online	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

FLEA, TICK & PARASITE PRODUCTS FOR DOGS & CATS

Your Household:
Used in last 12 months | Containers or collars/last 12 months

937

TOTAL: _____ 00

TYPES:

Collar for Dogs _____ 01

Collar for Cats _____ 02

Dip _____ 03

Drops _____ 04

Powder _____ 05

Repellent _____ 06

Shampoo _____ 07

Spray _____ 08

Tablets _____ 09

BRANDS:

Adams _____ 10

Advantage _____ 11

Advantage Multi _____ 12

Bio Spot _____ 13

Comfortis _____ 14

Frontline _____ 15

Hartz _____ 16

Hartz Advanced Care _____ 17

Heartgard Plus _____ 18

K9 Advantix _____ 19

ProMeris _____ 20

Revolution _____ 21

Sentinel _____ 22

Sergeants _____ 23

OTHER (Write In) _____ 999

CANNED/WET DOG FOOD	Your Household:	
	Used in last 6 months	Containers/ last 7 days
938		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Small Can.....	<input type="checkbox"/>	01
Large Can.....	<input type="checkbox"/>	02
Pouch.....	<input type="checkbox"/>	03
Plastic Container.....	<input type="checkbox"/>	04
BRANDS:		
Alpo.....	<input type="checkbox"/>	05
Beneful Prepared Meals.....	<input type="checkbox"/>	06
Cesar.....	<input type="checkbox"/>	07
Chef Michael's.....	<input type="checkbox"/>	08
Eukanuba.....	<input type="checkbox"/>	09
Hill's Science Diet.....	<input type="checkbox"/>	10
Iams.....	<input type="checkbox"/>	11
Kibbles 'n Bits.....	<input type="checkbox"/>	12
Mighty Dog.....	<input type="checkbox"/>	13
Moist & Meaty.....	<input type="checkbox"/>	14
Nutro/Nutro Max.....	<input type="checkbox"/>	15
Ol' Roy.....	<input type="checkbox"/>	16
Pedigree.....	<input type="checkbox"/>	17
Pro Plan.....	<input type="checkbox"/>	18
Purina ONE.....	<input type="checkbox"/>	19
Store's Own Brand.....	<input type="checkbox"/>	20
OTHER (Write In).....	<input type="checkbox"/>	999

PACKAGED DRY DOG FOOD	Your Household:	
	Used in last 6 months	Pounds/ last 30 days
939		
TOTAL:	<input type="checkbox"/>	00
SIZE OF BAG:		
6 lbs. or less.....	<input type="checkbox"/>	01
7-17 lbs.....	<input type="checkbox"/>	02
18-30 lbs.....	<input type="checkbox"/>	03
31 lbs. or more.....	<input type="checkbox"/>	04
BRANDS:		
Alpo.....	<input type="checkbox"/>	05
Beneful.....	<input type="checkbox"/>	06
Blue.....	<input type="checkbox"/>	07
Chef Michael's.....	<input type="checkbox"/>	08
Eukanuba.....	<input type="checkbox"/>	09
Hill's Science Diet.....	<input type="checkbox"/>	10
Iams Healthy Naturals.....	<input type="checkbox"/>	11
Other Iams.....	<input type="checkbox"/>	12
Kibbles 'n Bits.....	<input type="checkbox"/>	13
Naturally Complete.....	<input type="checkbox"/>	14
Nutro/Nutro Max.....	<input type="checkbox"/>	15
Ol' Roy.....	<input type="checkbox"/>	16
Pedigree.....	<input type="checkbox"/>	17
Pro Plan.....	<input type="checkbox"/>	18
Purina Dog Chow.....	<input type="checkbox"/>	19
Purina Fit & Trim.....	<input type="checkbox"/>	20
Purina Little Bites.....	<input type="checkbox"/>	21
Purina ONE.....	<input type="checkbox"/>	22
Purina Puppy Chow.....	<input type="checkbox"/>	23
Rachael Ray Nutrish.....	<input type="checkbox"/>	24
Store's Own Brand.....	<input type="checkbox"/>	25
OTHER (Write In).....	<input type="checkbox"/>	999

DOG FEEDINGS	How often do you feed your dog the following?		
	Canned/ Wet Food	Dry Food	Biscuits/ Treats
940			
2 or more times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOG BISCUITS OR TREATS	Your Household:	
	Used in last 6 months	Packages/ last 30 days
941		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Alpo Treats.....	<input type="checkbox"/>	01
Beggin' Strips.....	<input type="checkbox"/>	02
Busy Bone.....	<input type="checkbox"/>	03
Busy Rollhide.....	<input type="checkbox"/>	04
Canine Carry Outs.....	<input type="checkbox"/>	05
Carvers.....	<input type="checkbox"/>	06
Cesar Treats.....	<input type="checkbox"/>	07
Eukanuba.....	<input type="checkbox"/>	08
Greenies.....	<input type="checkbox"/>	09
Hill's Science Diet.....	<input type="checkbox"/>	10
Iams Dog Biscuits.....	<input type="checkbox"/>	11
Jerky Treats.....	<input type="checkbox"/>	12
Meaty Bone.....	<input type="checkbox"/>	13
Milk-Bone Dog Biscuits.....	<input type="checkbox"/>	14
Milk-Bone Flavor Snacks.....	<input type="checkbox"/>	15
Milk-Bone Puppy Biscuits.....	<input type="checkbox"/>	16
Milk-Bone Treats.....	<input type="checkbox"/>	17
Nutro/Nutro Max.....	<input type="checkbox"/>	18
Ol' Roy.....	<input type="checkbox"/>	19
Pedigree Breathbuster.....	<input type="checkbox"/>	20
Pedigree Dentabone.....	<input type="checkbox"/>	21
Pedigree Dentastix.....	<input type="checkbox"/>	22
Pedigree Jumbone.....	<input type="checkbox"/>	23
Pup-Peroni.....	<input type="checkbox"/>	24
Scooby Snacks.....	<input type="checkbox"/>	25
Snausages.....	<input type="checkbox"/>	26
T Bonz Dog Snacks.....	<input type="checkbox"/>	27
The Goodlife Recipe.....	<input type="checkbox"/>	28
Store's Own Brand.....	<input type="checkbox"/>	29
OTHER (Write In).....	<input type="checkbox"/>	999

CAT LITTER	Your Household:	
	Used in last 6 months	Pounds/ last 30 days
942		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Scoopable.....	<input type="checkbox"/>	01
Non-Scoopable.....	<input type="checkbox"/>	02
Crystals.....	<input type="checkbox"/>	03
BRANDS:		
Arm & Hammer.....	<input type="checkbox"/>	04
Breeze from Tidy Cats.....	<input type="checkbox"/>	05
Cat's Pride.....	<input type="checkbox"/>	06
Feline Pine.....	<input type="checkbox"/>	07
Fresh Step (Crystals).....	<input type="checkbox"/>	08
Fresh Step (Regular).....	<input type="checkbox"/>	09
Fresh Step (Scoopable).....	<input type="checkbox"/>	10
Jonny Cat.....	<input type="checkbox"/>	11
Scoop Away.....	<input type="checkbox"/>	12
Special Kitty.....	<input type="checkbox"/>	13
Tidy Cats (Regular).....	<input type="checkbox"/>	14
Tidy Cats (Scoop).....	<input type="checkbox"/>	15
Yesterday's News.....	<input type="checkbox"/>	16
Store's Own Brand.....	<input type="checkbox"/>	17
OTHER (Write In).....	<input type="checkbox"/>	999

CAT TREATS	Your Household:	
	Used in last 6 months	Packages/ last 30 days
943		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Friskies.....	<input type="checkbox"/>	01
Greenies.....	<input type="checkbox"/>	02
Meow Mix.....	<input type="checkbox"/>	03
Pounce.....	<input type="checkbox"/>	04
The Goodlife Recipe.....	<input type="checkbox"/>	05
Whisker Lickin's.....	<input type="checkbox"/>	06
Whiskas Temptations.....	<input type="checkbox"/>	07
Store's Own Brand.....	<input type="checkbox"/>	08
OTHER (Write In).....	<input type="checkbox"/>	999

CANNED/WET CAT FOOD	Your Household:	
	Used in last 6 months	Containers/ last 7 days
944		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Flat Can - 6 oz.....	<input type="checkbox"/>	01
Flat Can - 3 oz. pull top.....	<input type="checkbox"/>	02
Tall Can.....	<input type="checkbox"/>	03
Pouch.....	<input type="checkbox"/>	04
Plastic Container.....	<input type="checkbox"/>	05
BRANDS:		
Fancy Feast.....	<input type="checkbox"/>	06
Fancy Feast Elegant Medleys.....	<input type="checkbox"/>	07
Friskies.....	<input type="checkbox"/>	08
Hill's Science Diet.....	<input type="checkbox"/>	09
Iams.....	<input type="checkbox"/>	10
Meow Mix.....	<input type="checkbox"/>	11
Nutro/Nutro Max Cat.....	<input type="checkbox"/>	12
9Lives.....	<input type="checkbox"/>	13
Pro Plan.....	<input type="checkbox"/>	14
Special Kitty.....	<input type="checkbox"/>	15
Whiskas.....	<input type="checkbox"/>	16
Store's Own Brand.....	<input type="checkbox"/>	17
OTHER (Write In).....	<input type="checkbox"/>	999

PACKAGED DRY CAT FOOD	Your Household:	
	Used in last 6 months	Pounds/ last 30 days
945		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Alley Cat.....	<input type="checkbox"/>	01
Deli-Cat.....	<input type="checkbox"/>	02
Eukanuba.....	<input type="checkbox"/>	03
Fancy Feast Gourmet.....	<input type="checkbox"/>	04
Friskies.....	<input type="checkbox"/>	05
Healthful Life from Purina		
Cat Chow.....	<input type="checkbox"/>	06
Hill's Science Diet.....	<input type="checkbox"/>	07
Iams Healthy Naturals.....	<input type="checkbox"/>	08
Other Iams.....	<input type="checkbox"/>	09
Kit & Kaboodle.....	<input type="checkbox"/>	10
Meow Mix.....	<input type="checkbox"/>	11
Meow Mix Wholesome Goodness.....	<input type="checkbox"/>	12
Naturals from Cat Chow.....	<input type="checkbox"/>	13
9Lives.....	<input type="checkbox"/>	14
Nutro/Nutro Max Cat.....	<input type="checkbox"/>	15
Pro Plan.....	<input type="checkbox"/>	16
Purina Cat Chow.....	<input type="checkbox"/>	17
Purina Kitten Chow.....	<input type="checkbox"/>	18
Purina ONE.....	<input type="checkbox"/>	19
Royal Canin.....	<input type="checkbox"/>	20
Special Kitty.....	<input type="checkbox"/>	21
The Goodlife Recipe.....	<input type="checkbox"/>	22
Whiskas.....	<input type="checkbox"/>	23
Store's Own Brand.....	<input type="checkbox"/>	24
OTHER (Write In).....	<input type="checkbox"/>	999

CAT FEEDINGS	How often do you feed your cat the following?		
	Canned/ Wet Food	Dry Food	Treats
946			
2 or more times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHARCOAL	Your Household:	
	Used in last 12 months	Bags/last 12 months
947		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Regular	<input type="checkbox"/>	01
Instant Lighting	<input type="checkbox"/>	02
KINDS:		
Mesquite	<input type="checkbox"/>	03
Regular	<input type="checkbox"/>	04
BRANDS:		
Kingsford (Regular)	<input type="checkbox"/>	05
Kingsford Matchlight	<input type="checkbox"/>	06
Royal Oak	<input type="checkbox"/>	07
Store's Own Brand	<input type="checkbox"/>	08
OTHER (Write In)	<input type="checkbox"/>	999

INSECT REPELLENTS	Your Household:	
	Used in last 12 months	Times/last 30 days (in season)
948		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Aerosol	<input type="checkbox"/>	01
Citronella Candle	<input type="checkbox"/>	02
Coils	<input type="checkbox"/>	03
Fan	<input type="checkbox"/>	04
Lamps/Lanterns	<input type="checkbox"/>	05
Lotion/Oil/Cream/Gel	<input type="checkbox"/>	06
Pump	<input type="checkbox"/>	07
Towelettes	<input type="checkbox"/>	08
BRANDS:		
Avon Skin-So-Soft Bath Oil	<input type="checkbox"/>	09
Avon Skin-So-Soft Bug Guard Plus	<input type="checkbox"/>	10
Bull Frog	<input type="checkbox"/>	11
Cutter (Regular)	<input type="checkbox"/>	12
Cutter Citronella Candle	<input type="checkbox"/>	13
Off! Active	<input type="checkbox"/>	14
Off! Citronella Candle	<input type="checkbox"/>	15
Off! Deep Woods	<input type="checkbox"/>	16
Off! Family Care	<input type="checkbox"/>	17
Off! Mosquito Coil	<input type="checkbox"/>	18
Off! PowerPad Lamp/Lantern	<input type="checkbox"/>	19
Repel	<input type="checkbox"/>	20
OTHER (Write In)	<input type="checkbox"/>	999

OUTDOOR INSECTICIDES	Your Household:	
	Used in last 6 months	Containers/last 6 months
949		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Concentrates	<input type="checkbox"/>	01
Flying Insect Killers	<input type="checkbox"/>	02
Hose Attachments	<input type="checkbox"/>	03
Liquids	<input type="checkbox"/>	04
Outdoor Foggers	<input type="checkbox"/>	05
Powders/Granules	<input type="checkbox"/>	06
BRANDS:		
Amdro	<input type="checkbox"/>	07
Bayer Advanced	<input type="checkbox"/>	08
Black Flag	<input type="checkbox"/>	09
Combat	<input type="checkbox"/>	10
Earth Options by Raid	<input type="checkbox"/>	11
Hot Shot	<input type="checkbox"/>	12
Ortho	<input type="checkbox"/>	13
Over 'n Out	<input type="checkbox"/>	14
Raid Wasp & Hornet Killer	<input type="checkbox"/>	15
Raid Yard Guard	<input type="checkbox"/>	16
Raid Yellow Jacket Trap	<input type="checkbox"/>	17
Other Raid	<input type="checkbox"/>	18
Spectracide	<input type="checkbox"/>	19
Terro	<input type="checkbox"/>	20
OTHER (Write In)	<input type="checkbox"/>	999

INDOOR INSECTICIDES	Your Household:	
	Used in last 6 months	Containers/last 6 months
950		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Ant Baits/Traps	<input type="checkbox"/>	01
Ant & Roach Aerosols	<input type="checkbox"/>	02
Ant & Roach Liquids	<input type="checkbox"/>	03
Gels	<input type="checkbox"/>	04
Indoor Foggers	<input type="checkbox"/>	05
Flea & Tick Killers	<input type="checkbox"/>	06
Flying Insect Killers	<input type="checkbox"/>	07
Roach Baits/Traps	<input type="checkbox"/>	08
BRANDS:		
Amdro	<input type="checkbox"/>	09
Bayer Advanced	<input type="checkbox"/>	10
Bengal	<input type="checkbox"/>	11
Black Flag Ant & Roach	<input type="checkbox"/>	12
Black Flag Roach Motel	<input type="checkbox"/>	13
Other Black Flag	<input type="checkbox"/>	14
Combat Source Kill Ant Baits	<input type="checkbox"/>	15
Combat Source Kill Roach Baits	<input type="checkbox"/>	16
Other Combat Baits	<input type="checkbox"/>	17
Hot Shot	<input type="checkbox"/>	18
Ortho Home Defense Max	<input type="checkbox"/>	19
Other Ortho	<input type="checkbox"/>	20
Raid Ant & Roach Spray	<input type="checkbox"/>	21
Raid Ant Baits	<input type="checkbox"/>	22
Raid Flea Killer	<input type="checkbox"/>	23
Raid Indoor Fogger	<input type="checkbox"/>	24
Raid Roach Baits	<input type="checkbox"/>	25
Raid Max Roach Spray	<input type="checkbox"/>	26
Spectracide	<input type="checkbox"/>	27
Terro	<input type="checkbox"/>	28
OTHER (Write In)	<input type="checkbox"/>	999

INDOOR PLANT FOOD	Your Household:	
	Used in last 6 months	Containers/last 6 months
951		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Miracle Gro.	<input type="checkbox"/>	01
Peters	<input type="checkbox"/>	02
Schultz	<input type="checkbox"/>	03
OTHER (Write In)	<input type="checkbox"/>	999

LIGHT BULBS	Your Household:	
	Used in last 6 months	Bulbs/last 6 months
952		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Decorative	<input type="checkbox"/>	01
Energy Saving/Efficient	<input type="checkbox"/>	02
Outdoor	<input type="checkbox"/>	03
KINDS:		
Regular	<input type="checkbox"/>	04
Soft White	<input type="checkbox"/>	05
Three-Way	<input type="checkbox"/>	06
BRANDS:		
GE Energy Smart	<input type="checkbox"/>	07
GE Miser	<input type="checkbox"/>	08
GE Reveal	<input type="checkbox"/>	09
Other GE	<input type="checkbox"/>	10
Philips	<input type="checkbox"/>	11
Sylvania	<input type="checkbox"/>	12
Westinghouse	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	999

GLUE	Your Household:	
	Used in last 6 months	Packages/last 6 months
953		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Elmer's	<input type="checkbox"/>	01
Gorilla Glue	<input type="checkbox"/>	02
Krazy Glue	<input type="checkbox"/>	03
Loctite	<input type="checkbox"/>	04
Super Glue	<input type="checkbox"/>	05
OTHER (Write In)	<input type="checkbox"/>	999

TRANSPARENT TAPE	Your Household:	
	Used in last 6 months	Rolls/last 6 months
954		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Scotch Magic Transparent	<input type="checkbox"/>	01
Scotch Pop-Up Tape	<input type="checkbox"/>	02
OTHER (Write In)	<input type="checkbox"/>	999

REMOVABLE SELF-STICK NOTES	Your Household:	
	Used in last 6 months	Packages/last 6 months
955		
TOTAL:	<input type="checkbox"/>	00

PLASTIC PRODUCTS	Your Household:	
	Used in last 6 months	Packages/last 6 months
956-0		
Does your household use plastic products?	Yes <input type="checkbox"/>	1
Used For:		
Food Storage	<input type="checkbox"/>	2
Home Organizing/Storage	<input type="checkbox"/>	3
Bath	<input type="checkbox"/>	4
Sinkware	<input type="checkbox"/>	5
Tabletop	<input type="checkbox"/>	6
Kitchen Gadgets	<input type="checkbox"/>	7
Recycling/Refuse Bins	<input type="checkbox"/>	8
Cosmetics	<input type="checkbox"/>	9
Other	<input type="checkbox"/>	0

CHARCOAL LIGHTER FLUID	Your Household:	
	Used in last 12 months	Containers/last 12 months
957		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Gulf Lite	<input type="checkbox"/>	01
Kingsford	<input type="checkbox"/>	02
Royal Oak	<input type="checkbox"/>	03
Store's Own Brand	<input type="checkbox"/>	04
OTHER (Write In)	<input type="checkbox"/>	999

FIRELOGS	Your Household:	
	Used in last 12 months	Logs last 12 months
958		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Duraflame	<input type="checkbox"/>	01
StarterLogg	<input type="checkbox"/>	02
OTHER (Write In)	<input type="checkbox"/>	999

BABY FOODS	Your Household:	
	Used in last 6 months	Containers/ last 7 days
959		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Baby juice.....	<input type="checkbox"/>	01
First Foods/Stage 1	<input type="checkbox"/>	02
Second Foods/Stage 2	<input type="checkbox"/>	03
Third Foods/Stage 3	<input type="checkbox"/>	04
BRANDS:		
Beech-Nut	<input type="checkbox"/>	05
Beech-Nut Let's Grow!	<input type="checkbox"/>	06
Earth's Best	<input type="checkbox"/>	07
Gerber	<input type="checkbox"/>	08
Gerber Graduates	<input type="checkbox"/>	09
Gerber Organic	<input type="checkbox"/>	10
OTHER (Write In)	<input type="checkbox"/>	999

INFANT CEREAL	Your Household:	
	Used in last 6 months	Packages/ last 30 days
960		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Beech-Nut	<input type="checkbox"/>	01
Earth's Best	<input type="checkbox"/>	02
Gerber	<input type="checkbox"/>	03
OTHER (Write In)	<input type="checkbox"/>	999

PREPARED INFANT FORMULA	Your Household:	
	Used in last 6 months	Times/ last 7 days
961		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Ready-to-feed.	<input type="checkbox"/>	01
Concentrated liquid (dilute with water)	<input type="checkbox"/>	02
Powder (dilute with water) ..	<input type="checkbox"/>	03
KINDS:		
Milk Based	<input type="checkbox"/>	04
Soy Based	<input type="checkbox"/>	05
Other	<input type="checkbox"/>	06
BRANDS:		
Enfamil	<input type="checkbox"/>	07
Gerber Good Start	<input type="checkbox"/>	08
Similac	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
OTHER (Write In)	<input type="checkbox"/>	999

BABY NURSERS/ BOTTLES	Your Household:	
	Used in last 6 months	Number bought last 30 days
962		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Firm plastic.	<input type="checkbox"/>	01
Disposable	<input type="checkbox"/>	02
BRANDS:		
Avent	<input type="checkbox"/>	03
Dr. Brown's	<input type="checkbox"/>	04
Evenflo	<input type="checkbox"/>	05
NUK	<input type="checkbox"/>	06
Playtex	<input type="checkbox"/>	07
OTHER (Write In)	<input type="checkbox"/>	999

TEETHING REMEDIES	Your Household:	
	Used in last 6 months	Times/ last 7 days
963		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Baby Anbesol	<input type="checkbox"/>	01
Baby Orajel	<input type="checkbox"/>	02
Little Teethers	<input type="checkbox"/>	03
OTHER (Write In)	<input type="checkbox"/>	999

BABY BATH, WASH & SOAP	Your Household:	
	Used in last 6 months	Times/ last 7 days
964		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Bar	<input type="checkbox"/>	01
Liquid	<input type="checkbox"/>	02
BRANDS:		
Aveeno	<input type="checkbox"/>	03
Baby Magic.	<input type="checkbox"/>	04
Gentle Naturals		
Eczema Baby Wash	<input type="checkbox"/>	05
Johnson's Baby Bar Soap ..	<input type="checkbox"/>	06
Johnson's Baby Bath	<input type="checkbox"/>	07
Johnson's Head-To-Toe		
Baby Wash	<input type="checkbox"/>	08
Other Johnson's Baby Wash		
Pampers Kandoo Body Wash		
OTHER (Write In)	<input type="checkbox"/>	999

BABY SHAMPOO	Your Household:	
	Used in last 6 months	Times/ last 7 days
966		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Aveeno	<input type="checkbox"/>	01
Baby Magic.	<input type="checkbox"/>	02
Johnson's (Regular)	<input type="checkbox"/>	03
Johnson's Buddies No		
More Tangles	<input type="checkbox"/>	04
L'Oréal Kids	<input type="checkbox"/>	05
Pampers Kandoo Shampoo ..	<input type="checkbox"/>	06
Suave Kids	<input type="checkbox"/>	07
OTHER (Write In)	<input type="checkbox"/>	999

BABY OIL	Your Household:	
	Used in last 6 months	Times/ last 7 days
967		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Baby Magic.	<input type="checkbox"/>	01
Burt's Bees	<input type="checkbox"/>	02
Johnson's Baby Oil	<input type="checkbox"/>	03
Johnson's Baby Oil Gel	<input type="checkbox"/>	04
Johnson's Creamy Baby Oil		
Store's Own Brand	<input type="checkbox"/>	06
OTHER (Write In)	<input type="checkbox"/>	999

BABY OINTMENTS AND CREAMS	Your Household:	
	Used in last 6 months	Times/ last 7 days
968		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
A + D	<input type="checkbox"/>	01
Aveeno	<input type="checkbox"/>	02
Balmex	<input type="checkbox"/>	03
Boudreaux's Butt Paste	<input type="checkbox"/>	04
Desitin	<input type="checkbox"/>	05
Triple Paste	<input type="checkbox"/>	06
Vaseline Petroleum Jelly ...	<input type="checkbox"/>	07
OTHER (Write In)	<input type="checkbox"/>	999

BABY LOTION	Your Household:	
	Used in last 6 months	Times/ last 7 days
969		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Aveeno	<input type="checkbox"/>	01
Baby Magic.	<input type="checkbox"/>	02
Burt's Bees	<input type="checkbox"/>	03
Gentle Naturals		
Eczema Baby Cream	<input type="checkbox"/>	04
Johnson's	<input type="checkbox"/>	05
OTHER (Write In)	<input type="checkbox"/>	999

DISPOSABLE DIAPERS/ UNDERPANTS	Your Household:	
	Used in last 6 months	Packages/ last 30 days
970		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Goodnites Underpants	<input type="checkbox"/>	01
Huggies Little Movers	<input type="checkbox"/>	02
Huggies Little Snugglers ...	<input type="checkbox"/>	03
Huggies Little Swimmers ...	<input type="checkbox"/>	04
Huggies Overnites	<input type="checkbox"/>	05
Huggies Pull-ups	<input type="checkbox"/>	06
Huggies Pure & Natural	<input type="checkbox"/>	07
Huggies Snug & Dry	<input type="checkbox"/>	08
Luvs	<input type="checkbox"/>	09
Pampers Baby Dry	<input type="checkbox"/>	10
Pampers Cruisers	<input type="checkbox"/>	11
Pampers Easy Ups	<input type="checkbox"/>	12
Pampers Splashers	<input type="checkbox"/>	13
Pampers Swaddlers	<input type="checkbox"/>	14
Seventh Generation	<input type="checkbox"/>	15
UnderJams	<input type="checkbox"/>	16
Store's Own Brand	<input type="checkbox"/>	17
OTHER (Write In)	<input type="checkbox"/>	999

COTTON SWABS	Your Household:	
	Used in last 6 months	Times/ last 7 days
971		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Johnson's	<input type="checkbox"/>	01
Q-Tips	<input type="checkbox"/>	02
Generic (No Label)	<input type="checkbox"/>	03
Store's Own Brand	<input type="checkbox"/>	04
OTHER (Write In)	<input type="checkbox"/>	999

PRE-MOISTENED BABY/CHILDREN'S WIPES

Your Household:
Used in last 6 months | Times/last 7 days

972

TOTAL: _____ 00

BRANDS:

Huggies Natural Care. _____ 01

Huggies Sensitive. _____ 02

Huggies Supreme _____ 03

Other Huggies _____ 04

Luvs Ultra Clean Wipes _____ 05

Pampers Kandoo _____ 06

Pampers Sensitive _____ 07

Pampers SoftCare _____ 08

Pampers Swipers _____ 09

Other Pampers. _____ 10

Wet Ones _____ 11

Store's Own Brand _____ 12

_____ _____ 999

OTHER (Write In)

BABY POWDER

Your Household:
Used in last 6 months | Times/last 7 days

973

TOTAL: _____ 00

TYPES:

Corn Starch _____ 01

Talcum _____ 02

BRANDS:

Burt's Bees. _____ 03

Gold Bond Baby Powder _____ 04

Johnson's Baby Powder—Regular. _____ 05

Johnson's Baby Powder—Pure Cornstarch _____ 06

Johnson's Baby Powder—Medicated. _____ 07

Store's Own Brand _____ 08

_____ _____ 999

OTHER (Write In)

BABY FURNITURE & EQUIPMENT

Your Household:
Now owns | Bought in last 6 months

974

Activity Mat <input type="checkbox"/>	1	2	<input type="checkbox"/>	01
Baby carrier (front or back) <input type="checkbox"/>			<input type="checkbox"/>	02
Baby car bed. <input type="checkbox"/>			<input type="checkbox"/>	03
Baby car seat <input type="checkbox"/>			<input type="checkbox"/>	04
Bathing/dressing table <input type="checkbox"/>			<input type="checkbox"/>	05
Baby bath tub <input type="checkbox"/>			<input type="checkbox"/>	06
Baby mobiles. <input type="checkbox"/>			<input type="checkbox"/>	07
Baby monitor <input type="checkbox"/>			<input type="checkbox"/>	08
Baby rattles <input type="checkbox"/>			<input type="checkbox"/>	09
Bouncer seat. <input type="checkbox"/>			<input type="checkbox"/>	10
Breast pump <input type="checkbox"/>			<input type="checkbox"/>	11
Crib mattress. <input type="checkbox"/>			<input type="checkbox"/>	12
High chair <input type="checkbox"/>			<input type="checkbox"/>	13
Infant crib <input type="checkbox"/>			<input type="checkbox"/>	14
Infant swing. <input type="checkbox"/>			<input type="checkbox"/>	15
Jump seat <input type="checkbox"/>			<input type="checkbox"/>	16
Juvenile bed <input type="checkbox"/>			<input type="checkbox"/>	17
Nursing pillow <input type="checkbox"/>			<input type="checkbox"/>	18
Playpen <input type="checkbox"/>			<input type="checkbox"/>	19
Stroller. <input type="checkbox"/>			<input type="checkbox"/>	20
Stuffed toys <input type="checkbox"/>			<input type="checkbox"/>	21
Toilet chair. <input type="checkbox"/>			<input type="checkbox"/>	22
Walker <input type="checkbox"/>			<input type="checkbox"/>	23
_____ <input type="checkbox"/>			<input type="checkbox"/>	24

OTHER (Write In)

Total amount spent in past 6 months: \$ _____ 988-0
Write in amount

PAIN RELIEVERS & FEVER REDUCERS FOR CHILDREN

Your Household:
Used in last 6 months | Times/last 30 days

975

TOTAL: _____ 00

BRANDS:

Children's Advil _____ 01

Children's Motrin _____ 02

Children's Tylenol Drops/Liquid _____ 03

Jr. Tylenol _____ 04

_____ _____ 999

OTHER (Write In)

CHILDREN'S COUGH SYRUP

Your Household:
Used in last 6 months | Times/last 30 days

976

TOTAL: _____ 00

BRANDS:

Delsym _____ 01

Mucinex for Kids! _____ 02

PediaCare _____ 03

Robitussin _____ 04

Tylenol _____ 05

Triaminic _____ 06

_____ _____ 999

OTHER (Write In)

CHILDREN'S COLD TABLETS & LIQUIDS

Your Household:
Used in last 6 months | Times/last 30 days

977

TOTAL: _____ 00

TYPES:

Liquid _____ 01

Tablet _____ 02

BRANDS:

Children's Benadryl Allergy _____ 03

Other Children's Benadryl _____ 04

Children's Claritin _____ 05

Children's Motrin Cold _____ 06

Children's Mucinex _____ 07

Children's Sudafed _____ 08

Children's Tylenol Plus Cold & Allergy _____ 09

Children's Tylenol Plus Cold _____ 10

Children's Tylenol Plus Flu _____ 11

Children's Zyrtec Allergy _____ 12

Dimetapp _____ 13

PediaCare _____ 14

Robitussin _____ 15

Triaminic _____ 16

Vicks Children's NyQuil _____ 17

_____ _____ 999

OTHER (Write In)

VITAMINS/NUTRITIONAL SUPPLEMENTS FOR CHILDREN

Your Household:
Used in last 6 months | Times/last 7 days

978

TOTAL: _____ 00

TYPES:

Chewable _____ 01

Liquid _____ 02

BRANDS:

Boost Kid Essentials _____ 03

Centrum Kids _____ 04

Flintstones Vitamins _____ 05

Iron Kids _____ 06

L'il Critters _____ 07

One-A-Day Kids _____ 08

Pedialyte _____ 09

PediaSure _____ 10

Poly Vi Sol (drops) _____ 11

Store's Own Brand _____ 12

_____ _____ 999

OTHER (Write In)

CHILDREN'S CLOTHING

Your Household:
Bought in last 6 months | Number bought/last 6 months

979

For Baby Under 1 Year:

Outerwear _____ 01

Sleepwear _____ 02

Stretchies _____ 03

Underwear (not diapers). _____ 04

Waterproof Pants _____ 05

Children 1-2 Years:

Jeans or Slacks _____ 06

Outerwear _____ 07

Shorts. _____ 08

Sleepwear _____ 09

Suits or Dresses. _____ 10

Sweatshirts/Sweatpants _____ 11

Tops/Shirts. _____ 12

Underwear (not diapers). _____ 13

Waterproof Pants _____ 14

Children 3-5 Years:

Jeans or Slacks _____ 15

Outerwear _____ 16

Shorts. _____ 17

Sleepwear _____ 18

Suits or Dresses. _____ 19

Sweatshirts/Sweatpants _____ 20

Tops/Shirts. _____ 21

Underwear (not diapers). _____ 22

Waterproof Pants _____ 23

Children 6-12 Years:

Jeans _____ 24

Outerwear _____ 25

Shorts. _____ 26

Slacks. _____ 27

Sleepwear _____ 28

Suits or Dresses. _____ 29

Sweatshirts/Sweatpants _____ 30

Sweaters _____ 31

Tops/Shirts. _____ 32

Underwear _____ 33

Amount Spent Last 6 Months 980-0

\$50 or less 1

\$51-\$99 2

\$100-\$199 3

\$200-\$399 4

\$400 + 5

CHILDREN'S SHOES

Your Household:
Bought/last 6 months | Pairs bought/last 6 months

981

TOTAL: _____ 00

TYPES:

Athletic _____ 01

Canvas _____ 02

Casual/leisure _____ 03

Dress _____ 04

Leather. _____ 05

Rain or Snow Boots. _____ 06

Sandals _____ 07

Slippers _____ 08

Western Boots _____ 09

Other _____ 999

Bought for: 982-0

Child under 1 year 1

Child 1-5 years 2

Child 6-12 years 3

Amount Spent Last 6 Months 983-0

\$1-\$25 1

\$26-\$50 2

\$51-\$99 3

\$100-\$199 4

\$200 + 5

NOTES

**PLACE SAMPLE
LABEL HERE**

INTERVIEWER: Please complete this page and use it as a voucher for cash payment.

RESPONDENT:

Ms.
Mr. _____

PRINCIPAL SHOPPER

Ms.
Mr. _____ **ENTER ON PAGE 85**

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE No. _____

SAMPLE ID No. _____

UPON RECEIPT OF CASH:

RESPONDENT SIGNATURE: _____

DATE: _____

INTERVIEWER SIGNATURE: _____

INTERVIEWER NAME: _____

INTERVIEWER PHONE No. _____

American Institute of Consumer Studies

**18 Campus Boulevard
Newtown Square, PA 19073**