

label

Interview # _____ C 1
(1-6) D 7

NAME _____ DATE _____



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 87, 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 1-86) is to be completed by the person who was interviewed:

First Name

Last Name

Please record the date you started filling out this booklet.

Month

Day

Year

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.

Please use blue or black ink pen.

Correct mark: Incorrect mark:

TOOTH PASTE	You Personally:	
	Used in last 6 months	Times/last 7 days
001		
TOTAL:	<input checked="" type="checkbox"/>	14 00
TYPES:		
Baking Soda	<input checked="" type="checkbox"/>	6 01
Non Baking Soda	<input checked="" type="checkbox"/>	8 02
KINDS:		
Tartar Control	<input type="checkbox"/>	03
Regular	<input checked="" type="checkbox"/>	14 04
FORMS:		
Gel	<input type="checkbox"/>	05
Paste	<input checked="" type="checkbox"/>	14 06
BRANDS:		
Aim	<input type="checkbox"/>	07
Aquafresh	<input type="checkbox"/>	08
Aquafresh Extreme Clean ..	<input type="checkbox"/>	09
Aquafresh Whitening	<input type="checkbox"/>	10
Arm & Hammer Advance White	<input type="checkbox"/>	11
Other Arm & Hammer.	<input type="checkbox"/>	12
Closeup	<input type="checkbox"/>	13
Colgate 2in1	<input type="checkbox"/>	14
Colgate Max Fresh	<input type="checkbox"/>	15
Colgate Optic White	<input type="checkbox"/>	16
Colgate Regular	<input type="checkbox"/>	17
Colgate Sensitive	<input type="checkbox"/>	18
Colgate Sparkling White	<input type="checkbox"/>	19
Colgate Tartar Protection ...	<input type="checkbox"/>	20
Colgate Total	<input type="checkbox"/>	21
Colgate Total Advanced ...	<input type="checkbox"/>	22
Colgate Baking Soda and Peroxide Whitening	<input checked="" type="checkbox"/>	6 23
Other Colgate	<input type="checkbox"/>	24
Crest Complete	<input type="checkbox"/>	25
Crest Pro-Health	<input type="checkbox"/>	26
Crest Regular Gel	<input type="checkbox"/>	27
Crest Regular Paste	<input type="checkbox"/>	28
Crest Tartar Protection	<input type="checkbox"/>	29
Crest 3D White	<input type="checkbox"/>	30
Crest Whitening Plus Scope	<input type="checkbox"/>	31
Other Crest	<input type="checkbox"/>	32
Pepsodent	<input type="checkbox"/>	33
Rembrandt	<input type="checkbox"/>	34
Sensodyne	<input type="checkbox"/>	35
Sensodyne ProNamel.	<input type="checkbox"/>	36
Tom's of Maine	<input type="checkbox"/>	37
Ultradent	<input type="checkbox"/>	38
Store's Own Brand	<input type="checkbox"/>	39
SHERB	<input checked="" type="checkbox"/>	8 999
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.

DEPARTMENT, CLOTHING/SHOES & SPECIALTY STORES	You Personally:	
	Shopped last 3 months	Times in last 30 days
67F		
Abercrombie & Fitch	<input type="checkbox"/>	01
Academy Sports + Outdoors	<input type="checkbox"/>	02
Aéropostale	<input type="checkbox"/>	03
American Eagle Outfitters	<input type="checkbox"/>	04
Ann Taylor	<input type="checkbox"/>	05
Banana Republic	<input type="checkbox"/>	07
Bath & Body Works	<input type="checkbox"/>	08
Bealls	<input type="checkbox"/>	09
Bed Bath & Beyond	<input type="checkbox"/>	10
Belk	<input type="checkbox"/>	11
Big Lots	<input type="checkbox"/>	13
Bloomingdale's	<input type="checkbox"/>	14
The Body Shop	<input type="checkbox"/>	15
Burlington	<input type="checkbox"/>	16
Champs Sports	<input type="checkbox"/>	18
Chico's	<input type="checkbox"/>	19
Crate & Barrel	<input type="checkbox"/>	20
David's Bridal	<input type="checkbox"/>	21
Dick's Sporting Goods	<input type="checkbox"/>	22
Dillard's	<input type="checkbox"/>	23
The Disney Store	<input type="checkbox"/>	24
Dollar General	<input type="checkbox"/>	25
Dollar Tree	<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
Finish Line	<input type="checkbox"/>	32
Footaction	<input type="checkbox"/>	33
Foot Locker	<input type="checkbox"/>	34
Forever 21	<input type="checkbox"/>	35
Fred's	<input type="checkbox"/>	36
The Gap	<input type="checkbox"/>	37
H&M	<input type="checkbox"/>	38
Hallmark Gold Crown	<input type="checkbox"/>	39
Hobby Lobby	<input type="checkbox"/>	40
Hollister	<input type="checkbox"/>	41
HomeGoods	<input type="checkbox"/>	42
J.Crew	<input type="checkbox"/>	43
JCPenney	<input type="checkbox"/>	44
Jo-Ann Fabric and Craft	<input type="checkbox"/>	45
Jos. A. Bank	<input type="checkbox"/>	46
Kmart	<input type="checkbox"/>	47
Kohl's	<input type="checkbox"/>	49
Lane Bryant	<input type="checkbox"/>	50
LOFT	<input type="checkbox"/>	51
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"/>	57
Military Exchange	<input type="checkbox"/>	58
Neiman Marcus	<input type="checkbox"/>	59
New York & Company	<input type="checkbox"/>	60
Nordstrom	<input type="checkbox"/>	61
Old Navy	<input type="checkbox"/>	62
PacSun	<input type="checkbox"/>	63
Pier 1 Imports	<input type="checkbox"/>	65
Pottery Barn	<input type="checkbox"/>	66
Ross Stores	<input type="checkbox"/>	68
Saks Fifth Avenue	<input type="checkbox"/>	69
Sears	<input type="checkbox"/>	70
Sephora	<input type="checkbox"/>	71
Shoe Carnival	<input type="checkbox"/>	72
Talbots	<input type="checkbox"/>	74
Target	<input type="checkbox"/>	75
T.J. Maxx	<input type="checkbox"/>	76
Ulta	<input type="checkbox"/>	77
Victoria's Secret	<input type="checkbox"/>	78
Walmart	<input type="checkbox"/>	79
Williams-Sonoma	<input type="checkbox"/>	80

FOOD/WAREHOUSE/ CLUB STORES	You Personally:	
	Shopped in last 6 months	Times in last 30 days
67A		
Grocery Stores:		
Acme	<input type="checkbox"/>	01
Albertsons	<input type="checkbox"/>	02
Aldi	<input type="checkbox"/>	03
BI-LO	<input type="checkbox"/>	04
Cub Foods	<input type="checkbox"/>	05
Food Lion	<input type="checkbox"/>	12
Fred Meyer	<input type="checkbox"/>	14
GNC	<input type="checkbox"/>	16
Giant	<input type="checkbox"/>	17
Giant Eagle	<input type="checkbox"/>	18
Hannaford	<input type="checkbox"/>	20
Harris Teeter	<input type="checkbox"/>	21
H-E-B	<input type="checkbox"/>	22
Hy-Vee	<input type="checkbox"/>	23
IGA	<input type="checkbox"/>	24
King Soopers	<input type="checkbox"/>	28
Kroger	<input type="checkbox"/>	29
Meijer	<input type="checkbox"/>	31
Military Commissary	<input type="checkbox"/>	32
Piggly Wiggly	<input type="checkbox"/>	35
Price Chopper	<input type="checkbox"/>	36
Publix	<input type="checkbox"/>	37
Ralphs	<input type="checkbox"/>	38
Safeway	<input type="checkbox"/>	39
Save-A-Lot	<input type="checkbox"/>	40
7-Eleven	<input type="checkbox"/>	41
Smith's	<input type="checkbox"/>	44
Stop & Shop	<input type="checkbox"/>	46
Target (grocery)	<input type="checkbox"/>	48
Trader Joe's	<input type="checkbox"/>	50
Vons	<input type="checkbox"/>	51
Walmart Neighborhood Market	<input type="checkbox"/>	52
Walmart Supercenter (grocery)	<input type="checkbox"/>	53
Wegmans	<input type="checkbox"/>	55
Whole Foods Market	<input type="checkbox"/>	56
Winn-Dixie	<input type="checkbox"/>	57
Warehouse/Club Stores:		
BJ's Wholesale Club	<input type="checkbox"/>	58
Costco Wholesale	<input type="checkbox"/>	59
Sam's Club	<input type="checkbox"/>	60
Amount spent in grocery stores, food stores, supermarkets and warehouse/club stores:		
Amount spent by household, average week		
\$ _____ 67M-0		
Amount spent by you personally, average week		
\$ _____ 67P-0		

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

SHOPPING MALLS & SHOPPING CENTERS	You Personally:	
	Shopped in last 6 months	Times in last 30 days
67Z		
Any Mall or Shopping Center	<input type="checkbox"/>	01

DRUG STORES	You Personally:	
	Shopped last 6 months	Times in last 30 days
67H		
CVS Pharmacy	<input type="checkbox"/>	01
Rite Aid	<input type="checkbox"/>	06
Walmart Pharmacy	<input type="checkbox"/>	09
Walgreens	<input type="checkbox"/>	10

APPLIANCE, HARDWARE AND ELECTRONICS STORES	You Personally:	
	Shopped last 12 months	Times in last 30 days
67K		
APPLIANCE AND HARDWARE STORES		
Ace Hardware	<input type="checkbox"/>	02
Harbor Freight Tools	<input type="checkbox"/>	03
Home Depot	<input type="checkbox"/>	04
Lowe's	<input type="checkbox"/>	05
Lumber Liquidators	<input type="checkbox"/>	06
Menards	<input type="checkbox"/>	07
Sears Appliance & Hardware	<input type="checkbox"/>	08
Sherwin-Williams	<input type="checkbox"/>	09
Tractor Supply Company	<input type="checkbox"/>	10
True Value	<input type="checkbox"/>	11

67W		
ELECTRONICS STORES		
Apple Store	<input type="checkbox"/>	01
Best Buy	<input type="checkbox"/>	02
RadioShack	<input type="checkbox"/>	06
RAC Rent-A-Center	<input type="checkbox"/>	07

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 Extreme Clean ..	<input type="checkbox"/>	09
Aquafresh Whitening	<input type="checkbox"/>	10
Arm & Hammer Advance White	<input type="checkbox"/>	11
Other Arm & Hammer	<input type="checkbox"/>	12
Closeup	<input type="checkbox"/>	13
Colgate 2in1	<input type="checkbox"/>	14
Colgate Max Fresh	<input type="checkbox"/>	15
Colgate Optic White	<input type="checkbox"/>	16
Colgate Regular	<input type="checkbox"/>	17
Colgate Sensitive	<input type="checkbox"/>	18
Colgate Sparkling White	<input type="checkbox"/>	19
Colgate Tartar Protection ..	<input type="checkbox"/>	20
Colgate Total	<input type="checkbox"/>	21
Colgate Total Advanced	<input type="checkbox"/>	22
Colgate Baking Soda and Peroxide Whitening	<input type="checkbox"/>	23
Other Colgate	<input type="checkbox"/>	24
Crest Complete	<input type="checkbox"/>	25
Crest Pro-Health	<input type="checkbox"/>	26
Crest Regular Gel	<input type="checkbox"/>	27
Crest Regular Paste	<input type="checkbox"/>	28
Crest Tartar Protection	<input type="checkbox"/>	29
Crest 3D White	<input type="checkbox"/>	30
Crest Whitening Plus Scope ..	<input type="checkbox"/>	31
Other Crest	<input type="checkbox"/>	32
Pepsodent	<input type="checkbox"/>	33
Rembrandt	<input type="checkbox"/>	34
Sensodyne	<input type="checkbox"/>	35
Sensodyne ProNamel	<input type="checkbox"/>	36
Tom's of Maine	<input type="checkbox"/>	37
Ultradent	<input type="checkbox"/>	38
Store's Own Brand	<input type="checkbox"/>	39
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:		
Aim	<input type="checkbox"/>	05
DenTek	<input type="checkbox"/>	06
G•U•M	<input type="checkbox"/>	07
Listerine	<input type="checkbox"/>	08
Oral-B Complete	<input type="checkbox"/>	09
Oral-B Glide	<input type="checkbox"/>	10
Plackers	<input type="checkbox"/>	11
Store's Own Brand	<input type="checkbox"/>	12
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
BRANDS:		
Arm & Hammer Spinbrush ..	<input type="checkbox"/>	04
Colgate 360°	<input type="checkbox"/>	05
Colgate Plus	<input type="checkbox"/>	06
Colgate Wave	<input type="checkbox"/>	07
Other Colgate	<input type="checkbox"/>	08
G•U•M	<input type="checkbox"/>	09
Oral-B Advantage	<input type="checkbox"/>	10
Oral-B CrossAction	<input type="checkbox"/>	11
Oral-B Deep Sweep	<input type="checkbox"/>	12
Oral-B Indicator	<input type="checkbox"/>	13
Oral-B Pro-Health	<input type="checkbox"/>	14
Oral-B Pro 500	<input type="checkbox"/>	15
Oral-B Pulsar	<input type="checkbox"/>	16
Oral-B Vitality	<input type="checkbox"/>	17
Other Oral-B	<input type="checkbox"/>	18
Reach Advanced Design	<input type="checkbox"/>	19
Other Reach	<input type="checkbox"/>	20
Sonicare	<input type="checkbox"/>	21
Store's Own Brand	<input type="checkbox"/>	22
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 Moisturizer	<input type="checkbox"/>	05
ChapStick Total Hydration ..	<input type="checkbox"/>	06
Other ChapStick	<input type="checkbox"/>	07
eos	<input type="checkbox"/>	08
Herpeclin L	<input type="checkbox"/>	09
Maybelline Baby Lips	<input type="checkbox"/>	10
Neutrogena	<input type="checkbox"/>	11
Nivea	<input type="checkbox"/>	12
Softlips	<input type="checkbox"/>	13
Vaseline Lip Therapy	<input type="checkbox"/>	14
Other Vaseline	<input type="checkbox"/>	15
Store's Own Brand	<input type="checkbox"/>	16
OTHER (Write In)	<input type="checkbox"/>	999

MOUTHWASH/DENTAL RINSE	You Personally:	
	Used in last 6 months	Times/last 7 days
006		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
ACT Anticavity Fluoride	<input type="checkbox"/>	01
ACT Restoring	<input type="checkbox"/>	02
ACT Total Care	<input type="checkbox"/>	03
Other ACT Rinse	<input type="checkbox"/>	04
Biotène	<input type="checkbox"/>	05
Cepacol	<input type="checkbox"/>	06
Colgate	<input type="checkbox"/>	07
Crest Pro-Health Rinse	<input type="checkbox"/>	08
Crest 3D White Rinse	<input type="checkbox"/>	09
Listerine (Yellow)	<input type="checkbox"/>	10
Listerine Cool Mint (Blue) ...	<input type="checkbox"/>	11
Listerine FreshBurst (Green) ..	<input type="checkbox"/>	12
Listerine Healthy White	<input type="checkbox"/>	13
Listerine Total Care	<input type="checkbox"/>	14
Listerine Ultraclean	<input type="checkbox"/>	15
Listerine Zero	<input type="checkbox"/>	16
Other Listerine	<input type="checkbox"/>	17
Scope Original (Green)	<input type="checkbox"/>	18
Scope Outlast	<input type="checkbox"/>	19
Tom's of Maine	<input type="checkbox"/>	20
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

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:		
Crest 3D White Whitestrips ..	<input type="checkbox"/>	04
Plus White	<input type="checkbox"/>	05
Rembrandt	<input type="checkbox"/>	06
OTHER (Write In)	<input type="checkbox"/>	999

DEODORANTS AND ANTIPERSPIRANTS	You Personally:	
	Used in last 6 months	Times/last 7 days
010		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Scented	<input type="checkbox"/>	01
Unscented	<input type="checkbox"/>	02
KINDS:		
Antiperspirant/Deodorant	<input type="checkbox"/>	03
Deodorant Only	<input type="checkbox"/>	04
Antiperspirant Only	<input type="checkbox"/>	05
BRANDS:		
Arm & Hammer Stick/Solid	<input type="checkbox"/>	06
Arrid Extra Dry Spray	<input type="checkbox"/>	07
Arrid XX Gel	<input type="checkbox"/>	08
Arrid XX Roll-On	<input type="checkbox"/>	09
Arrid XX Solid	<input type="checkbox"/>	10
Arrid XX Spray	<input type="checkbox"/>	11
Avon	<input type="checkbox"/>	12
Axe Stick	<input type="checkbox"/>	13
Ban Roll-On	<input type="checkbox"/>	14
Ban Solid	<input type="checkbox"/>	15
Brut Spray	<input type="checkbox"/>	16
Brut Stick	<input type="checkbox"/>	17
Degree Clinical Protection	<input type="checkbox"/>	18
Degree Women Stick	<input type="checkbox"/>	19
Degree Women Spray	<input type="checkbox"/>	20
Degree Women Ultra Clear	<input type="checkbox"/>	21
Degree Men Spray	<input type="checkbox"/>	22
Degree Men Stick	<input type="checkbox"/>	23
Dove Advanced Care	<input type="checkbox"/>	24
Dove Clinical Protection	<input type="checkbox"/>	25
Dove Men+Care	<input type="checkbox"/>	26
Dove Solid	<input type="checkbox"/>	27
Dove Spray	<input type="checkbox"/>	28
Dry Idea	<input type="checkbox"/>	29
Gillette Clinical	<input type="checkbox"/>	30
Gillette Clear Gel	<input type="checkbox"/>	31
Gillette Hydra Gel	<input type="checkbox"/>	32
Gillette Solid	<input type="checkbox"/>	33
Lady Speed Stick	<input type="checkbox"/>	34
Mitchum Gel	<input type="checkbox"/>	35
Mitchum Roll-On	<input type="checkbox"/>	36
Mitchum Solid	<input type="checkbox"/>	37
Mitchum for Women	<input type="checkbox"/>	38
Old Spice High Endurance	<input type="checkbox"/>	39
Old Spice Invisible Spray	<input type="checkbox"/>	40
Old Spice Red Zone	<input type="checkbox"/>	41
Old Spice Stick	<input type="checkbox"/>	42
Power Stick	<input type="checkbox"/>	43
Right Guard Sport Gel	<input type="checkbox"/>	44
Right Guard Sport Spray	<input type="checkbox"/>	45
Right Guard Sport Solid	<input type="checkbox"/>	46
Right Guard Xtreme Defense	<input type="checkbox"/>	47
Secret Clear Gel	<input type="checkbox"/>	48
Secret Clinical Strength	<input type="checkbox"/>	49
Secret Invisible Solid	<input type="checkbox"/>	50
Secret Outlast	<input type="checkbox"/>	51
Secret Roll-On	<input type="checkbox"/>	52
Secret Solid	<input type="checkbox"/>	53
Secret Spray	<input type="checkbox"/>	54
Soft & Dri	<input type="checkbox"/>	55
Speed Stick	<input type="checkbox"/>	56
Suave	<input type="checkbox"/>	57
Sure Solid	<input type="checkbox"/>	58
Sure Spray	<input type="checkbox"/>	59
Tom's of Maine	<input type="checkbox"/>	60
	<input type="checkbox"/>	999
OTHER (Write In)		

COMPLEXION CARE PRODUCTS (Facial Cleansers, Facial Toners, etc.)	You Personally:	
	Used in last 6 months	Times/last 7 days
011		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Astringent	<input type="checkbox"/>	01
Cleansers	<input type="checkbox"/>	02
Toner	<input type="checkbox"/>	03
FORMS:		
Cloths/Towelettes	<input type="checkbox"/>	04
Mask (peel-off or rinse)	<input type="checkbox"/>	05
Mask (sheet)	<input type="checkbox"/>	06
Pad	<input type="checkbox"/>	07
Sponge	<input type="checkbox"/>	08
KINDS:		
Bar	<input type="checkbox"/>	09
Cream	<input type="checkbox"/>	10
Gel	<input type="checkbox"/>	11
Lotion	<input type="checkbox"/>	12
Scrub	<input type="checkbox"/>	13
BRANDS:		
Almay	<input type="checkbox"/>	14
Aveeno	<input type="checkbox"/>	15
Avon Clearskin	<input type="checkbox"/>	16
Other Avon	<input type="checkbox"/>	17
Bioré	<input type="checkbox"/>	18
Bioré Deep Cleansing Pore Strips	<input type="checkbox"/>	19
Burt's Bees	<input type="checkbox"/>	20
Cetaphil	<input type="checkbox"/>	21
Clean & Clear Advantage	<input type="checkbox"/>	22
Clean & Clear Morning Burst	<input type="checkbox"/>	23
Other Clean & Clear	<input type="checkbox"/>	24
Clearasil	<input type="checkbox"/>	25
Clinique Facial Soap	<input type="checkbox"/>	26
Other Clinique	<input type="checkbox"/>	27
Differin	<input type="checkbox"/>	28
Estée Lauder	<input type="checkbox"/>	29
Garnier SkinActive	<input type="checkbox"/>	30
Lancôme	<input type="checkbox"/>	31
L'Oréal	<input type="checkbox"/>	32
Mary Kay	<input type="checkbox"/>	33
Neutrogena Deep Clean Cleanser	<input type="checkbox"/>	34
Neutrogena Hydro Boost	<input type="checkbox"/>	35
Neutrogena Naturals	<input type="checkbox"/>	36
Neutrogena Oil-Free Acne Wash	<input type="checkbox"/>	37
Neutrogena Pore Refining	<input type="checkbox"/>	38
Other Neutrogena	<input type="checkbox"/>	39
Nivea Men	<input type="checkbox"/>	40
Noxzema Cleansing Cream	<input type="checkbox"/>	41
Olay Daily Facial Cloths	<input type="checkbox"/>	42
Olay Foaming Face Wash	<input type="checkbox"/>	43
Olay Regenerist	<input type="checkbox"/>	44
Olay Total Effects	<input type="checkbox"/>	45
Other Olay	<input type="checkbox"/>	46
Oxy	<input type="checkbox"/>	47
philosophy	<input type="checkbox"/>	48
Pond's Cold Cream	<input type="checkbox"/>	49
Pond's Towelettes	<input type="checkbox"/>	50
Proactiv	<input type="checkbox"/>	51
Sea Breeze Astringent	<input type="checkbox"/>	52
Simple	<input type="checkbox"/>	53
St. Ives Apricot Scrub	<input type="checkbox"/>	54
Other St. Ives	<input type="checkbox"/>	55
Stridex	<input type="checkbox"/>	56
Yes To	<input type="checkbox"/>	57
Store's Own Brand	<input type="checkbox"/>	58
	<input type="checkbox"/>	999
OTHER (Write In)		
Facial skin type:	012-0	
Dry	<input type="checkbox"/>	1
Normal	<input type="checkbox"/>	2
Oily	<input type="checkbox"/>	3
Partly oily/partly dry	<input type="checkbox"/>	4
Sensitive	<input type="checkbox"/>	5

HAND & BODY CREAM, LOTION OR OIL	You Personally:	
	Used in last 6 months	Times/last 7 days
013		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Cream	<input type="checkbox"/>	01
Lotion	<input type="checkbox"/>	02
Oil	<input type="checkbox"/>	03
Spray	<input type="checkbox"/>	04
BRANDS:		
Aquaphor Ointment	<input type="checkbox"/>	05
Aveeno Daily Moisturizing	<input type="checkbox"/>	06
Other Aveeno	<input type="checkbox"/>	07
Avon	<input type="checkbox"/>	08
Baby Magic Baby Lotion	<input type="checkbox"/>	09
Bath & Body Works	<input type="checkbox"/>	10
The Body Shop	<input type="checkbox"/>	11
Burt's Bees	<input type="checkbox"/>	12
CeraVe	<input type="checkbox"/>	13
Cetaphil	<input type="checkbox"/>	14
Curél	<input type="checkbox"/>	15
Dermasil	<input type="checkbox"/>	16
Dove	<input type="checkbox"/>	17
eos	<input type="checkbox"/>	18
Eucerin Original	<input type="checkbox"/>	19
Eucerin Intensive Repair	<input type="checkbox"/>	20
Other Eucerin	<input type="checkbox"/>	21
Gold Bond Medicated Lotion	<input type="checkbox"/>	22
Gold Bond Ultimate Lotion	<input type="checkbox"/>	23
Jergens Natural Glow	<input type="checkbox"/>	24
Jergens Original Scent	<input type="checkbox"/>	25
Jergens Skin Firming	<input type="checkbox"/>	26
Jergens Ultra Healing	<input type="checkbox"/>	27
Other Jergens	<input type="checkbox"/>	28
Johnson's Baby Lotion	<input type="checkbox"/>	29
Johnson's Baby Oil	<input type="checkbox"/>	30
Other Johnson's	<input type="checkbox"/>	31
Keri Lotion	<input type="checkbox"/>	32
L'Oréal	<input type="checkbox"/>	33
Lubriderm Advanced Therapy	<input type="checkbox"/>	34
Lubriderm Daily Moisture	<input type="checkbox"/>	35
Lubriderm Intense Skin Repair	<input type="checkbox"/>	36
Lubriderm Sensitive Skin	<input type="checkbox"/>	37
Mary Kay	<input type="checkbox"/>	38
Neutrogena Hand Cream	<input type="checkbox"/>	39
Neutrogena Body Lotion	<input type="checkbox"/>	40
Neutrogena Body Oil	<input type="checkbox"/>	41
Nivea	<input type="checkbox"/>	42
O'Keeffe's Working Hands	<input type="checkbox"/>	43
Olay Quench	<input type="checkbox"/>	44
Olay Ultra Moisture	<input type="checkbox"/>	45
Other Olay	<input type="checkbox"/>	46
Palmer's	<input type="checkbox"/>	47
St. Ives	<input type="checkbox"/>	48
Suave	<input type="checkbox"/>	49
Vaseline Advanced Repair	<input type="checkbox"/>	50
Vaseline Aloe Soothe	<input type="checkbox"/>	51
Vaseline Cocoa Butter	<input type="checkbox"/>	52
Vaseline Essential Healing	<input type="checkbox"/>	53
Vaseline Men	<input type="checkbox"/>	54
Vaseline Petroleum Jelly	<input type="checkbox"/>	55
Other Vaseline	<input type="checkbox"/>	56
Store's Own Brand	<input type="checkbox"/>	57
	<input type="checkbox"/>	999
OTHER (Write In)		
Used for:	014-0	
Anti-Aging	<input type="checkbox"/>	1
Anti-Cellulite/Firming	<input type="checkbox"/>	2
Dry Skin	<input type="checkbox"/>	3
Moisturizing	<input type="checkbox"/>	4
Self Tan/Glow	<input type="checkbox"/>	5
Sensitive Skin	<input type="checkbox"/>	6

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
Caress	<input type="checkbox"/>	02
Coast	<input type="checkbox"/>	03
Dial Mountain Fresh	<input type="checkbox"/>	04
Dial	<input type="checkbox"/>	05
Dove	<input type="checkbox"/>	06
Dove Men+Care	<input type="checkbox"/>	07
Dove Sensitive Skin	<input type="checkbox"/>	08
Irish Spring Original	<input type="checkbox"/>	09
Irish Spring Aloe	<input type="checkbox"/>	10
Ivory	<input type="checkbox"/>	11
Jergens.	<input type="checkbox"/>	12
Lava	<input type="checkbox"/>	13
Lever 2000	<input type="checkbox"/>	14
Neutrogena.	<input type="checkbox"/>	15
Olay	<input type="checkbox"/>	16
Old Spice	<input type="checkbox"/>	17
Palmolive	<input type="checkbox"/>	18
Safeguard	<input type="checkbox"/>	19
Tone	<input type="checkbox"/>	20
Yardley	<input type="checkbox"/>	21
Zest	<input type="checkbox"/>	22
Store's Own Brand	<input type="checkbox"/>	23
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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 Body Wash	<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
Dove Men+Care	<input type="checkbox"/>	11
Dove Shower Foam	<input type="checkbox"/>	12
Gillette	<input type="checkbox"/>	13
Irish Spring	<input type="checkbox"/>	14
Ivory Body Wash	<input type="checkbox"/>	15
Neutrogena.	<input type="checkbox"/>	16
Nivea	<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
Softsoap Body Wash	<input type="checkbox"/>	21
St. Ives Body Wash	<input type="checkbox"/>	22
Suave Body Wash	<input type="checkbox"/>	23
Suave Men	<input type="checkbox"/>	24
Tone Body Wash.	<input type="checkbox"/>	25
White Rain Body Wash.	<input type="checkbox"/>	26
Zest	<input type="checkbox"/>	27
Store's Own Brand	<input type="checkbox"/>	28
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
Dial	<input type="checkbox"/>	04
Germ-X.	<input type="checkbox"/>	05
Jergens.	<input type="checkbox"/>	06
Lysol No-Touch.	<input type="checkbox"/>	07
Method	<input type="checkbox"/>	08
Mrs. Meyer's	<input type="checkbox"/>	09
Purell	<input type="checkbox"/>	10
Softsoap	<input type="checkbox"/>	11
Store's Own Brand	<input type="checkbox"/>	12
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
Frizzy	<input type="checkbox"/>	04
Normal	<input type="checkbox"/>	05
Oily	<input type="checkbox"/>	06
BRANDS:		
Alberto VO5	<input type="checkbox"/>	07
Aussie.	<input type="checkbox"/>	08
Aveda	<input type="checkbox"/>	09
Aveeno	<input type="checkbox"/>	10
Avon	<input type="checkbox"/>	11
Bed Head	<input type="checkbox"/>	12
Biolage by Matrix	<input type="checkbox"/>	13
Bumble and bumble	<input type="checkbox"/>	14
Clear.	<input type="checkbox"/>	15
Dark & Lovely.	<input type="checkbox"/>	16
Dove	<input type="checkbox"/>	17
Finesse.	<input type="checkbox"/>	18
Garnier Fructis	<input type="checkbox"/>	19
Garnier Whole Blends	<input type="checkbox"/>	20
Herbal Essences	<input type="checkbox"/>	21
Infusium	<input type="checkbox"/>	22
John Frieda Brilliant Brunette	<input type="checkbox"/>	23
John Frieda Frizz Ease	<input type="checkbox"/>	24
John Frieda Sheer Blonde. .	<input type="checkbox"/>	25
L'Oréal	<input type="checkbox"/>	26
Mane 'n Tail	<input type="checkbox"/>	27
Matrix	<input type="checkbox"/>	28
Motions.	<input type="checkbox"/>	29
Neutrogena Conditioner.	<input type="checkbox"/>	30
Nexus	<input type="checkbox"/>	31
OGX	<input type="checkbox"/>	32
Pantene Pro-V	<input type="checkbox"/>	33
Paul Mitchell	<input type="checkbox"/>	34
Redken	<input type="checkbox"/>	35
Suave	<input type="checkbox"/>	36
TRESemmé	<input type="checkbox"/>	37
White Rain Conditioner.	<input type="checkbox"/>	38
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
Dry Shampoo	<input type="checkbox"/>	03
TYPES:		
Baby	<input type="checkbox"/>	04
Color Treated	<input type="checkbox"/>	05
Fine Hair/Extra Body	<input type="checkbox"/>	06
Dry Hair	<input type="checkbox"/>	07
Frizzy Hair	<input type="checkbox"/>	08
Oily Hair	<input type="checkbox"/>	09
Medicated/Dandruff	<input type="checkbox"/>	10
Normal Hair	<input type="checkbox"/>	11
Permed Hair	<input type="checkbox"/>	12
All Purpose	<input type="checkbox"/>	13
BRANDS:		
Alberto VO5	<input type="checkbox"/>	14
Aussie.	<input type="checkbox"/>	15
Aveda	<input type="checkbox"/>	16
Aveeno	<input type="checkbox"/>	17
Avon	<input type="checkbox"/>	18
Axe	<input type="checkbox"/>	19
Baby Magic Shampoo	<input type="checkbox"/>	20
Bed Head	<input type="checkbox"/>	21
Bumble and bumble	<input type="checkbox"/>	22
Clear.	<input type="checkbox"/>	23
Dark & Lovely	<input type="checkbox"/>	24
Dove	<input type="checkbox"/>	25
Finesse.	<input type="checkbox"/>	26
Garnier Fructis	<input type="checkbox"/>	27
Garnier Whole Blends	<input type="checkbox"/>	28
Head & Shoulders	<input type="checkbox"/>	29
Herbal Essences	<input type="checkbox"/>	30
Infusium	<input type="checkbox"/>	31
John Frieda Brilliant Brunette	<input type="checkbox"/>	32
John Frieda Frizz Ease	<input type="checkbox"/>	33
John Frieda Sheer Blonde. .	<input type="checkbox"/>	34
Johnson's Baby Shampoo . .	<input type="checkbox"/>	35
Just For Men Control GX . .	<input type="checkbox"/>	36
L'Oréal	<input type="checkbox"/>	37
Mane 'n Tail	<input type="checkbox"/>	38
Matrix	<input type="checkbox"/>	39
Motions.	<input type="checkbox"/>	40
Neutrogena	<input type="checkbox"/>	41
Neutrogena T/Gel.	<input type="checkbox"/>	42
Nexus	<input type="checkbox"/>	43
OGX	<input type="checkbox"/>	44
Pantene Pro-V	<input type="checkbox"/>	45
Paul Mitchell	<input type="checkbox"/>	46
Pert.	<input type="checkbox"/>	47
Pert Anti-Dandruff.	<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
Tío Nacho.	<input type="checkbox"/>	54
TRESemmé	<input type="checkbox"/>	55
White Rain	<input type="checkbox"/>	56
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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 _____ 03

Aussie 3 Minute Miracle _____ 04

Garnier Fructis _____ 05

Herbal Essences _____ 06

Infusium _____ 07

It's a 10 _____ 08

L'Oréal _____ 09

Pantene Pro-V _____ 10

TRESemmé _____ 11

_____ _____ 999

OTHER (Write In)

HAIR COLORING PRODUCTS (For use at home)

You Personally:

Used in last 6 months | Times/last 6 months

023

TOTAL: _____ 00

TYPES:

Semi-Permanent Color _____ 01

Permanent Color _____ 02

Frost, Tip, Streak Kit _____ 03

Bleach or Lightener _____ 04

Root Touch-up _____ 05

FORMS:

Liquid/Lotion _____ 06

Mousse/Foam _____ 07

Cream _____ 08

Powder _____ 09

Spray _____ 10

BRANDS:

Clairol Natural Instincts _____ 11

Clairol Nice 'n Easy _____ 12

Other Clairol _____ 13

Dark & Lovely _____ 14

Garnier Color Sensation _____ 15

Garnier Nutrisse _____ 16

Garnier Olia _____ 17

John Frieda Precision Foam _____ 18

Just for Men Haircolor _____ 19

Just for Men—Must. & Beard _____ 20

Just for Men—Touch of Gray _____ 21

L'Oréal Colorista _____ 22

L'Oréal Excellence _____ 23

L'Oréal Féria _____ 24

L'Oréal Magic Root _____ 25

L'Oréal Superior Preference _____ 26

Other L'Oréal _____ 27

Naturtint _____ 28

Revlon Colorsilk _____ 29

Other Revlon _____ 30

Schwarzkopf _____ 31

Splat _____ 32

Vidal Sassoon _____ 33

_____ _____ 999

OTHER (Write In)

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:

Nioxin _____ 01

Propecia _____ 02

Rogaine _____ 03

Scalp Med _____ 04

_____ _____ 999

OTHER (Write In)

HAIR SPRAYS (For use at home)

You Personally:

Used in last 6 months | Times/last 7 days

025

TOTAL: _____ 00

BRANDS:

Alberto VO5 _____ 01

Aqua Net _____ 02

Aussie _____ 03

Bed Head _____ 04

Big Sexy Hair _____ 05

Bumble and bumble _____ 06

Dove _____ 07

Finesse _____ 08

Garnier Fructis _____ 09

Göt2b _____ 10

Herbal Essences _____ 11

John Frieda _____ 12

L'Oréal _____ 13

Matrix _____ 14

Nexxus _____ 15

Pantene Pro-V _____ 16

Paul Mitchell _____ 17

Rave _____ 18

Redken _____ 19

Sebastian _____ 20

Suave _____ 21

TRESemmé _____ 22

White Rain _____ 23

_____ _____ 999

OTHER (Write In)

HAIR STYLING PRODUCTS (Gels, Lotions, Mousse, Etc.)

You Personally:

Used in last 6 months | Times/last 7 days

027

TOTAL: _____ 00

TYPES:

Mousse _____ 01

Styling Gel/Lotion _____ 02

Serum _____ 03

BRANDS:

Alberto VO5 _____ 04

American Crew _____ 05

Aussie _____ 06

Aveda _____ 07

Axe _____ 08

Bed Head _____ 09

Bumble and bumble _____ 10

Dep _____ 11

Dove _____ 12

Finesse _____ 13

Garnier Fructis _____ 14

Göt2b _____ 15

Herbal Essences _____ 16

It's a 10 _____ 17

John Frieda Frizz Ease _____ 18

LA Looks _____ 19

L'Oréal _____ 20

Matrix _____ 21

Nexxus _____ 22

OGX _____ 23

Pantene Pro-V _____ 24

Paul Mitchell _____ 25

Redken _____ 26

Sebastian _____ 27

Suave _____ 28

TRESemmé _____ 29

White Rain _____ 30

_____ _____ 999

OTHER (Write In)

FACIAL MOISTURIZERS

You Personally:

Used in last 6 months | Times/last 7 days

030

TOTAL: _____ 00

TYPES:

Cream _____ 01

Lotion _____ 02

BRANDS:

Ambi _____ 03

Aveeno _____ 04

Avon _____ 05

Bath & Body Works _____ 06

Cicatricure _____ 07

Clean & Clear _____ 08

Clinique _____ 09

Elizabeth Arden _____ 10

Estée Lauder _____ 11

Eucerin _____ 12

Freeman _____ 13

Garnier SkinActive _____ 14

Jergens _____ 15

Lancôme _____ 16

L'Oréal Age Perfect _____ 17

L'Oréal RevitaLift _____ 18

Other L'Oréal _____ 19

Mary Kay _____ 20

Neutrogena Healthy Skin _____ 21

Other Neutrogena _____ 22

Night of Olay _____ 23

Nivea _____ 24

Nivea Men _____ 25

Noxzema Skin Cream _____ 26

Olay Complete _____ 27

Olay ProX _____ 28

Olay Regenerist _____ 29

Olay Total Effects _____ 30

Other Olay _____ 31

Origins _____ 32

philosophy _____ 33

Pond's _____ 34

RoC _____ 35

StriVectin-SD _____ 36

St. Ives _____ 37

Vaseline _____ 38

_____ _____ 999

OTHER (Write In)

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

BRANDS:

Africa's Best _____ 01

African Pride _____ 02

Dark & Lovely _____ 03

Motions _____ 04

Optimum Care _____ 05

Soft & Beautiful _____ 06

_____ _____ 999

OTHER (Write In)

HAIR CARE PRODUCTS (Women)

You Personally:

Used in last 6 months

029-0

Yes 1

TYPES:

Blow Dryer 2

Brushes 3

Diffuser 4

Electric Curlers 5

Electric Curling Iron/Brush 6

Hair Rollers 7

Straightening Iron 8

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
Nivea In-Shower Body Lotion	<input type="checkbox"/>	09
Olay In-Shower Lotion	<input type="checkbox"/>	10
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
bareMinerals	<input type="checkbox"/>	08
Bobbi Brown	<input type="checkbox"/>	09
Burt's Bees	<input type="checkbox"/>	10
Chanel	<input type="checkbox"/>	11
Clinique Superbalanced	<input type="checkbox"/>	12
Clinique Even Better	<input type="checkbox"/>	13
Other Clinique	<input type="checkbox"/>	14
CoverGirl + Olay Simply Ageless	<input type="checkbox"/>	15
CoverGirl Clean	<input type="checkbox"/>	16
CoverGirl Outlast	<input type="checkbox"/>	17
CoverGirl CG Smoothers	<input type="checkbox"/>	18
CoverGirl TruBlend	<input type="checkbox"/>	19
CoverGirl Vitalist Healthy Elixir	<input type="checkbox"/>	20
Other CoverGirl	<input type="checkbox"/>	21
e.l.f.	<input type="checkbox"/>	22
Estée Lauder	<input type="checkbox"/>	23
Lancôme	<input type="checkbox"/>	24
L'Oréal Infallible	<input type="checkbox"/>	25
L'Oréal True Match	<input type="checkbox"/>	26
L'Oréal Visible Lift	<input type="checkbox"/>	27
Other L'Oréal	<input type="checkbox"/>	28
M.A.C.	<input type="checkbox"/>	29
Make Up For Ever	<input type="checkbox"/>	30
Mary Kay	<input type="checkbox"/>	31
Maybelline Dream	<input type="checkbox"/>	32
Maybelline Fit Me	<input type="checkbox"/>	33
Maybelline Instant Age Rewind	<input type="checkbox"/>	34
Maybelline SuperStay	<input type="checkbox"/>	35
Other Maybelline	<input type="checkbox"/>	36
Merle Norman	<input type="checkbox"/>	37
Neutrogena	<input type="checkbox"/>	38
Physicians Formula	<input type="checkbox"/>	39
Revlon Age Defying	<input type="checkbox"/>	40
Revlon ColorStay	<input type="checkbox"/>	41
Other Revlon	<input type="checkbox"/>	42
Rimmel	<input type="checkbox"/>	43
Smashbox	<input type="checkbox"/>	44
OTHER (Write In)	<input type="checkbox"/>	999

LOOSE OR PRESSED FACE POWDER (Women)	You Personally:	
	Used in last 6 months	Times/last 7 days
034		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Loose	<input type="checkbox"/>	01
Pressed	<input type="checkbox"/>	02
BRANDS:		
Almay	<input type="checkbox"/>	03
Avon	<input type="checkbox"/>	04
Bobbi Brown	<input type="checkbox"/>	05
Chanel	<input type="checkbox"/>	06
Clinique	<input type="checkbox"/>	07
CoverGirl	<input type="checkbox"/>	08
e.l.f.	<input type="checkbox"/>	09
Estée Lauder	<input type="checkbox"/>	10
Lancôme	<input type="checkbox"/>	11
L'Oréal	<input type="checkbox"/>	12
M.A.C.	<input type="checkbox"/>	13
Mary Kay	<input type="checkbox"/>	14
Maybelline	<input type="checkbox"/>	15
Merle Norman	<input type="checkbox"/>	16
Neutrogena	<input type="checkbox"/>	17
N.Y.C. New York Color	<input type="checkbox"/>	18
Physicians Formula	<input type="checkbox"/>	19
Revlon	<input type="checkbox"/>	20
Rimmel	<input type="checkbox"/>	21
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
CoverGirl Cheekers	<input type="checkbox"/>	09
CoverGirl Classic Color	<input type="checkbox"/>	10
Other CoverGirl	<input type="checkbox"/>	11
e.l.f.	<input type="checkbox"/>	12
Elizabeth Arden	<input type="checkbox"/>	13
Estée Lauder	<input type="checkbox"/>	14
L.A. Colors	<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 Fit Me	<input type="checkbox"/>	20
Other Maybelline	<input type="checkbox"/>	21
Merle Norman	<input type="checkbox"/>	22
NARS	<input type="checkbox"/>	23
Neutrogena	<input type="checkbox"/>	24
N.Y.C. New York Color	<input type="checkbox"/>	25
Physicians Formula	<input type="checkbox"/>	26
Revlon	<input type="checkbox"/>	27
Smashbox	<input type="checkbox"/>	28
OTHER (Write In)	<input type="checkbox"/>	999

BRONZER (Women)	You Personally:	
	Used in last 6 months	Times/last 7 days
026		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Almay	<input type="checkbox"/>	01
Avon	<input type="checkbox"/>	02
Clinique	<input type="checkbox"/>	03
CoverGirl	<input type="checkbox"/>	04
Estée Lauder	<input type="checkbox"/>	05
Lancôme	<input type="checkbox"/>	06
Mary Kay	<input type="checkbox"/>	07
Maybelline	<input type="checkbox"/>	08
Neutrogena	<input type="checkbox"/>	09
N.Y.C. New York Color	<input type="checkbox"/>	10
Physicians Formula	<input type="checkbox"/>	11
Revlon	<input type="checkbox"/>	12
Rimmel	<input type="checkbox"/>	13
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
Lip Stain	<input type="checkbox"/>	06
Liquid Lipstick	<input type="checkbox"/>	07
BRANDS:		
Almay	<input type="checkbox"/>	08
Avon	<input type="checkbox"/>	09
Bobbi Brown	<input type="checkbox"/>	10
Burt's Bees	<input type="checkbox"/>	11
Chanel	<input type="checkbox"/>	12
Clinique	<input type="checkbox"/>	13
CoverGirl Outlast	<input type="checkbox"/>	14
Other CoverGirl	<input type="checkbox"/>	15
Dior	<input type="checkbox"/>	16
e.l.f.	<input type="checkbox"/>	17
Elizabeth Arden	<input type="checkbox"/>	18
Estée Lauder	<input type="checkbox"/>	19
Fashion Fair	<input type="checkbox"/>	20
L.A. Colors	<input type="checkbox"/>	21
Lancôme	<input type="checkbox"/>	22
L'Oréal Colour Riche	<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
Make Up For Ever	<input type="checkbox"/>	27
Mary Kay	<input type="checkbox"/>	28
Maybelline Color Sensational	<input type="checkbox"/>	29
Maybelline Superstay 24 Color	<input type="checkbox"/>	30
Other Maybelline	<input type="checkbox"/>	31
Merle Norman	<input type="checkbox"/>	32
Neutrogena	<input type="checkbox"/>	33
N.Y.C. New York Color	<input type="checkbox"/>	34
NYX	<input type="checkbox"/>	35
Revlon ColorStay	<input type="checkbox"/>	36
Revlon Super Lustrous	<input type="checkbox"/>	37
Other Revlon	<input type="checkbox"/>	38
Rimmel	<input type="checkbox"/>	39
Smashbox	<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	<input type="checkbox"/>	04
Avon	<input type="checkbox"/>	05
bareMinerals	<input type="checkbox"/>	06
Bobbi Brown	<input type="checkbox"/>	07
Chanel	<input type="checkbox"/>	08
Clinique	<input type="checkbox"/>	09
CoverGirl Eye Enhancers	<input type="checkbox"/>	10
Other CoverGirl	<input type="checkbox"/>	11
e.l.f.	<input type="checkbox"/>	12
Estée Lauder	<input type="checkbox"/>	13
L.A. Colors	<input type="checkbox"/>	14
Lancôme	<input type="checkbox"/>	15
L'Oréal	<input type="checkbox"/>	16
M.A.C.	<input type="checkbox"/>	17
Mary Kay	<input type="checkbox"/>	18
Maybelline Expert Wear	<input type="checkbox"/>	19
Maybelline EyeStudio	<input type="checkbox"/>	20
Other Maybelline	<input type="checkbox"/>	21
Milani	<input type="checkbox"/>	22
N.Y.C. New York Color	<input type="checkbox"/>	23
Physicians Formula	<input type="checkbox"/>	24
Revlon ColorStay	<input type="checkbox"/>	25
Other Revlon	<input type="checkbox"/>	26
Rimmel	<input type="checkbox"/>	27
Wet n Wild	<input type="checkbox"/>	28
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/Resistant	<input type="checkbox"/>	02
FORMS:		
Curling	<input type="checkbox"/>	03
Volume/Thickening	<input type="checkbox"/>	04
BRANDS:		
Almay	<input type="checkbox"/>	05
Avon	<input type="checkbox"/>	06
Clinique	<input type="checkbox"/>	07
CoverGirl Clump Crusher	<input type="checkbox"/>	08
CoverGirl LashBlast	<input type="checkbox"/>	09
CoverGirl Professional	<input type="checkbox"/>	10
Other CoverGirl	<input type="checkbox"/>	11
e.l.f.	<input type="checkbox"/>	12
Estée Lauder	<input type="checkbox"/>	13
Lancôme	<input type="checkbox"/>	14
L'Oréal Double Extend	<input type="checkbox"/>	15
L'Oréal Voluminous	<input type="checkbox"/>	16
Other L'Oréal	<input type="checkbox"/>	17
M.A.C.	<input type="checkbox"/>	18
Mary Kay	<input type="checkbox"/>	19
Maybelline Brow Drama	<input type="checkbox"/>	20
Maybelline the Colossal	<input type="checkbox"/>	21
Maybelline Great Lash	<input type="checkbox"/>	22
Maybelline the Falsies	<input type="checkbox"/>	23
Maybelline Volum' Express	<input type="checkbox"/>	24
Other Maybelline	<input type="checkbox"/>	25
Neutrogena	<input type="checkbox"/>	26
Physicians Formula	<input type="checkbox"/>	27
Revlon	<input type="checkbox"/>	28
Rimmel	<input type="checkbox"/>	29
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	<input type="checkbox"/>	01
Sally Hansen Kwik Off (instant)	<input type="checkbox"/>	02
Sally Hansen (liquid)	<input type="checkbox"/>	03
Store's Own Brand	<input type="checkbox"/>	04
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	<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
CoverGirl Perfect Point Plus	<input type="checkbox"/>	10
Other CoverGirl	<input type="checkbox"/>	11
e.l.f.	<input type="checkbox"/>	12
Estée Lauder	<input type="checkbox"/>	13
Lancôme	<input type="checkbox"/>	14
L'Oréal Infallible	<input type="checkbox"/>	15
Other L'Oréal	<input type="checkbox"/>	16
M.A.C.	<input type="checkbox"/>	17
Mary Kay	<input type="checkbox"/>	18
Maybelline Define-a-Line	<input type="checkbox"/>	19
Maybelline EyeStudio Gel	<input type="checkbox"/>	20
Maybelline Ultra Liner	<input type="checkbox"/>	21
Maybelline Unstoppable	<input type="checkbox"/>	22
Other Maybelline	<input type="checkbox"/>	23
Neutrogena	<input type="checkbox"/>	24
N.Y.C. New York Color	<input type="checkbox"/>	25
Revlon ColorStay	<input type="checkbox"/>	26
Other Revlon	<input type="checkbox"/>	27
Rimmel	<input type="checkbox"/>	28
Wet n Wild	<input type="checkbox"/>	29
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
Gel	<input type="checkbox"/>	08
BRANDS:		
Avon	<input type="checkbox"/>	09
Chanel	<input type="checkbox"/>	10
CoverGirl	<input type="checkbox"/>	11
Essie	<input type="checkbox"/>	12
Estée Lauder	<input type="checkbox"/>	13
L.A. Colors	<input type="checkbox"/>	14
Lancôme	<input type="checkbox"/>	15
L'Oréal	<input type="checkbox"/>	16
Maybelline	<input type="checkbox"/>	17
N.Y.C. New York Color	<input type="checkbox"/>	18
OPI	<input type="checkbox"/>	19
Revlon	<input type="checkbox"/>	20
Sally Hansen Nail Care	<input type="checkbox"/>	21
Sally Hansen Complete Salon Manicure	<input type="checkbox"/>	22
Sally Hansen Diamond Strength Polish	<input type="checkbox"/>	23
Sally Hansen Insta-Dri	<input type="checkbox"/>	24
Sally Hansen Miracle Gel	<input type="checkbox"/>	25
Sally Hansen Xtreme Wear	<input type="checkbox"/>	26
Other Sally Hansen Polish	<input type="checkbox"/>	27
SinfulColors	<input type="checkbox"/>	28
Wet n Wild	<input type="checkbox"/>	29
Zoya	<input type="checkbox"/>	30
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 Stay Fresh	<input type="checkbox"/>	03
Playtex Personal Wipes	<input type="checkbox"/>	04
Summer's Eve Cleansing Wash	<input type="checkbox"/>	05
Summer's Eve Douche	<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

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	<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

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:		
U by Kotex	<input type="checkbox"/>	05
o.b.	<input type="checkbox"/>	06
Playtex Gentle Glide	<input type="checkbox"/>	07
Playtex Sport	<input type="checkbox"/>	08
Tampax Cardboard Applicator	<input type="checkbox"/>	09
Tampax Pearl (Plastic Applicator)	<input type="checkbox"/>	10
Tampax Pearl Active	<input type="checkbox"/>	11
Tampax Pocket Pearl	<input type="checkbox"/>	12
Tampax Radiant	<input type="checkbox"/>	13
Store's Own Brand	<input type="checkbox"/>	14
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:		
Scented	<input type="checkbox"/>	01
Unscented	<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 Radiant	<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
Stayfree Maxi Regular	<input type="checkbox"/>	11
Stayfree Maxi Super	<input type="checkbox"/>	12
Stayfree Ultra Thin	<input type="checkbox"/>	13
Other Stayfree	<input type="checkbox"/>	14
U by Kotex Maxi	<input type="checkbox"/>	15
U by Kotex Overnight Pads	<input type="checkbox"/>	16
U by Kotex Ultra Thin	<input type="checkbox"/>	17
Other U by Kotex	<input type="checkbox"/>	18
Store's Own Brand	<input type="checkbox"/>	19
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:		
Scented	<input type="checkbox"/>	01
Unscented	<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 Radiant	<input type="checkbox"/>	07
Always Thin	<input type="checkbox"/>	08
Always Xtra Protection	<input type="checkbox"/>	09
Other Always	<input type="checkbox"/>	10
Carefree Original	<input type="checkbox"/>	11
Carefree Acti-Fresh	<input type="checkbox"/>	12
Other Carefree	<input type="checkbox"/>	13
U by Kotex Lightdays	<input type="checkbox"/>	14
U by Kotex Lightdays Long	<input type="checkbox"/>	15
Other U by Kotex	<input type="checkbox"/>	16
Store's Own Brand	<input type="checkbox"/>	17
OTHER (Write In)	<input type="checkbox"/>	999

OTHER FEMININE SANITARY PRODUCTS (Women)	You Personally:
	Used in last 6 months
036-0	
Yes	<input type="checkbox"/> 1
TYPES:	
Menstrual cup	<input type="checkbox"/> 2
Menstrual underwear	<input type="checkbox"/> 3
Reusable pads	<input type="checkbox"/> 4
Menstrual sponge	<input type="checkbox"/> 5
OTHER (Write In)	<input type="checkbox"/> 6

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
Angel	<input type="checkbox"/>	06
Avon	<input type="checkbox"/>	07
Bath & Body Works	<input type="checkbox"/>	08
Beautiful	<input type="checkbox"/>	09
Beyoncé	<input type="checkbox"/>	10
Black Opium	<input type="checkbox"/>	11
Body Fantasies	<input type="checkbox"/>	12
Britney Spears	<input type="checkbox"/>	13
Burberry Body	<input type="checkbox"/>	14
Burberry My Burberry	<input type="checkbox"/>	15
Chance	<input type="checkbox"/>	16
Chanel No. 5	<input type="checkbox"/>	17
Other Chanel	<input type="checkbox"/>	18
Charlie	<input type="checkbox"/>	19
Chloé	<input type="checkbox"/>	20
ck One	<input type="checkbox"/>	21
Clinique Happy	<input type="checkbox"/>	22
Coco	<input type="checkbox"/>	23
Coco Mademoiselle	<input type="checkbox"/>	24
Curve	<input type="checkbox"/>	25
DKNY	<input type="checkbox"/>	26
Dolce & Gabbana	<input type="checkbox"/>	27
Eternity	<input type="checkbox"/>	28
euphoria	<input type="checkbox"/>	29
Flowerbomb	<input type="checkbox"/>	30
Gucci	<input type="checkbox"/>	31
Guess	<input type="checkbox"/>	32
Issey Miyake	<input type="checkbox"/>	33
J'adore	<input type="checkbox"/>	34
Jennifer Lopez	<input type="checkbox"/>	35
Jimmy Choo	<input type="checkbox"/>	36
Jovan	<input type="checkbox"/>	37
Juicy Couture	<input type="checkbox"/>	38
La Vie Est Belle	<input type="checkbox"/>	39
Marc Jacobs	<input type="checkbox"/>	40
Mary Kay	<input type="checkbox"/>	41
Michael Kors	<input type="checkbox"/>	42
Miss Dior	<input type="checkbox"/>	43
Mon Paris	<input type="checkbox"/>	44
Obsession	<input type="checkbox"/>	45
Opium	<input type="checkbox"/>	46
Oscar de la Renta	<input type="checkbox"/>	47
Passion	<input type="checkbox"/>	48
Pleasures	<input type="checkbox"/>	49
Poison	<input type="checkbox"/>	50
Prada	<input type="checkbox"/>	51
Ralph	<input type="checkbox"/>	52
Red Door	<input type="checkbox"/>	53
Romance	<input type="checkbox"/>	54
Sarah Jessica Parker	<input type="checkbox"/>	55
Shalimar	<input type="checkbox"/>	56
Si	<input type="checkbox"/>	57
Tory Burch	<input type="checkbox"/>	58
Trésor	<input type="checkbox"/>	59
Vera Wang	<input type="checkbox"/>	60
Victoria's Secret	<input type="checkbox"/>	61
White Diamonds	<input type="checkbox"/>	62
White Linen	<input type="checkbox"/>	63
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:		
1 Million	<input type="checkbox"/>	03
Acqua di Gio	<input type="checkbox"/>	04
Adidas	<input type="checkbox"/>	05
Afta	<input type="checkbox"/>	06
Aqua Velva	<input type="checkbox"/>	07
Armani Code	<input type="checkbox"/>	08
Avon	<input type="checkbox"/>	09
Bleu de Chanel	<input type="checkbox"/>	10
Brut	<input type="checkbox"/>	11
Burberry	<input type="checkbox"/>	12
Chanel	<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
Dior Homme	<input type="checkbox"/>	18
Dolce & Gabbana	<input type="checkbox"/>	19
Drakkar Noir	<input type="checkbox"/>	20
English Leather	<input type="checkbox"/>	21
Eternity	<input type="checkbox"/>	22
Gillette	<input type="checkbox"/>	23
Gucci	<input type="checkbox"/>	24
Hugo Boss	<input type="checkbox"/>	25
Invictus	<input type="checkbox"/>	26
Issey Miyake	<input type="checkbox"/>	27
Jean Paul Gaultier Le Male	<input type="checkbox"/>	28
Kenneth Cole	<input type="checkbox"/>	29
L'Homme Yves Saint Laurent	<input type="checkbox"/>	30
Michael Kors	<input type="checkbox"/>	31
Montblanc Legend	<input type="checkbox"/>	32
Nautica	<input type="checkbox"/>	33
Nivea Men	<input type="checkbox"/>	34
Old Spice	<input type="checkbox"/>	35
Playboy	<input type="checkbox"/>	36
Polo Black	<input type="checkbox"/>	37
Polo Blue	<input type="checkbox"/>	38
Polo Red	<input type="checkbox"/>	39
Other Polo	<input type="checkbox"/>	40
Prada	<input type="checkbox"/>	41
Sauvage	<input type="checkbox"/>	42
Skin Bracer	<input type="checkbox"/>	43
Stetson	<input type="checkbox"/>	44
Versace	<input type="checkbox"/>	45
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 Flex 4	<input type="checkbox"/>	04
Bic Soleil	<input type="checkbox"/>	05
Bic Twin Select	<input type="checkbox"/>	06
Other Bic	<input type="checkbox"/>	07
Gillette Custom Plus	<input type="checkbox"/>	08
Gillette Mach3	<input type="checkbox"/>	09
Gillette Sensor 2 Plus	<input type="checkbox"/>	10
Gillette Sensor 3	<input type="checkbox"/>	11
Gillette Venus Disposables	<input type="checkbox"/>	12
Schick Quattro for Women	<input type="checkbox"/>	13
Schick Xtreme 3	<input type="checkbox"/>	14
Other Schick	<input type="checkbox"/>	15
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:		
Dollar Shave Club	<input type="checkbox"/>	01
Gillette Fusion5	<input type="checkbox"/>	02
Gillette Fusion5 ProGlide	<input type="checkbox"/>	03
Gillette Fusion5 ProShield	<input type="checkbox"/>	04
Gillette Mach3	<input type="checkbox"/>	05
Gillette Mach3 Turbo	<input type="checkbox"/>	06
Gillette Sensor	<input type="checkbox"/>	07
Gillette Sensor Excel	<input type="checkbox"/>	08
Gillette Venus	<input type="checkbox"/>	09
Gillette Venus ComfortGlide	<input type="checkbox"/>	10
Gillette Venus Embrace	<input type="checkbox"/>	11
Harry's	<input type="checkbox"/>	12
Schick Hydro	<input type="checkbox"/>	13
Schick Intuition	<input type="checkbox"/>	14
Schick Quattro	<input type="checkbox"/>	15
Other Schick	<input type="checkbox"/>	16
OTHER (Write In)	<input type="checkbox"/>	999

FACIAL HAIR (Men)	
063-0	
Do you currently have any of these types of facial hair?:	
Yes	
Beard - full	<input type="checkbox"/> 1
Beard - goatee/partial	<input type="checkbox"/> 2
Beard - scruff	<input type="checkbox"/> 3
Mustache	<input type="checkbox"/> 4

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	<input type="checkbox"/>	11
Cremo	<input type="checkbox"/>	12
Edge Extra Moisturizing	<input type="checkbox"/>	13
Edge Extra Protection	<input type="checkbox"/>	14
Edge Sensitive Skin	<input type="checkbox"/>	15
Other Edge	<input type="checkbox"/>	16
eos Shave Cream	<input type="checkbox"/>	17
Gillette Foamy Cream	<input type="checkbox"/>	18
Gillette Foamy Sensitive	<input type="checkbox"/>	19
Gillette Fusion Hydra Gel	<input type="checkbox"/>	20
Gillette Satin Care	<input type="checkbox"/>	21
Gillette Series	<input type="checkbox"/>	22
Other Gillette	<input type="checkbox"/>	23
Neutrogena Men	<input type="checkbox"/>	24
Nivea Men	<input type="checkbox"/>	25
Pure Silk	<input type="checkbox"/>	26
Schick Hydro	<input type="checkbox"/>	27
Skintimate Shave Cream	<input type="checkbox"/>	28
Skintimate Shave Gel	<input type="checkbox"/>	29
OTHER (Write In)	<input type="checkbox"/>	999

PERSONAL CARE SERVICES	You Personally:	
	Had service, last 6 months	Times/last 3 months
15M		
SERVICES:		
Hair cut	<input type="checkbox"/>	01
Hair color/highlights	<input type="checkbox"/>	02
Perm/body wave	<input type="checkbox"/>	03
Facial	<input type="checkbox"/>	04
Massage	<input type="checkbox"/>	05
Body treatments	<input type="checkbox"/>	06
Manicure	<input type="checkbox"/>	07
Pedicure	<input type="checkbox"/>	08
Waxing	<input type="checkbox"/>	09
Laser Hair Removal	<input type="checkbox"/>	10
Other hair removal	<input type="checkbox"/>	11
Tanning	<input type="checkbox"/>	12
Make-up application/ makeover	<input type="checkbox"/>	13
Other services	<input type="checkbox"/>	14
In the last 6 months have you:		
15P-0		Yes
Visited a dayspa	<input type="checkbox"/>	1
Purchased products at a salon or dayspa	<input type="checkbox"/>	2

DENTURES	
14T-0	
Do you wear dentures?	
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
Wahl	<input type="checkbox"/>	05
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 Therapy	<input type="checkbox"/>	07
Dr. Scholl's	<input type="checkbox"/>	08
Gold Bond Foot	<input type="checkbox"/>	09
HeelTastic	<input type="checkbox"/>	10
Johnson's Foot Soap	<input type="checkbox"/>	11
Odor-Eaters	<input type="checkbox"/>	12
O'Keeffe's for Healthy 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 Plus	<input type="checkbox"/>	06
Other Fixodent	<input type="checkbox"/>	07
Super PoliGrip Original	<input type="checkbox"/>	08
Super PoliGrip Free	<input type="checkbox"/>	09
Super PoliGrip Ultra Fresh	<input type="checkbox"/>	10
Other Super PoliGrip	<input type="checkbox"/>	11
Sea-Bond	<input type="checkbox"/>	12
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:		
Efferdent	<input type="checkbox"/>	04
Polident	<input type="checkbox"/>	05
Store's Own Brand	<input type="checkbox"/>	06
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:		
Burt's Bees	<input type="checkbox"/>	05
Cepacol Sore Throat Lozenges	<input type="checkbox"/>	06
Chloraseptic Lozenges	<input type="checkbox"/>	07
Chloraseptic Spray	<input type="checkbox"/>	08
Equate	<input type="checkbox"/>	09
Flanax	<input type="checkbox"/>	10
Fisherman's Friend	<input type="checkbox"/>	11
Halls Breezers	<input type="checkbox"/>	12
Halls Defense Vitamin C	<input type="checkbox"/>	13
Halls Soothing Syrup Center	<input type="checkbox"/>	14
Halls (Regular)	<input type="checkbox"/>	15
Other Halls	<input type="checkbox"/>	16
Luden's	<input type="checkbox"/>	17
N'ice Lozenges	<input type="checkbox"/>	18
Pine Bros.	<input type="checkbox"/>	19
Ricola	<input type="checkbox"/>	20
Smith Bros.	<input type="checkbox"/>	21
Sucrets Lozenges	<input type="checkbox"/>	22
Vicks VapoCool	<input type="checkbox"/>	23
Store's Own Brand	<input type="checkbox"/>	24
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
Mucinex DM	<input type="checkbox"/>	03
NyQuil Cough	<input type="checkbox"/>	04
Robitussin CF	<input type="checkbox"/>	05
Robitussin DM	<input type="checkbox"/>	06
Robitussin 12 Hour	<input type="checkbox"/>	07
Other Robitussin	<input type="checkbox"/>	08
Tukol	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
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
OTHER (Write In)	<input type="checkbox"/>	999

ADHESIVE & LIQUID BANDAGES	You Personally:	
	Used in last 6 months	Times/ last 30 days
090		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Adhesive	<input type="checkbox"/>	01
Liquid	<input type="checkbox"/>	02
BRANDS:		
Band-Aid Flexible Fabric	<input type="checkbox"/>	03
Band-Aid Hydro Seal	<input type="checkbox"/>	04
Band-Aid Infection Defense (Antibiotic)	<input type="checkbox"/>	05
Band-Aid Plastic	<input type="checkbox"/>	06
Band-Aid Sheer	<input type="checkbox"/>	07
Band-Aid Skin-Flex	<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 Sheer	<input type="checkbox"/>	12
Other Curad	<input type="checkbox"/>	13
New-Skin	<input type="checkbox"/>	14
Nexcare	<input type="checkbox"/>	15
Store's Own Brand	<input type="checkbox"/>	16
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 Alaway	<input type="checkbox"/>	06
Bausch + Lomb Dry Eye	<input type="checkbox"/>	07
Bausch + Lomb Eye Wash	<input type="checkbox"/>	08
Bausch + Lomb Opcon-A	<input type="checkbox"/>	09
Bausch + Lomb Soothe	<input type="checkbox"/>	10
Clear Eyes	<input type="checkbox"/>	11
GenTeal	<input type="checkbox"/>	12
Murine	<input type="checkbox"/>	13
Opti-Free	<input type="checkbox"/>	14
Refresh Optive	<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
TheraTears	<input type="checkbox"/>	21
Visine A.C.	<input type="checkbox"/>	22
Visine Advanced	<input type="checkbox"/>	23
Visine Allergy	<input type="checkbox"/>	24
Visine Dry Eye	<input type="checkbox"/>	25
Visine Original	<input type="checkbox"/>	26
Visine Tired Eye	<input type="checkbox"/>	27
Other Visine	<input type="checkbox"/>	28
Store's Own Brand	<input type="checkbox"/>	29
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

NASAL SPRAYS (non-medicated)	You Personally:	
	Used in last 6 months	Times/ last 30 days
068		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Arm & Hammer Simply Saline	<input type="checkbox"/>	01
Ayr	<input type="checkbox"/>	02
NeilMed	<input type="checkbox"/>	03
Nozin	<input type="checkbox"/>	04
Ocean	<input type="checkbox"/>	05
Store's Own Brand	<input type="checkbox"/>	06
OTHER (Write In)	<input type="checkbox"/>	999

EYEGLASSES, CONTACT LENSES & SUNGLASSES	You Personally:	
	Wear	
091-0		
Prescription Eyeglasses (sun, tinted, regular)	<input type="checkbox"/>	1
Bi-focal/Multi-focal/Progressive	<input type="checkbox"/>	2
Eyeglasses (Nonprescription)	<input type="checkbox"/>	3
Sunglasses (Nonprescription)	<input type="checkbox"/>	4
Contact Lenses (Hard)	<input type="checkbox"/>	5
Contact Lenses (Soft)		
Daily Disposable	<input type="checkbox"/>	6
Weekly/2-weekly	<input type="checkbox"/>	7
Monthly or more	<input type="checkbox"/>	8
Colored contact lenses	<input type="checkbox"/>	9
Multi-focal/Progressive contact lenses	<input type="checkbox"/>	0
Where did you purchase prescription eyewear?		
Discount Store Optical Center	<input type="checkbox"/>	103-0 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"/>	15X-0 1
Air Optix	<input type="checkbox"/>	2
Bausch + Lomb	<input type="checkbox"/>	3
Biofinity	<input type="checkbox"/>	4
Dailies	<input type="checkbox"/>	5
Hubble	<input type="checkbox"/>	6
Other	<input type="checkbox"/>	7
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
Complete	<input type="checkbox"/>	10
Opti-Free Express	<input type="checkbox"/>	11
Opti-Free Puremoist	<input type="checkbox"/>	12
Opti-Free Replenish	<input type="checkbox"/>	13
Store's Own Brand	<input type="checkbox"/>	14
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
- KINDS:**
- Caplets _____ 01
 - Capsules _____ 02
 - Gelcaps _____ 03
 - Liquid _____ 04
 - Liquid-Gels _____ 05
 - Powder _____ 06
 - Chewable Tablets _____ 07
 - Other Tablets _____ 08
- BRANDS:**
- Advil _____ 09
 - Advil Film-Coated _____ 10
 - Advil Migraine _____ 11
 - Advil PM _____ 12
 - Aleve _____ 13
 - Aleve PM _____ 14
 - Alka-Seltzer _____ 15
 - Anacin _____ 16
 - Bayer (Aspirin Regimen) _____ 17
 - Bayer (Extra Strength) _____ 18
 - Bayer Aspirin (Genuine) _____ 19
 - Bayer Back & Body Pain _____ 20
 - BC Powders _____ 21
 - Ecotrin _____ 22
 - Equate _____ 23
 - Excedrin Extra Strength _____ 24
 - Excedrin Migraine _____ 25
 - Excedrin PM _____ 26
 - Excedrin Tension Headache _____ 27
 - Goody's _____ 28
 - Motrin IB _____ 29
 - Motrin PM _____ 30
 - St. Joseph _____ 31
 - Tukol _____ 32
 - Tylenol 8 Hour _____ 33
 - Tylenol Extra Strength _____ 34
 - Tylenol PM _____ 35
 - Tylenol Regular Strength _____ 36
 - Generic (No Label) _____ 37
 - Store's Own Brand _____ 38
 - OTHER (Write In) _____ 999

COLD, SINUS AND ALLERGY REMEDIES (Nonprescription)

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

078

- TOTAL:** _____ 00
- KINDS:**
- Caplets _____ 01
 - Capsules _____ 02
 - Effervescent _____ 03
 - Liquid _____ 04
 - LiquiGels/LiquiCaps _____ 05
 - Nasal Sprays _____ 06
 - Nasal Strips _____ 07
 - Tablets _____ 08
- BRANDS:**
- Advil Allergy Sinus _____ 09
 - Advil Cold & Sinus _____ 10
 - Advil Sinus Congestion & Pain _____ 11
 - Afrin _____ 12
 - Airborne _____ 13
 - Aleve-D Sinus & Cold _____ 14
 - Alka-Seltzer Plus Cold _____ 15
 - Alka-Seltzer Plus Cold & Cough _____ 16
 - Alka-Seltzer Plus Night _____ 17
 - Allegra Allergy _____ 18
 - Allegra-D _____ 19
 - Benadryl Allergy _____ 20
 - Other Benadryl _____ 21
 - Breathe Right _____ 22
 - Claritin _____ 23
 - Claritin-D _____ 24
 - Cold-Eeze _____ 25
 - Coricidin HBP _____ 26
 - Dimetapp _____ 27
 - Emergen-C _____ 28
 - Equate _____ 29
 - Flonase OTC _____ 30
 - Mentholatum Ointment _____ 31
 - Mucinex _____ 32
 - Nasacort Allergy 24HR _____ 33
 - Rhinocort _____ 34
 - Robitussin _____ 35
 - Sudafed Congestion _____ 36
 - Sudafed PE Pressure + Pain _____ 37
 - Other Sudafed _____ 38
 - Theraflu Nighttime Severe Cold & Cough _____ 39
 - Other Theraflu _____ 40
 - Tylenol Cold _____ 41
 - Tylenol Sinus _____ 42
 - Vicks DayQuil _____ 43
 - Vicks NyQuil _____ 44
 - Vicks NyQuil LiquiCaps _____ 45
 - Vicks Sinex _____ 46
 - Vicks VapoRub _____ 47
 - Xyzal Allergy 24-Hour _____ 48
 - Zicam _____ 49
 - Zyrtec _____ 50
 - Zyrtec-D _____ 51
 - Generic (No Label) _____ 52
 - Store's Own Brand _____ 53
 - OTHER (Write In) _____ 999
- 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:**
- Cold Compress _____ 01
 - Heat Wrap _____ 02
 - Lotion _____ 03
 - Liquid _____ 04
 - Ointment _____ 05
 - Patch _____ 06
 - Roll-on _____ 07
 - Spray _____ 08
 - Other _____ 09
- BRANDS:**
- Absorbine Jr. _____ 10
 - Arnicare _____ 11
 - Aspercreme _____ 12
 - Australian Dream _____ 13
 - Bengay _____ 14
 - Biofreeze _____ 15
 - Blue-Emu _____ 16
 - Capzasin _____ 17
 - Dragon _____ 18
 - Flexall _____ 19
 - Icy Hot _____ 20
 - Icy Hot Smart Relief _____ 21
 - JointFlex _____ 22
 - Mentholatum Deep Heating Rub _____ 23
 - Mineral Ice _____ 24
 - Salonpas _____ 25
 - Sportscreme _____ 26
 - Thera-Gesic _____ 27
 - ThermaCare _____ 28
 - Tiger Balm _____ 29
 - WellPatch Pads _____ 30
 - Store's Own Brand _____ 31
 - OTHER (Write In) _____ 999
- Used for:** 072-0
- Arthritis pain 1
 - Backache 2
 - Injury 3
 - Sore muscle pain 4
 - Other 5

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
 - Cortizone 10 _____ 06
 - Gold Bond Cream _____ 07
 - Lanacane _____ 08
 - Mederma _____ 09
 - Natureplex _____ 10
 - Neosporin _____ 11
 - Neosporin + Pain Relief _____ 12
 - Polysporin _____ 13
 - Store's Own Brand _____ 14
 - OTHER (Write In) _____ 999
- Used for:** 14G-0
- Antibiotic 1
 - Anti-itch 2
 - Pain Relief 3
 - Rash Relief 4
 - Scar Treatment 5
 - Other 6

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 Heartburn _____ 07

Alka Seltzer Original _____ 08

Beano _____ 09

Gas-X _____ 10

Gaviscon _____ 11

Imodium AD _____ 12

Imodium Multi-Symptom _____ 13

Kaopectate _____ 14

Maalox _____ 15

Mylanta _____ 16

Nexium 24HR (OTC) _____ 17

Pepcid AC _____ 18

Pepcid AC Max Strength _____ 19

Pepcid Complete _____ 20

Pepto-Bismol Original _____ 21

Other Pepto-Bismol _____ 22

Prevacid 24HR (OTC) _____ 23

Prilosec OTC _____ 24

Roloids _____ 25

Tums Regular _____ 26

Tums Extra _____ 27

Tums Smoothies _____ 28

Tums Ultra _____ 29

Other Tums _____ 30

Zantac 75 _____ 31

Zantac 150 _____ 32

Zantac Duo Fusion _____ 33

Store's Own Brand _____ 34

OTHER (Write In) _____ 999

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

Dulcolax _____ 04

Ex-Lax _____ 05

Fiber Choice _____ 06

Fleet _____ 07

Metamucil _____ 08

Miralax _____ 09

Phillips' Fiber Good _____ 10

Phillips' Milk of Magnesia _____ 11

Senokot _____ 12

Vitafusion Fiber Well Gummies _____ 13

Store's Own Brand _____ 14

OTHER (Write In) _____ 999

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:

Preparation H _____ 05

Tucks _____ 06

Store's Own Brand _____ 07

OTHER (Write In) _____ 999

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

Fungicure _____ 08

Fungi-Nail _____ 09

Lamisil _____ 10

Lotrimin _____ 11

Tinactin _____ 12

Store's Own Brand _____ 13

OTHER (Write In) _____ 999

PRE-MENSTRUAL OR PERIOD PAIN REMEDIES (Women)

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

088

TOTAL: _____ 00

BRANDS:

Midol _____ 01

Pamprin _____ 02

OTHER (Write In) _____ 999

FEMININE MEDICATED PRODUCTS (Women)

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

089

TOTAL: _____ 00

BRANDS:

Cortisone 10 Feminine Relief _____ 01

Monistat 1 _____ 02

Monistat 3 _____ 03

Monistat 7 _____ 04

Vagisil Anti-Itch _____ 05

Store's Own Brand _____ 06

OTHER (Write In) _____ 999

PERSONAL LUBRICANTS

You Personally:
Used in last 6 months

087-0

Yes 1

BRANDS:

Astroglide 2

K-Y 3

Replens 4

Trojan Lubricants 5

Store's Own Brand 6

OTHER (Write In) 7

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-6 _____ 04

B-12 _____ 05

Beta Carotene _____ 06

C _____ 07

Calcium Supplement _____ 08

D _____ 09

E _____ 10

Echinacea _____ 11

Folic Acid _____ 12

Garlic Supplements _____ 13

Gingko Biloba _____ 14

Ginseng _____ 15

Glucosamine _____ 16

Iron _____ 17

Multiple Formula _____ 18

Multiple Formula with Iron _____ 19

Multiple Formula with Minerals _____ 20

Omega 3/Fish Oil _____ 21

Prenatal _____ 22

Probiotic _____ 23

St. John's Wort _____ 24

Stress Formula _____ 25

Zinc _____ 26

Other _____ 27

BRANDS:

Align Probiotic _____ 28

Bausch + Lomb PreserVision _____ 29

Caltrate 600 _____ 30

Centrum _____ 31

Centrum Multigummies _____ 32

Centrum Silver Adults _____ 33

Centrum Silver Men _____ 34

Centrum Silver Women _____ 35

Other Centrum _____ 36

Citracal _____ 37

Emergen-C _____ 38

Ester-C _____ 39

Natrol _____ 40

Nature Made _____ 41

Nature's Bounty _____ 42

Nature's Way Alive! _____ 43

Ocuvite _____ 44

One-A-Day 50+ Advantage _____ 45

One-A-Day Men's Health _____ 46

One-A-Day Women's Active Metabolism _____ 47

One-A-Day Women's _____ 48

One-A-Day VitaCraves _____ 49

Other One-A-Day _____ 50

Os-Cal _____ 51

Osteo Bi-Flex _____ 52

Qunol _____ 53

Schiff _____ 54

Sundown Naturals _____ 55

TruBiotics _____ 56

Vitafusion _____ 57

Store's Own Brand _____ 58

OTHER (Write In) _____ 999

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:		
Avon	<input type="checkbox"/>	01
Burt's Bees	<input type="checkbox"/>	02
Gold Bond Powder	<input type="checkbox"/>	03
Johnson's Baby Powder	<input type="checkbox"/>	04
Johnson's Baby Powder Pure Corn Starch	<input type="checkbox"/>	05
Shower to Shower	<input type="checkbox"/>	06
OTHER (Write In)	<input type="checkbox"/>	999

EATING HABITS/ DIET CONTROL

Are you presently controlling your diet for any of these reasons? 095-0

Blood sugar level 1

Cholesterol level 2

Food Allergy 3

Lactose intolerance 4

Physical fitness 5

Regularity 6

Salt restriction 7

Maintain weight 8

Weight loss 9

Other 0

Do you buy foods specifically labeled as: 096-0

Fat-free 1

Gluten-free 2

High fiber 3

High protein 4

Hormone-free 5

Lactose-free 6

Low-calorie 7

Low-carb 8

Low-cholesterol 9

Low-fat 0

Low-sodium X

15R-0

Natural or Organic 1

Probiotic 2

Sugar-free 3

Do you consider yourself to be:

Semi-vegetarian 4

Vegetarian 5

Vegan 6

If you are dieting, which methods are you using:

Diet plan, program or club: 097-0

Atkins diet 1

Cooking Light diet 2

Jenny Craig 3

Keto diet 4

Medifast 5

Mediterranean diet 6

MyFitnessPal 7

Noom 8

Paleo diet 9

South Beach Diet 0

14W-0

Weight Watchers (WW) 1

Whole30 2

Other diet plan, program, club 3

Doctor's care/diet 4

Exercise program 5

Surgery 6

Other 7

MEAL/DIETARY/WEIGHT LOSS SUPPLEMENTS	You Personally:	
	Used in last 6 months	Times/last 7 days
099		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Liquid	<input type="checkbox"/>	01
Powder	<input type="checkbox"/>	02
Tablet	<input type="checkbox"/>	03
BRANDS:		
Atkins	<input type="checkbox"/>	04
Body Fortress	<input type="checkbox"/>	05
Boost	<input type="checkbox"/>	06
Carnation Breakfast Essentials	<input type="checkbox"/>	07
Core Power	<input type="checkbox"/>	08
EAS	<input type="checkbox"/>	09
Ensure	<input type="checkbox"/>	10
Glucerna	<input type="checkbox"/>	11
Hydroxycut	<input type="checkbox"/>	12
Kellogg's Special K Protein	<input type="checkbox"/>	13
Muscle Milk	<input type="checkbox"/>	14
Premier Protein	<input type="checkbox"/>	15
Slim-Fast	<input type="checkbox"/>	16
OTHER (Write In)	<input type="checkbox"/>	999
Used For: 15Q-0		
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	
Workout Recovery	<input type="checkbox"/> 5	

INCONTINENCE PRODUCTS	You Personally:	
	Used in last 6 months	Bought in last 6 months
101		
Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
BRANDS:		
Always Discreet	<input type="checkbox"/>	<input type="checkbox"/> 02
Depend	<input type="checkbox"/>	<input type="checkbox"/> 03
Poise	<input type="checkbox"/>	<input type="checkbox"/> 04
Tena	<input type="checkbox"/>	<input type="checkbox"/> 05
Other	<input type="checkbox"/>	<input type="checkbox"/> 06

CONDOMS	You Personally:
	Bought in last 6 months
102-0	
Yes	<input type="checkbox"/> 1
BRANDS:	
Durex	<input type="checkbox"/> 2
LifeStyles	<input type="checkbox"/> 3
Trojan	<input type="checkbox"/> 4
Trojan Ecstasy	<input type="checkbox"/> 5
Trojan Her Pleasure	<input type="checkbox"/> 6
Trojan Magnum	<input type="checkbox"/> 7
Other Trojan	<input type="checkbox"/> 8
Other	<input type="checkbox"/> 9

BLEACH AND DEPILATORIES (Hair Removal)	You Personally:	
	Used in last 6 months	Times/last 30 days
104		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Bleach	<input type="checkbox"/>	01
Cream	<input type="checkbox"/>	02
Gel	<input type="checkbox"/>	03
Hair Removal Device	<input type="checkbox"/>	04
Lotion	<input type="checkbox"/>	05
Spray	<input type="checkbox"/>	06
Wax Strips	<input type="checkbox"/>	07
Other Wax	<input type="checkbox"/>	08
BRANDS:		
Completely Bare	<input type="checkbox"/>	09
Jolen	<input type="checkbox"/>	10
Nair	<input type="checkbox"/>	11
Sally Hansen	<input type="checkbox"/>	12
Veet	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	999

SUNTAN & SUNSCREEN PRODUCTS	You Personally:	
	Used in last 12 months	Times/last 30 days (in season)
105		
TOTAL:	<input type="checkbox"/>	00
KINDS:		
Suntan Lotion/Sunscreen	<input type="checkbox"/>	01
Sunless Tanner	<input type="checkbox"/>	02
FORMS:		
Gel	<input type="checkbox"/>	03
Lotion	<input type="checkbox"/>	04
Oil	<input type="checkbox"/>	05
Spray	<input type="checkbox"/>	06
Stick	<input type="checkbox"/>	07
Tube (cream)	<input type="checkbox"/>	08
BRANDS:		
Australian Gold	<input type="checkbox"/>	09
Aveeno	<input type="checkbox"/>	10
Avon	<input type="checkbox"/>	11
Bain de Soleil	<input type="checkbox"/>	12
Banana Boat	<input type="checkbox"/>	13
Banana Boat Sport	<input type="checkbox"/>	14
Bull Frog	<input type="checkbox"/>	15
CeraVe	<input type="checkbox"/>	16
Clinique	<input type="checkbox"/>	17
Coppertone Sport	<input type="checkbox"/>	18
Other Coppertone	<input type="checkbox"/>	19
Hawaiian Tropic	<input type="checkbox"/>	20
L'Oréal Sublime Bronze	<input type="checkbox"/>	21
Mary Kay	<input type="checkbox"/>	22
Neutrogena Sunblock	<input type="checkbox"/>	23
Neutrogena Sunless Tan	<input type="checkbox"/>	24
Other Neutrogena	<input type="checkbox"/>	25
No-Ad	<input type="checkbox"/>	26
Ocean Potion	<input type="checkbox"/>	27
Panama Jack	<input type="checkbox"/>	28
Sally Hansen Airbrush	<input type="checkbox"/>	29
Store's Own Brand	<input type="checkbox"/>	30
OTHER (Write In)	<input type="checkbox"/>	999

SUNBURN REMEDIES	You Personally:	
	Used in last 12 months	Times/last 30 days (in season)
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
Natural/Home Remedy	<input type="checkbox"/>	09
OTHER (Write In)	<input type="checkbox"/>	999

SLEEPING AIDS & SNORE RELIEF	You Personally:	
	Used in last 6 months	Times/last 30 days
081		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Breathe Right	<input type="checkbox"/>	01
Emergen-Zzzz	<input type="checkbox"/>	02
Melatonex	<input type="checkbox"/>	03
MidNite	<input type="checkbox"/>	04
Nature Made Sleep	<input type="checkbox"/>	05
Simply Sleep	<input type="checkbox"/>	06
Unisom	<input type="checkbox"/>	07
ZzzQuil	<input type="checkbox"/>	08
OTHER (Write In)	<input type="checkbox"/>	999
Used for: 14F-0		
Snore Relief	<input type="checkbox"/> 1	
Sleeplessness	<input type="checkbox"/> 2	

IN HOME SHOPPING/HEALTH AIDS/ SMOKING/TOBACCO/MARIJUANA

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
Other 9

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

TOOTHACHE, GUM & CANKER SORE REMEDIES

TOTAL: 062 00

BRANDS:
Anbesol 01
Colgate Orabase 02
Kank-A 03
Orajel Mouth Sore 04
Orajel Toothache 05
OTHER (Write In) 999

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

COLD SORES/FEVER BLISTERS

TOTAL: 14D 00

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

CIGARS

TOTAL: 113 00

BRANDS:
Black & Mild 01
Dutch Masters 02
Garcia y Vega 03
Macanudo 04
Montecristo 05
Optimo 06
Swisher Sweets 07
White Owl 08
OTHER (Write In) 999

PIPE TOBACCO

TOTAL: 117 00

CIGARETTE ROLLING PAPERS

TOTAL: 118 00

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

MARIJUANA/CANNABIS

TOTAL: 120 01

How Used:
Loose Leaf (e.g. rolled, pipe, bong, etc) 02
Edible 03
Vape Device 04
CBD Product 05
Other 06

CHEWING AND SMOKELESS TOBACCO/NICOTINE

TOTAL: 119 00

TYPES:
Loose Leaf 01
Moist Smokeless/Snuff 02
Pouch (Tobacco) 03
Pouch (Nicotine) 04
Snus 05

BRANDS:
Camel Snus 06
Copenhagen 07
General Snus 08
Grizzly 09
Kodiak 10
on! 11
Red Seal 12
Skool 13
Velo 14
ZYN 15
OTHER (Write In) 999

ELECTRONIC/E-CIGARETTES/VAPING

TOTAL: 14C 00

TYPES:
E-Cig 01
Vape Device 02

BRANDS:
blu 03
IQOS 04
JUUL 05
LOGIC 06
Mistic 07
NJoy 08
VUSE Vibe 09
Other VUSE 10
OTHER (Write In) 999

CIGARETTES

TOTAL: 115 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
Eclipse 09
Kamel 10
Kool 11
L&M 12
Marlboro Black 13
Marlboro Gold 14
Marlboro Red 15
Marlboro Silver 16
Marlboro Special Blend 17
Other Marlboro 18
Maverick 19
Natural American Spirit 20
Newport 21
Pall Mall 22
Parliament 23
Pyramid 24
Salem 25
305's 26
Virginia Slims 27
Winston 28
OTHER (Write In) 999

SMOKING CESSATION

Method(s) used to stop smoking, last 12 months:

14V-0
"Cold Turkey" 1
Electronic/E-cigarette 2
Gum 3
Lozenge 4
Patch 5
Pill 6
Other 7

BRANDS: 114-0
Chantix 1
Nicorette 2
NicoDerm CQ 3
Store's Own Brand 4
Other 5

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	4	5	
AILMENTS 107		1	2	3	4	5	6
Acne	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/> 03
Anxiety/Panic	<input type="checkbox"/>	<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"/>	<input type="checkbox"/> 05
Arthritis/Osteoarthritis	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/> 08
Atrial Fibrillation (Afib)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Backache/Back Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Cataracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
Crohn's Disease/Ulcerative Colitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
Chronic/Severe Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Cold Sores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Dandruff/Dry Scalp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
Diabetes (Type 1-Insulin Dependent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21
Diabetes (Type 2-Non-Insulin Dependent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
Dry Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23
Eczema/Skin Itch/Rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25
Epilepsy/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26
Erectile Dysfunction (ED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 27
Fibromyalgia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 28
Flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 29
Gout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30
Hair Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 31
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 32
Heart Attack/Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 33
Heartburn/Acid Reflux	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36
Hypertension/High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38
Irritable Bowel Syndrome (IBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39
Kidney Ailments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40
Macular Degeneration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 41
Menopause/Hormone Replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42
Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43
Multiple Sclerosis (MS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44
Muscle Strain/Sprain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45
Nail Fungus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46
Obesity/Overweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48
Overactive Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49
Prostate Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 50
Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 51
Restless Legs Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 52
Rosacea or Skin Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 53
Sinus Congestion/Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 54
Sleep Apnea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 55
Snoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 56
Urinary Tract Infection (UTI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 57
Wrinkles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 58
Yeast Infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 59

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

15A-0	14X-0
Television Advertisement <input type="checkbox"/> 1	Patient support group <input type="checkbox"/> 1
Magazine Advertisement <input type="checkbox"/> 2	Pharmacist <input type="checkbox"/> 2
Other Advertisement <input type="checkbox"/> 3	Pharmaceutical company <input type="checkbox"/> 3
Doctor or Healthcare professional <input type="checkbox"/> 4	Medical journals <input type="checkbox"/> 4
Video at Doctor's office <input type="checkbox"/> 5	Social Media site <input type="checkbox"/> 5
Friends/Family <input type="checkbox"/> 6	Other Online/Internet site <input type="checkbox"/> 6
Pamphlets/Brochures <input type="checkbox"/> 7	

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, a primary caregiver for someone with a medical condition? Yes <input type="checkbox"/> 1 15L-0
If yes, what services/support do you provide? 15N-0
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 <input type="checkbox"/> 1
18-64 years old <input type="checkbox"/> 2
65 years or older <input type="checkbox"/> 3
Patient's relationship to you: 15Y-0
Relative <input type="checkbox"/> 1
Friend <input type="checkbox"/> 2
Other <input type="checkbox"/> 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	

PRESCRIPTION DRUGS	You Personally: Used in last 12 months	PRESCRIPTION DRUGS (Continued)	You Personally: Used in last 12 months	PRESCRIPTION DRUGS (Continued)
<p>BRANDS:</p> <p>108-0</p> <p>Abilify <input type="checkbox"/> 1</p> <p>Actonel <input type="checkbox"/> 2</p> <p>Actos <input type="checkbox"/> 3</p> <p>Aczone <input type="checkbox"/> 4</p> <p>Adderall <input type="checkbox"/> 5</p> <p>Advair <input type="checkbox"/> 6</p> <p>Ambien/Ambien CR <input type="checkbox"/> 7</p> <p>109-0</p> <p>Botox <input type="checkbox"/> 1</p> <p>Breo <input type="checkbox"/> 2</p> <p>Celebrex <input type="checkbox"/> 3</p> <p>Cialis <input type="checkbox"/> 4</p> <p>Clarinex <input type="checkbox"/> 5</p> <p>Coreg <input type="checkbox"/> 6</p> <p>Crestor <input type="checkbox"/> 7</p> <p>Cymbalta <input type="checkbox"/> 8</p> <p>Diffucan <input type="checkbox"/> 9</p> <p>110-0</p> <p>Diovan/Diovan HCT <input type="checkbox"/> 1</p> <p>Dulera <input type="checkbox"/> 2</p> <p>Effexor/Effexor XR <input type="checkbox"/> 3</p> <p>Eliquis <input type="checkbox"/> 4</p> <p>Enbrel <input type="checkbox"/> 5</p> <p>Entresto <input type="checkbox"/> 6</p> <p>Entyvio <input type="checkbox"/> 7</p> <p>EpiPen <input type="checkbox"/> 8</p> <p>Eucrisa <input type="checkbox"/> 9</p> <p>Farxiga <input type="checkbox"/> 0</p> <p>Flomax <input type="checkbox"/> X</p> <p>Flovent <input type="checkbox"/> Y</p> <p>131-0</p> <p>Fosamax <input type="checkbox"/> 1</p> <p>Glucophage/Glucophage XR <input type="checkbox"/> 2</p> <p>Humira <input type="checkbox"/> 3</p> <p>Imitrex <input type="checkbox"/> 4</p> <p>Invokana <input type="checkbox"/> 5</p> <p>Januvia <input type="checkbox"/> 6</p> <p>Jardiance <input type="checkbox"/> 7</p> <p>Jublia <input type="checkbox"/> 8</p> <p>Juvederm <input type="checkbox"/> 9</p> <p>Keytruda <input type="checkbox"/> 0</p>		<p>15S-0</p> <p>Lamisil <input type="checkbox"/> 1</p> <p>Latuda <input type="checkbox"/> 2</p> <p>Lexapro <input type="checkbox"/> 3</p> <p>Linzess <input type="checkbox"/> 4</p> <p>Lipitor <input type="checkbox"/> 5</p> <p>Lovaza <input type="checkbox"/> 6</p> <p>Lyrica <input type="checkbox"/> 7</p> <p>Medical marijuana <input type="checkbox"/> 8</p> <p>Nasonex <input type="checkbox"/> 9</p> <p>Nexium <input type="checkbox"/> 0</p> <p>Norvasc <input type="checkbox"/> X</p> <p>Opdivo <input type="checkbox"/> Y</p> <p>132-0</p> <p>Ortho Tri-cyclen <input type="checkbox"/> 1</p> <p>Paxil/Paxil CR <input type="checkbox"/> 2</p> <p>Plavix <input type="checkbox"/> 3</p> <p>Pravachol <input type="checkbox"/> 4</p> <p>Premarin <input type="checkbox"/> 5</p> <p>Prevacid <input type="checkbox"/> 6</p> <p>Prevnar 13 <input type="checkbox"/> 7</p> <p>Pristiq <input type="checkbox"/> 8</p> <p>Prolia <input type="checkbox"/> 9</p> <p>112-0</p> <p>Protonix <input type="checkbox"/> 1</p> <p>Prozac <input type="checkbox"/> 2</p> <p>Restasis <input type="checkbox"/> 3</p> <p>Seroquel <input type="checkbox"/> 4</p> <p>Singulair <input type="checkbox"/> 5</p> <p>Spiriva <input type="checkbox"/> 6</p> <p>Symbicort <input type="checkbox"/> 7</p> <p>Taltz <input type="checkbox"/> 8</p> <p>Tamiflu <input type="checkbox"/> 9</p> <p>Trintellix <input type="checkbox"/> 0</p> <p>Trulicity <input type="checkbox"/> X</p> <p>15T-0</p> <p>Valtrex <input type="checkbox"/> 1</p> <p>Viagra <input type="checkbox"/> 2</p> <p>Victoza <input type="checkbox"/> 3</p> <p>Wellbutrin <input type="checkbox"/> 4</p> <p>Xarelto <input type="checkbox"/> 5</p> <p>Zetia <input type="checkbox"/> 6</p> <p>Zocor <input type="checkbox"/> 7</p> <p>Zolof <input type="checkbox"/> 8</p>		<p>Number of prescriptions filled for yourself in the last 30 days _____ 15E-0 Write in number</p> <p>On the average, how much do you spend out of pocket per month on your prescription medication(s)? \$ _____ 15F-0 Write in amount</p> <p>In the last 12 months, where did you fill a prescription?</p> <p>15H-0</p> <p>Drug Store/Pharmacy <input type="checkbox"/> 1</p> <p>Supermarket <input type="checkbox"/> 2</p> <p>Discount/Department Store <input type="checkbox"/> 3</p> <p>Mail order <input type="checkbox"/> 4</p> <p>Internet/Online <input type="checkbox"/> 5</p> <p>Other <input type="checkbox"/> 6</p>
				<p>CONTRACEPTION (Women)</p> <p>You Personally: Used in last 12 months</p> <p>15J-0</p> <p>Depo-Provera <input type="checkbox"/> 1</p> <p>Kyleena <input type="checkbox"/> 2</p> <p>Loestrin <input type="checkbox"/> 3</p> <p>Mirena <input type="checkbox"/> 4</p> <p>Nexplanon <input type="checkbox"/> 5</p> <p>NuvaRing <input type="checkbox"/> 6</p> <p>111-0</p> <p>Ortho Tri-cyclen <input type="checkbox"/> 1</p> <p>Ortho Tri-cyclen Lo <input type="checkbox"/> 2</p> <p>Paragard <input type="checkbox"/> 3</p> <p>Plan B One-Step <input type="checkbox"/> 4</p> <p>Yaz <input type="checkbox"/> 5</p> <p>IUD <input type="checkbox"/> 6</p> <p>Other _____ <input type="checkbox"/> 7 (Write In)</p>

HEALTH 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.			
15C	Agree Strongly	Somewhat Agree	Somewhat Disagree	Disagree Strongly
	1	2	3	4
1. I go to the doctor regularly for check-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
2. I prefer alternative medicine to traditional medical practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
3. Generic medications are as effective as brand-name prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
4. In general, I feel I eat right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
5. In general, I think herbal supplements are effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
6. I must admit I sometimes skip a dose of my prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
7. I'm often first to try the most advanced medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
8. I prefer popular brand-name drugs, even if they cost more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
9. I rely on my physician to recommend drug brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
10. In general, newer drug brands work better than older brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
11. People need more vitamins as they get older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
12. To save money, I would buy prescription drugs from countries other than the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
13. Before I begin taking any drug, I look for as much information about it as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
14. I am willing to take prescription drugs even if my insurance company doesn't cover them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
15. Over the counter medications are safer than prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
16. I only go to the doctor when I'm very ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
17. I often worry about the side effects of prescription drugs I'm taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
18. I take medicine as soon as I don't feel well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
19. Medication has improved the quality of my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19
20. I follow a regular exercise routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
21. My medical conditions limit my lifestyle somewhat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21
22. I am always looking for new ways to live a healthier life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
23. I am happy with my weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23
24. I consult my pharmacist for health advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
25. Vitamin supplements improve one's health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25
26. The benefits of vaccines outweigh any possible risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26

CANDY (Individual, King Size, Packages)	You Personally:	
	Bought last 6 months	Bars, Boxes, Bags bought last 30 days
129		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Regular Size	<input type="checkbox"/>	01
King Size/Share-Size	<input type="checkbox"/>	02
Packages of Miniature Candy	<input type="checkbox"/>	03
Packages of Loose Candy	<input type="checkbox"/>	04
Multi-Bar Pack	<input type="checkbox"/>	05
BRANDS:		
AirHeads	<input type="checkbox"/>	06
AirHeads Bites	<input type="checkbox"/>	07
AirHeads Xtremes	<input type="checkbox"/>	08
Almond Joy	<input type="checkbox"/>	09
Andes	<input type="checkbox"/>	10
Baby Ruth	<input type="checkbox"/>	11
BarkThins	<input type="checkbox"/>	12
Bit-O-Honey	<input type="checkbox"/>	13
Black Forest Gummies	<input type="checkbox"/>	14
Brach's Candy Corn	<input type="checkbox"/>	15
Brach's Jelly Beans	<input type="checkbox"/>	16
Brach's Peanut Clusters	<input type="checkbox"/>	17
Brookside	<input type="checkbox"/>	18
Butterfinger	<input type="checkbox"/>	19
Cadbury Caramello	<input type="checkbox"/>	20
Cadbury Creme Egg	<input type="checkbox"/>	21
Cadbury Fruit and Nut	<input type="checkbox"/>	22
Cadbury Milk Chocolate	<input type="checkbox"/>	23
Cadbury Mini Eggs	<input type="checkbox"/>	24
Cadbury Roast Almond	<input type="checkbox"/>	25
Other Cadbury	<input type="checkbox"/>	26
Charleston Chew	<input type="checkbox"/>	27
Chunky	<input type="checkbox"/>	28
Crunch	<input type="checkbox"/>	29
Dove Chocolate	<input type="checkbox"/>	30
Dove Promises Chocolate	<input type="checkbox"/>	31
5th Avenue	<input type="checkbox"/>	32
Ghirardelli	<input type="checkbox"/>	33
Goobers	<input type="checkbox"/>	34
Good & Plenty	<input type="checkbox"/>	35
Haribo Gold-Bears	<input type="checkbox"/>	36
Heath	<input type="checkbox"/>	37
Hershey's-Almond	<input type="checkbox"/>	38
Hershey's Cookie Layer Crunch	<input type="checkbox"/>	39
Hershey's Cookies 'n' Creme	<input type="checkbox"/>	40
Hershey's Drops	<input type="checkbox"/>	41
Hershey's Gold	<input type="checkbox"/>	42
Hershey's Golden Almond	<input type="checkbox"/>	43
Hershey's Hugs	<input type="checkbox"/>	44
Hershey's Kisses	<input type="checkbox"/>	45
Hershey's Kisses (Single serving pack)	<input type="checkbox"/>	46
Hershey's Kisses with Almonds	<input type="checkbox"/>	47
Hershey's Kisses with Almonds (Single serving pack)	<input type="checkbox"/>	48
Hershey's Krackel	<input type="checkbox"/>	49
Hershey's Milk Chocolate	<input type="checkbox"/>	50
Hershey's Miniatures	<input type="checkbox"/>	51
Hershey's Nuggets	<input type="checkbox"/>	52
Hershey's Pieces	<input type="checkbox"/>	53
Hershey's Special Dark	<input type="checkbox"/>	54
Hershey's Symphony	<input type="checkbox"/>	55
Jelly Belly beans	<input type="checkbox"/>	56
Jolly Rancher Chews	<input type="checkbox"/>	57
Jolly Rancher Gummies	<input type="checkbox"/>	58
Jolly Rancher Hard Candy	<input type="checkbox"/>	59
Junior Mints	<input type="checkbox"/>	60

Continued in next Column

CANDY (Individual, King Size, Packages) (Continued)	You Personally:	
	Bought last 6 months	Bars, Boxes, Bags bought last 30 days
Kinder	<input type="checkbox"/>	61
Kit Kat	<input type="checkbox"/>	62
Kraft Caramels	<input type="checkbox"/>	63
Life Savers	<input type="checkbox"/>	64
Life Savers Gummies	<input type="checkbox"/>	65
Life Savers Sugar Free	<input type="checkbox"/>	66
Lindt	<input type="checkbox"/>	67
Lindt Lindor Truffles	<input type="checkbox"/>	68
M & M's Almond	<input type="checkbox"/>	69
M & M's Caramel	<input type="checkbox"/>	70
M & M's Crispy	<input type="checkbox"/>	71
M & M's Dark Chocolate	<input type="checkbox"/>	72
M & M's Dark Chocolate Peanut	<input type="checkbox"/>	73
M & M's Milk Chocolate	<input type="checkbox"/>	74
M & M's Minis	<input type="checkbox"/>	75
M & M's Peanut	<input type="checkbox"/>	76
M & M's Peanut Butter	<input type="checkbox"/>	77
M & M's Pretzel	<input type="checkbox"/>	78
Mike and Ike	<input type="checkbox"/>	79
Milk Duds	<input type="checkbox"/>	80
Milky Way	<input type="checkbox"/>	81
Milky Way Midnight	<input type="checkbox"/>	82
Milky Way Simply Caramel	<input type="checkbox"/>	83
Mounds	<input type="checkbox"/>	84
Mr. Goodbar	<input type="checkbox"/>	85
Nerds	<input type="checkbox"/>	86
Now and Later	<input type="checkbox"/>	87
100 Grand	<input type="checkbox"/>	88
Oreo Candy Bar	<input type="checkbox"/>	89
PayDay	<input type="checkbox"/>	90
Peanut Chews	<input type="checkbox"/>	91
Raisinets	<input type="checkbox"/>	92
Red Vines	<input type="checkbox"/>	93
Reese's Peanut Butter Cup	<input type="checkbox"/>	94
Reese's Pieces	<input type="checkbox"/>	95
Reese's Sticks	<input type="checkbox"/>	96
Reese's Dark PB Cup	<input type="checkbox"/>	97
Reese's Take 5	<input type="checkbox"/>	98
Reese's White Choc. PB Cup	<input type="checkbox"/>	99
Riesen	<input type="checkbox"/>	100
Rolo	<input type="checkbox"/>	101
Russell Stover	<input type="checkbox"/>	102
Skittles	<input type="checkbox"/>	103
Skor	<input type="checkbox"/>	104
Snickers	<input type="checkbox"/>	105
Snickers Peanut Butter Squared	<input type="checkbox"/>	106
Sno-Caps	<input type="checkbox"/>	107
Sour Patch Kids	<input type="checkbox"/>	108
Starburst Fruit Chews	<input type="checkbox"/>	109
Starburst Jellybeans	<input type="checkbox"/>	110
Sugar Babies	<input type="checkbox"/>	111
Sugar Daddy	<input type="checkbox"/>	112
Swedish Fish	<input type="checkbox"/>	113
SweetTarts	<input type="checkbox"/>	114
3 Musketeers	<input type="checkbox"/>	115
Toblerone	<input type="checkbox"/>	116
Toffifay	<input type="checkbox"/>	117
Tootsie Roll	<input type="checkbox"/>	118
Trolli	<input type="checkbox"/>	119
Twix	<input type="checkbox"/>	120
Twizzlers	<input type="checkbox"/>	121
Twizzlers Pull 'n' Peel	<input type="checkbox"/>	122
Werther's Original	<input type="checkbox"/>	123
Werther's Original Sugar Free	<input type="checkbox"/>	124
Whatchamacallit	<input type="checkbox"/>	125
Whoppers	<input type="checkbox"/>	126
York Peppermint Pattie	<input type="checkbox"/>	127
Zero	<input type="checkbox"/>	128
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:		
Bazooka	<input type="checkbox"/>	01
Bubble Yum	<input type="checkbox"/>	02
Bubblicious	<input type="checkbox"/>	03
Dentyne Ice	<input type="checkbox"/>	04
Dentyne Pure	<input type="checkbox"/>	05
Dubble Bubble	<input type="checkbox"/>	06
5 Gum	<input type="checkbox"/>	07
Hubba Bubba	<input type="checkbox"/>	08
Ice Breakers	<input type="checkbox"/>	09
Juicy Drop	<input type="checkbox"/>	10
Mentos Gum	<input type="checkbox"/>	11
Stride	<input type="checkbox"/>	12
Tic Tac Gum	<input type="checkbox"/>	13
Trident Bubble Gum	<input type="checkbox"/>	14
Trident Layers	<input type="checkbox"/>	15
Trident Splash	<input type="checkbox"/>	16
Trident Sugarless	<input type="checkbox"/>	17
Trident Vibes	<input type="checkbox"/>	18
Trident White	<input type="checkbox"/>	19
Wrigley's Big Red	<input type="checkbox"/>	20
Wrigley's Doublemint	<input type="checkbox"/>	21
Wrigley's Eclipse	<input type="checkbox"/>	22
Wrigley's Extra	<input type="checkbox"/>	23
Wrigley's Juicy Fruit	<input type="checkbox"/>	24
Wrigley's Juicy Fruit Starburst	<input type="checkbox"/>	25
Wrigley's Orbit	<input type="checkbox"/>	26
Wrigley's Orbit White	<input type="checkbox"/>	27
Wrigley's Spearmint	<input type="checkbox"/>	28
Wrigley's Winterfresh	<input type="checkbox"/>	29
OTHER (Write In)	<input type="checkbox"/>	999

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

BOXED CHOCOLATES	You Personally:	
	Bought in last 6 months	Boxes/ last 30 days
127		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Fannie May	<input type="checkbox"/>	01
Ferrero Rocher	<input type="checkbox"/>	02
Ghirardelli	<input type="checkbox"/>	03
Godiva	<input type="checkbox"/>	04
Hershey's Kisses Deluxe	<input type="checkbox"/>	05
Hershey's Pot of Gold	<input type="checkbox"/>	06
Lindt	<input type="checkbox"/>	07
Merci	<input type="checkbox"/>	08
Russell Stover	<input type="checkbox"/>	09
See's	<input type="checkbox"/>	10
Whitman's	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999
How purchased:	128-0	
Bought as gift	<input type="checkbox"/>	1
Bought for self	<input type="checkbox"/>	2

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
Eclipse Mints	<input type="checkbox"/>	05
Ice Breakers	<input type="checkbox"/>	06
Life Savers	<input type="checkbox"/>	07
Mentos Mint	<input type="checkbox"/>	08
Tic Tac Mint	<input type="checkbox"/>	09
.....	<input type="checkbox"/>	999
OTHER (Write In)		

NUTRITION/ ENERGY BARS	You Personally:	
	Used in last 6 months	Bars/ last 30 days
15V		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Atkins	<input type="checkbox"/>	01
Balance Bar	<input type="checkbox"/>	02
Clif Bar	<input type="checkbox"/>	03
Gatorade	<input type="checkbox"/>	04
Glucerna Bar	<input type="checkbox"/>	05
KIND	<input type="checkbox"/>	06
Lärabar	<input type="checkbox"/>	07
Luna Bar	<input type="checkbox"/>	08
MET-Rx Bar	<input type="checkbox"/>	09
Perfect Bar	<input type="checkbox"/>	10
PowerBar	<input type="checkbox"/>	11
Protein One	<input type="checkbox"/>	12
Pure Protein	<input type="checkbox"/>	13
RXBAR	<input type="checkbox"/>	14
SlimFast Bar	<input type="checkbox"/>	15
ThinkThin	<input type="checkbox"/>	16
ZonePerfect Bar	<input type="checkbox"/>	17
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
Brisk	<input type="checkbox"/>	04
Fuze	<input type="checkbox"/>	05
Gold Peak	<input type="checkbox"/>	06
Honest Tea	<input type="checkbox"/>	07
Lipton Iced Tea	<input type="checkbox"/>	08
Nestea	<input type="checkbox"/>	09
Pure Leaf	<input type="checkbox"/>	10
Red Diamond	<input type="checkbox"/>	11
Snapple	<input type="checkbox"/>	12
Turkey Hill	<input type="checkbox"/>	13
.....	<input type="checkbox"/>	999
OTHER (Write In)		

ARTIFICIAL & LO-CAL 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:		
Domino Light	<input type="checkbox"/>	04
Equal	<input type="checkbox"/>	05
Monk Fruit in the Raw	<input type="checkbox"/>	06
Pure Via	<input type="checkbox"/>	07
Splenda	<input type="checkbox"/>	08
Stevia in the Raw	<input type="checkbox"/>	09
SweetLeaf	<input type="checkbox"/>	10
Sweet'N Low	<input type="checkbox"/>	11
Truvia	<input type="checkbox"/>	12
Zing	<input type="checkbox"/>	13
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
Emerald	<input type="checkbox"/>	20
Fisher	<input type="checkbox"/>	21
Mauna Loa	<input type="checkbox"/>	22
Nut Harvest	<input type="checkbox"/>	23
Planters	<input type="checkbox"/>	24
Wonderful	<input type="checkbox"/>	25
.....	<input type="checkbox"/>	999
OTHER (Write In)		

SNACK MIXES	You Personally:	
	Bought in last 6 months	Boxes/ last 30 days
126		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Cheez-It Snack Mix	<input type="checkbox"/>	01
Chex Mix	<input type="checkbox"/>	02
Gardetto's	<input type="checkbox"/>	03
Hershey's Snack Mix	<input type="checkbox"/>	04
Planters NUT-rition Mix	<input type="checkbox"/>	05
Planters Trail Mix	<input type="checkbox"/>	06
Reese's Snack Mix	<input type="checkbox"/>	07
Ritz Snack Mix	<input type="checkbox"/>	08
.....	<input type="checkbox"/>	999
OTHER (Write In)		

BOTTLED WATER (Non-Carbonated)	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
FORMS:		
Sweetened	<input type="checkbox"/>	03
Unsweetened	<input type="checkbox"/>	04
BRANDS:		
Aquafina	<input type="checkbox"/>	05
Aquafina FlavorSplash	<input type="checkbox"/>	06
Arrowhead	<input type="checkbox"/>	07
Capri Sun Roarin' Waters	<input type="checkbox"/>	08
Crystal Geyser	<input type="checkbox"/>	09
Crystal Springs	<input type="checkbox"/>	10
Dasani	<input type="checkbox"/>	11
Deer Park	<input type="checkbox"/>	12
Deja Blue	<input type="checkbox"/>	13
Evian	<input type="checkbox"/>	14
Fiji	<input type="checkbox"/>	15
Fruit2O	<input type="checkbox"/>	16
Ice Mountain	<input type="checkbox"/>	17
LIFEWTR	<input type="checkbox"/>	18
Mountain Valley	<input type="checkbox"/>	19
Nestlé Pure Life	<input type="checkbox"/>	20
Niagara	<input type="checkbox"/>	21
Ozarka	<input type="checkbox"/>	22
Poland Spring	<input type="checkbox"/>	23
Propel	<input type="checkbox"/>	24
Smartwater (Glacéau)	<input type="checkbox"/>	25
SoBe Lifewater	<input type="checkbox"/>	26
Sparkletts	<input type="checkbox"/>	27
VitaminWater (Glacéau)	<input type="checkbox"/>	28
Zephyrhills	<input type="checkbox"/>	29
Store's Own Brand	<input type="checkbox"/>	30
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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

SPARKLING WATER/ SELTZER	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 7 days
084		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Flavored	<input type="checkbox"/>	01
Non-Flavored	<input type="checkbox"/>	02
FORMS:		
Sweetened	<input type="checkbox"/>	03
Unsweetened	<input type="checkbox"/>	04
BRANDS:		
Arrowhead	<input type="checkbox"/>	05
Bubly	<input type="checkbox"/>	06
Canada Dry	<input type="checkbox"/>	07
Dasani	<input type="checkbox"/>	08
Deer Park	<input type="checkbox"/>	09
Ice Mountain	<input type="checkbox"/>	10
La Croix	<input type="checkbox"/>	11
Ozarka	<input type="checkbox"/>	12
Perrier	<input type="checkbox"/>	13
Poland Spring	<input type="checkbox"/>	14
S.Pellegrino	<input type="checkbox"/>	15
Schweppes Seltzer	<input type="checkbox"/>	16
Seagram's Seltzer	<input type="checkbox"/>	17
Sparkling Ice	<input type="checkbox"/>	18
Vintage Seltzer	<input type="checkbox"/>	19
Store's Own Brand	<input type="checkbox"/>	20
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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 Life	<input type="checkbox"/>	05
Coca-Cola Zero Sugar	<input type="checkbox"/>	06
Coca-Cola Cherry Zero	<input type="checkbox"/>	07
Diet Coke	<input type="checkbox"/>	08
Diet Coke Feisty Cherry	<input type="checkbox"/>	09
Diet Coke w/Lime	<input type="checkbox"/>	10
Diet Rite Pure Zero	<input type="checkbox"/>	11
Caffeine Free Diet Pepsi	<input type="checkbox"/>	12
Diet Pepsi	<input type="checkbox"/>	13
Diet Pepsi Wild Cherry	<input type="checkbox"/>	14
Pepsi Zero Sugar	<input type="checkbox"/>	15
Store's Own Brand	<input type="checkbox"/>	16
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
Coca-Cola Cherry	<input type="checkbox"/>	05
Coca-Cola Classic	<input type="checkbox"/>	06
Pepsi-Cola	<input type="checkbox"/>	07
Pepsi Real Sugar	<input type="checkbox"/>	08
Caffeine Free Pepsi	<input type="checkbox"/>	09
Pepsi Wild Cherry	<input type="checkbox"/>	10
RC Cola	<input type="checkbox"/>	11
Store's Own Brand	<input type="checkbox"/>	12
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:		
5-hour Energy	<input type="checkbox"/>	03
Full Throttle	<input type="checkbox"/>	04
Monster	<input type="checkbox"/>	05
Mtn Dew AMP	<input type="checkbox"/>	06
NOS	<input type="checkbox"/>	07
Red Bull	<input type="checkbox"/>	08
Rockstar	<input type="checkbox"/>	09
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
Diet Dr Pepper Cherry	<input type="checkbox"/>	08
Dr Pepper TEN	<input type="checkbox"/>	09
Fanta Zero	<input type="checkbox"/>	10
Fresca	<input type="checkbox"/>	11
Diet Mtn Dew	<input type="checkbox"/>	12
Diet Mug Root Beer	<input type="checkbox"/>	13
Diet 7 Up	<input type="checkbox"/>	14
Diet 7 Up Cherry	<input type="checkbox"/>	15
Sierra Mist Zero Sugar	<input type="checkbox"/>	16
Sprite Zero	<input type="checkbox"/>	17
Diet Squirt	<input type="checkbox"/>	18
Diet Sunkist Orange	<input type="checkbox"/>	19
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
Dr Pepper Cherry	<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
Mtn Dew	<input type="checkbox"/>	18
Mtn Dew Code Red	<input type="checkbox"/>	19
Mtn Dew Ice	<input type="checkbox"/>	20
Mtn Dew Kickstart	<input type="checkbox"/>	21
Mug Root Beer	<input type="checkbox"/>	22
Pibb Xtra	<input type="checkbox"/>	23
Seagram's Ginger Ale	<input type="checkbox"/>	24
7 Up	<input type="checkbox"/>	25
7 Up Cherry	<input type="checkbox"/>	26
Schwepes Club Soda	<input type="checkbox"/>	27
Schwepes Ginger Ale	<input type="checkbox"/>	28
Schwepes Tonic Water	<input type="checkbox"/>	29
Shasta	<input type="checkbox"/>	30
Sierra Mist	<input type="checkbox"/>	31
Sprite	<input type="checkbox"/>	32
Squirt	<input type="checkbox"/>	33
Sun Drop	<input type="checkbox"/>	34
Sunkist	<input type="checkbox"/>	35
Vernors	<input type="checkbox"/>	36
Welch's Grape Soda	<input type="checkbox"/>	37
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 G Series	<input type="checkbox"/>	02
Gatorade Endurance	<input type="checkbox"/>	03
Gatorade G2	<input type="checkbox"/>	04
Powerade	<input type="checkbox"/>	05
Powerade Zero	<input type="checkbox"/>	06
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:		
Arbor Mist	<input type="checkbox"/>	01
Bacardi Party Drinks	<input type="checkbox"/>	02
Chi Chi's Margaritas	<input type="checkbox"/>	03
Daily's Cocktails	<input type="checkbox"/>	04
José Cuervo Authentic Margaritas	<input type="checkbox"/>	05
José Cuervo Golden Margarita	<input type="checkbox"/>	06
Kahlúa White Russian	<input type="checkbox"/>	07
Other Kahlúa	<input type="checkbox"/>	08
Parrot Bay	<input type="checkbox"/>	09
Skinnygirl	<input type="checkbox"/>	10
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
Daily's Mixers	<input type="checkbox"/>	04
José Cuervo Margarita Mix	<input type="checkbox"/>	05
Master of Mixes	<input type="checkbox"/>	06
Mr. & Mrs. T	<input type="checkbox"/>	07
Rose's	<input type="checkbox"/>	08
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:		
Bartles & Jaymes	<input type="checkbox"/>	01
Bon & Viv Spiked Seltzer	<input type="checkbox"/>	02
Bud Light Lime-A-Rita	<input type="checkbox"/>	03
Bud Light Straw-Ber-Rita	<input type="checkbox"/>	04
Four Loko	<input type="checkbox"/>	05
Henry's	<input type="checkbox"/>	06
Mike's Hard Lemonade	<input type="checkbox"/>	07
Seagram's Escapes	<input type="checkbox"/>	08
Smirnoff Ice	<input type="checkbox"/>	09
Truly	<input type="checkbox"/>	10
Twisted Tea	<input type="checkbox"/>	11
White Claw	<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
Bud Ice	<input type="checkbox"/>	07
Busch	<input type="checkbox"/>	08
Coors Banquet (Original)	<input type="checkbox"/>	09
Dogfish Head	<input type="checkbox"/>	10
Genesee Beer	<input type="checkbox"/>	11
George Killian's Irish Red	<input type="checkbox"/>	12
Goose Island	<input type="checkbox"/>	13
Icehouse	<input type="checkbox"/>	14
Keystone	<input type="checkbox"/>	15
Lagunitas	<input type="checkbox"/>	16
Landshark Lager	<input type="checkbox"/>	17
Leinenkugel's	<input type="checkbox"/>	18
Michelob	<input type="checkbox"/>	19
Michelob AmberBock	<input type="checkbox"/>	20
Miller Genuine Draft	<input type="checkbox"/>	21
Miller High Life	<input type="checkbox"/>	22
Milwaukee's Best	<input type="checkbox"/>	23
Natural Ice	<input type="checkbox"/>	24
New Belgium	<input type="checkbox"/>	25
Pabst Blue Ribbon	<input type="checkbox"/>	26
Redd's Apple Ale	<input type="checkbox"/>	27
Redhook	<input type="checkbox"/>	28
Rolling Rock	<input type="checkbox"/>	29
Samuel Adams	<input type="checkbox"/>	30
Shiner	<input type="checkbox"/>	31
Shock Top	<input type="checkbox"/>	32
Sierra Nevada	<input type="checkbox"/>	33
Yuengling	<input type="checkbox"/>	34
Other Small/Regional Brand	<input type="checkbox"/>	35
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 Lime	<input type="checkbox"/>	05
Bud Light Platinum	<input type="checkbox"/>	06
Bud Select 55	<input type="checkbox"/>	07
Budweiser Select	<input type="checkbox"/>	08
Busch Light	<input type="checkbox"/>	09
Coors Light	<input type="checkbox"/>	10
Keystone Light	<input type="checkbox"/>	11
Michelob Light	<input type="checkbox"/>	12
Michelob ULTRA	<input type="checkbox"/>	13
Miller64	<input type="checkbox"/>	14
Miller High Life Light	<input type="checkbox"/>	15
Miller Lite	<input type="checkbox"/>	16
Milwaukee's Best Light	<input type="checkbox"/>	17
Natural Light	<input type="checkbox"/>	18
Sam Adams Light	<input type="checkbox"/>	19
Yuengling Light	<input type="checkbox"/>	20
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
Beck's	<input type="checkbox"/>	08
Corona Extra	<input type="checkbox"/>	09
Corona Light	<input type="checkbox"/>	10
Corona Premier	<input type="checkbox"/>	11
Dos Equis	<input type="checkbox"/>	12
Foster's	<input type="checkbox"/>	13
Grolsch	<input type="checkbox"/>	14
Guinness Draught	<input type="checkbox"/>	15
Guinness Stout	<input type="checkbox"/>	16
Harp	<input type="checkbox"/>	17
Heineken	<input type="checkbox"/>	18
Heineken Light	<input type="checkbox"/>	19
Hoegaarden	<input type="checkbox"/>	20
Kirin	<input type="checkbox"/>	21
Labatt Blue	<input type="checkbox"/>	22
Lefe	<input type="checkbox"/>	23
Modelo Especial	<input type="checkbox"/>	24
Modelo Negra	<input type="checkbox"/>	25
Molson Canadian	<input type="checkbox"/>	26
Moosehead	<input type="checkbox"/>	27
Newcastle Brown Ale	<input type="checkbox"/>	28
Pacifico	<input type="checkbox"/>	29
Peroni	<input type="checkbox"/>	30
Pilsner Urquell	<input type="checkbox"/>	31
Presidente	<input type="checkbox"/>	32
Red Stripe	<input type="checkbox"/>	33
Smithwick's	<input type="checkbox"/>	34
Sol	<input type="checkbox"/>	35
St. Pauli Girl	<input type="checkbox"/>	36
Stella Artois	<input type="checkbox"/>	37
Tecate	<input type="checkbox"/>	38
Tsingtao	<input type="checkbox"/>	39
OTHER (Write In)	<input type="checkbox"/>	999

HARD CIDER	You Personally:	
	Drank in last 6 months	Drinks or glasses/last 30 days
146		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Angry Orchard	<input type="checkbox"/>	01
Crispin	<input type="checkbox"/>	02
Smith & Forge	<input type="checkbox"/>	03
Stella Artois Cidre	<input type="checkbox"/>	04
Strongbow	<input type="checkbox"/>	05
Woodchuck	<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

DOMESTIC DINNER/ TABLE WINES	You Personally:	
	Drank in last 6 months	Drinks or glasses/last 7 days
147		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Bottle	<input type="checkbox"/>	01
Box	<input type="checkbox"/>	02
Can	<input type="checkbox"/>	03
KINDS:		
Cabernet Sauvignon	<input type="checkbox"/>	04
Chardonnay	<input type="checkbox"/>	05
Merlot	<input type="checkbox"/>	06
Pinot Grigio	<input type="checkbox"/>	07
Pinot Noir	<input type="checkbox"/>	08
Rosé	<input type="checkbox"/>	09
Sauvignon Blanc	<input type="checkbox"/>	10
Other Red	<input type="checkbox"/>	11
Other White	<input type="checkbox"/>	12
Other	<input type="checkbox"/>	13
BRANDS:		
Almaden	<input type="checkbox"/>	14
Apothic	<input type="checkbox"/>	15
Arbor Mist	<input type="checkbox"/>	16
Barefoot	<input type="checkbox"/>	17
Beaulieu Vineyard (BV)	<input type="checkbox"/>	18
Beringer	<input type="checkbox"/>	19
Black Box	<input type="checkbox"/>	20
Blackstone	<input type="checkbox"/>	21
Bogle	<input type="checkbox"/>	22
Carlo Rossi	<input type="checkbox"/>	23
Chateau Ste. Michelle	<input type="checkbox"/>	24
Charles Shaw	<input type="checkbox"/>	25
Clos du Bois	<input type="checkbox"/>	26
Columbia Crest	<input type="checkbox"/>	27
Corbett Canyon	<input type="checkbox"/>	28
Cupcake Vineyards	<input type="checkbox"/>	29
Dark Horse	<input type="checkbox"/>	30
The Federalist	<input type="checkbox"/>	31
Fetzer	<input type="checkbox"/>	32
Francis Coppola	<input type="checkbox"/>	33
Franzia	<input type="checkbox"/>	34
Gallo	<input type="checkbox"/>	35
Gnarly Head	<input type="checkbox"/>	36
Inglonook	<input type="checkbox"/>	37
Josh Cellars	<input type="checkbox"/>	38
Kendall-Jackson	<input type="checkbox"/>	39
Kenwood Vineyards	<input type="checkbox"/>	40
Layer Cake	<input type="checkbox"/>	41
Liberty Creek	<input type="checkbox"/>	42
Livingston Cellars	<input type="checkbox"/>	43
Manischewitz	<input type="checkbox"/>	44
Meiomi	<input type="checkbox"/>	45
Ménage à Trois	<input type="checkbox"/>	46
Mirassou	<input type="checkbox"/>	47
Mogen David	<input type="checkbox"/>	48
The Naked Grape	<input type="checkbox"/>	49
Oak Leaf	<input type="checkbox"/>	50
Ravenswood	<input type="checkbox"/>	51
Redwood Creek	<input type="checkbox"/>	52
Rex-Goliath	<input type="checkbox"/>	53
Robert Mondavi	<input type="checkbox"/>	54
Rodney Strong	<input type="checkbox"/>	55
Skinnygirl	<input type="checkbox"/>	56
Smoking Loon	<input type="checkbox"/>	57
Sterling Vineyards	<input type="checkbox"/>	58
Sutter Home	<input type="checkbox"/>	59
Toasted Head	<input type="checkbox"/>	60
Turning Leaf	<input type="checkbox"/>	61
Vendange	<input type="checkbox"/>	62
Wild Vines	<input type="checkbox"/>	63
Woodbridge	<input type="checkbox"/>	64
OTHER (Write In)	<input type="checkbox"/>	999

IMPORTED DINNER/ TABLE WINES	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 7 days
150		
TOTAL:	<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:		
Bella Sera	<input type="checkbox"/>	13
Black Swan	<input type="checkbox"/>	14
Bolla	<input type="checkbox"/>	15
Cavit	<input type="checkbox"/>	16
Concha y Toro	<input type="checkbox"/>	17
Ecco Domani	<input type="checkbox"/>	18
FishEye	<input type="checkbox"/>	19
Georges Duboeuf	<input type="checkbox"/>	20
Jacob's Creek	<input type="checkbox"/>	21
Kim Crawford	<input type="checkbox"/>	22
Lindeman's	<input type="checkbox"/>	23
Mezzacorona	<input type="checkbox"/>	24
Mouton Cadet	<input type="checkbox"/>	25
Real Sangria	<input type="checkbox"/>	26
Riunite	<input type="checkbox"/>	27
Roscato	<input type="checkbox"/>	28
Rosemount Estate	<input type="checkbox"/>	29
Ruffino	<input type="checkbox"/>	30
Santa Margherita	<input type="checkbox"/>	31
Santa Rita	<input type="checkbox"/>	32
Stella Rosa	<input type="checkbox"/>	33
Yellow Tail	<input type="checkbox"/>	34
OTHER (Write In)	<input type="checkbox"/>	999

CHAMPAGNE & SPARKLING WINES	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
151		
TOTAL:	<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:		
André	<input type="checkbox"/>	06
Ballatore	<input type="checkbox"/>	07
Barefoot Bubbly	<input type="checkbox"/>	08
Chandon	<input type="checkbox"/>	09
Cook's	<input type="checkbox"/>	10
Dom Perignon	<input type="checkbox"/>	11
Freixenet	<input type="checkbox"/>	12
Korbel	<input type="checkbox"/>	13
La Marca	<input type="checkbox"/>	14
Laurent-Perrier	<input type="checkbox"/>	15
Martini & Rossi	<input type="checkbox"/>	16
Moët & Chandon	<input type="checkbox"/>	17
Perrier-Jouët	<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
153		
TOTAL:	<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
Harveys 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
154		
TOTAL:	<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
Hazelnut	<input type="checkbox"/>	06
Irish Cream	<input type="checkbox"/>	07
Sambuca	<input type="checkbox"/>	08
Peach Schnapps	<input type="checkbox"/>	09
Peppermint Schnapps	<input type="checkbox"/>	10
Triple Sec/Orange	<input type="checkbox"/>	11
Other	<input type="checkbox"/>	12
BRANDS:		
Alizé	<input type="checkbox"/>	13
Amaretto Di Amore	<input type="checkbox"/>	14
Aperol	<input type="checkbox"/>	15
Baileys Orig. Irish Cream	<input type="checkbox"/>	16
Campari	<input type="checkbox"/>	17
Carolans Irish Cream	<input type="checkbox"/>	18
Chambord	<input type="checkbox"/>	19
Cointreau	<input type="checkbox"/>	20
DeKuyper	<input type="checkbox"/>	21
DiSaronno Originale	<input type="checkbox"/>	22
Dr. McGillicuddy's	<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
Jägermeister	<input type="checkbox"/>	30
Kahlúa Original	<input type="checkbox"/>	31
Kahlúa Flavors	<input type="checkbox"/>	32
Midori	<input type="checkbox"/>	33
Patrón XO Cafe	<input type="checkbox"/>	34
Romana Sambuca	<input type="checkbox"/>	35
RumChata	<input type="checkbox"/>	36
Southern Comfort	<input type="checkbox"/>	37
Tequila Rose	<input type="checkbox"/>	38
OTHER (Write In)	<input type="checkbox"/>	999

VERMOUTH	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
152		
TOTAL:	<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
155		
TOTAL:	<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:		
Bloody Mary	<input type="checkbox"/>	04
Cosmopolitan	<input type="checkbox"/>	05
Daiquiri	<input type="checkbox"/>	06
Gin & Tonic	<input type="checkbox"/>	07
Gin Martini	<input type="checkbox"/>	08
Irish Coffee	<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
Moscow Mule	<input type="checkbox"/>	17
Negroni	<input type="checkbox"/>	18
Old Fashioned	<input type="checkbox"/>	19
Piña Colada	<input type="checkbox"/>	20
Rum & Coke	<input type="checkbox"/>	21
Sangria	<input type="checkbox"/>	22
Scotch & Water	<input type="checkbox"/>	23
Screwdriver	<input type="checkbox"/>	24
7 & 7	<input type="checkbox"/>	25
Vodka Martini	<input type="checkbox"/>	26
Vodka & Cranberry	<input type="checkbox"/>	27
Vodka & Tonic	<input type="checkbox"/>	28
Whiskey Sour	<input type="checkbox"/>	29
White Russian	<input type="checkbox"/>	30
OTHER (Write In)	<input type="checkbox"/>	999

RUM	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
160		
TOTAL:	<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:		
Admiral Nelson's	<input type="checkbox"/>	06
Appleton Estate	<input type="checkbox"/>	07
Bacardi Gold	<input type="checkbox"/>	08
Bacardi Light/Regular/ Superior	<input type="checkbox"/>	09
Bacardi Limón	<input type="checkbox"/>	10
Other Bacardi	<input type="checkbox"/>	11
Calico Jack	<input type="checkbox"/>	12
Capt. Morgan Spiced	<input type="checkbox"/>	13
Other Capt. Morgan	<input type="checkbox"/>	14
Cruzan	<input type="checkbox"/>	15
Kraken	<input type="checkbox"/>	16
Malibu Coconut	<input type="checkbox"/>	17
Other Malibu	<input type="checkbox"/>	18
Mount Gay	<input type="checkbox"/>	19
Myers's	<input type="checkbox"/>	20
Parrot Bay	<input type="checkbox"/>	21
Sailor Jerry	<input type="checkbox"/>	22
Unspecified brand at bar/ restaurant	<input type="checkbox"/>	23
OTHER (Write In)	<input type="checkbox"/>	999

COGNAC & BRANDY	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
158		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Christian Brothers	<input type="checkbox"/>	01
Courvoisier	<input type="checkbox"/>	02
E&J	<input type="checkbox"/>	03
Hennessy	<input type="checkbox"/>	04
Paul Masson Grande Amber	<input type="checkbox"/>	05
Rémy Martin	<input type="checkbox"/>	06
Unspecified brand at bar/ restaurant	<input type="checkbox"/>	07
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
KINDS:		
Flavored	<input type="checkbox"/>	01
Non-Flavored	<input type="checkbox"/>	02
BRANDS:		
Basil Hayden's	<input type="checkbox"/>	03
Buffalo Trace	<input type="checkbox"/>	04
Bulleit	<input type="checkbox"/>	05
Evan Williams	<input type="checkbox"/>	06
Four Roses	<input type="checkbox"/>	07
Gentleman Jack	<input type="checkbox"/>	08
Jack Daniel's	<input type="checkbox"/>	09
Jack Daniel's Tennessee Honey	<input type="checkbox"/>	10
Jim Beam	<input type="checkbox"/>	11
Jim Beam Apple	<input type="checkbox"/>	12
Jim Beam Black	<input type="checkbox"/>	13
Jim Beam Devil's Cut	<input type="checkbox"/>	14
Jim Beam Vanilla	<input type="checkbox"/>	15
Knob Creek	<input type="checkbox"/>	16
Maker's 46	<input type="checkbox"/>	17
Maker's Mark	<input type="checkbox"/>	18
Wild Turkey	<input type="checkbox"/>	19
Wild Turkey American Honey	<input type="checkbox"/>	20
Woodford Reserve	<input type="checkbox"/>	21
Unspecified brand at bar/ restaurant	<input type="checkbox"/>	22
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
Crown Royal Flavored	<input type="checkbox"/>	05
Fireball	<input type="checkbox"/>	06
Seagram's VO	<input type="checkbox"/>	07
Unspecified brand at bar/ restaurant	<input type="checkbox"/>	08
OTHER (Write In)	<input type="checkbox"/>	999

IRISH WHISKEY & SCOTCH WHISKY	You Personally:	
	Drank in last 6 months	Drinks or glasses/ last 30 days
162		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
The Balvenie	<input type="checkbox"/>	01
Bushmills	<input type="checkbox"/>	02
Chivas Regal	<input type="checkbox"/>	03
Dewar's 12	<input type="checkbox"/>	04
Dewar's White Label	<input type="checkbox"/>	05
Glenfiddich	<input type="checkbox"/>	06
The Glenlivet	<input type="checkbox"/>	07
Glenmorangie	<input type="checkbox"/>	08
Jameson	<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
Lagavulin	<input type="checkbox"/>	13
Laphroaig	<input type="checkbox"/>	14
The Macallan	<input type="checkbox"/>	15
Tullamore Dew	<input type="checkbox"/>	16
Other Irish Whiskey	<input type="checkbox"/>	17
Other Blended Scotches	<input type="checkbox"/>	18
Other Single Malt Scotches	<input type="checkbox"/>	19
Unspecified brand at bar/ restaurant	<input type="checkbox"/>	20
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:		
Bulleit	<input type="checkbox"/>	01
Jack Daniel's	<input type="checkbox"/>	02
Sazerac	<input type="checkbox"/>	03
Seagram's 7 Crown	<input type="checkbox"/>	04
Whistle Pig	<input type="checkbox"/>	05
Unspecified brand at bar/ restaurant	<input type="checkbox"/>	06
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:		
Silver/White	<input type="checkbox"/>	01
Gold	<input type="checkbox"/>	02
Añejo/Reposado	<input type="checkbox"/>	03
BRANDS:		
Camarena	<input type="checkbox"/>	04
Casamigos	<input type="checkbox"/>	05
Cazadores	<input type="checkbox"/>	06
Don Julio	<input type="checkbox"/>	07
1800 Tequila	<input type="checkbox"/>	08
Herradura	<input type="checkbox"/>	09
Hornitos	<input type="checkbox"/>	10
Jose Cuervo	<input type="checkbox"/>	11
Margaritaville	<input type="checkbox"/>	12
Patrón	<input type="checkbox"/>	13
Sauza	<input type="checkbox"/>	14
Unspecified brand at bar/ restaurant	<input type="checkbox"/>	15
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 Flavored	<input type="checkbox"/>	04
American Anthem	<input type="checkbox"/>	05
Belvedere	<input type="checkbox"/>	06
Burnett's	<input type="checkbox"/>	07
Ciroc	<input type="checkbox"/>	08
Deep Eddy	<input type="checkbox"/>	09
Finlandia	<input type="checkbox"/>	10
Gordon's	<input type="checkbox"/>	11
Grey Goose	<input type="checkbox"/>	12
Grey Goose Flavored	<input type="checkbox"/>	13
Ketel One	<input type="checkbox"/>	14
New Amsterdam	<input type="checkbox"/>	15
Pinnacle	<input type="checkbox"/>	16
Popov	<input type="checkbox"/>	17
Seagram's	<input type="checkbox"/>	18
Skinnygirl	<input type="checkbox"/>	19
Sky	<input type="checkbox"/>	20
Smirnoff No. 21 (80 proof)	<input type="checkbox"/>	21
Smirnoff Flavored	<input type="checkbox"/>	22
Stolichnaya	<input type="checkbox"/>	23
Stoli Flavored Vodka	<input type="checkbox"/>	24
Svedka	<input type="checkbox"/>	25
Three Olives	<input type="checkbox"/>	26
Tito's	<input type="checkbox"/>	27
UV	<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
Gordon's	<input type="checkbox"/>	04
Hendrick's	<input type="checkbox"/>	05
New Amsterdam	<input type="checkbox"/>	06
Seagram's	<input type="checkbox"/>	07
Tanqueray	<input type="checkbox"/>	08
Unspecified brand at bar/ restaurant	<input type="checkbox"/>	09
OTHER (Write In)	<input type="checkbox"/>	999

ALCOHOLIC BEVERAGES: WHERE CONSUMED/ AMOUNT SPENT			
Where you consumed alcohol, last 30 days:			
14U			
	Beer	Wine	Liquor
Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bar/Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone Else's Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3
Amount spent, last 30 days:	\$	\$	\$
	01	02	03

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
5 door Hatchback/Station Wagon	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
3 door Hatchback	<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
Crossover Utility Vehicle (CUV)	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Truck (2 door)	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Truck (4 door)	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
What fuel (gas, electricity, etc.) is used to power the vehicle?	174-0	187-0	200-0	213-0
Gasoline only (non-diesel)	<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
Hybrid (combination gas and electricity)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Electricity only	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Other (e.g. Ethanol (E85), Hydrogen, etc.)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Who decided which make to buy or lease?				
Yourself	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Yourself and 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
When was vehicle purchased or leased?				
In past 12 months	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
1-2 years ago	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
3-4 years ago	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
5 or more years ago	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
(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?				
Apple CarPlay or Android Auto	179-0 <input type="checkbox"/> 1	192-0 <input type="checkbox"/> 1	205-0 <input type="checkbox"/> 1	219-0 <input type="checkbox"/> 1
Other App/Internet connectivity system	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Amazon Alexa or other smart speaker	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Infotainment system (touchscreen)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Custom speakers	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
DVD player	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
MP3 player connection	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Satellite Radio	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
WiFi Hotspot	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Was the vehicle's audio/entertainment system:				
Standard with vehicle	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Upgraded with vehicle	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
An aftermarket purchase	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Does the vehicle have:				
Air bags—driver/passenger 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—side impact	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Anti-Lock braking system (ABS)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Automatic Parking System	<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
Collision Avoidance System	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Custom (aluminum) wheels	<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
GPS/Navigation system (Built-in, not portable)	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Hands-Free Trunk Opener (Motion Detecting)	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
Heated/Cooled Seats	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Lane Departure alert	181-0 <input type="checkbox"/> 1	194-0 <input type="checkbox"/> 1	207-0 <input type="checkbox"/> 1	221-0 <input type="checkbox"/> 1
OnStar, Tele Aid or other Vehicle Monitoring System (currently subscribing)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Radar Detector	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Security/burglar alarm	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Sunroof/moonroof	<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? 234-0

Yes 1 No 2

If so, how many motorcycles does your whole household own? 235-0

One 1 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
2021	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2020	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
2019	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
2018	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
2017	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
2016 or earlier	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6

Was it bought new or used?

New 7 Used 8

Who decided which make to buy? 237-0 244-0 251-0

Yourself (alone or with someone else) 1
Someone else 2

When was motorcycle acquired? 238-0 245-0 252-0

In past 12 months 1
1-2 years ago 2
3-4 years ago 3
5 or more years ago 4

What type is it? 239-0 246-0 253-0

Off-road/dirt bike (Competition) 1
Other off-road/dirt/trail bike 2
Dual purpose (off-road/street) 3
Street Bike:
Cruiser 4
Custom 5
Standard 6
Touring 7
Sport/Performance 8
Three Wheel Cycle 9
Other 0

Which engine size is it? 240-0 247-0 254-0

Under 100cc 1
100-449cc 2
450-749cc 3
750-899cc 4
900cc or larger 5

Which make is it? 241-0 248-0 255-0

BMW 1
Can-Am 2
Harley Davidson 3
Honda 4
Kawasaki 5
Suzuki 6
Yamaha 7
Other 8

Who is the primary rider? 242-0 249-0 256-0

Yourself 1
Someone else 2

How do you transport your off-road bike? 257-0

Truck 1 Trailer 2

AUTO CLUBS/ROADSIDE ASSISTANCE

Which, if any, of these auto clubs or roadside assistance programs do you belong to? 260-0

AAA 1
AARP Roadside Assistance 2
Allstate Motor Club 3
Other Insurance Company Roadside Assistance Program 4
Car Dealer/Manufacturer/Dealer Warranty 5
Other 6

ATVs/UTVs

Do you or does anyone else in your household own any ATVs or utility vehicles (UTVs)? 228-0

Yes 1 No 2

If so, how many does your whole household own? 229-0

One 1 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 4
Can-Am 5
Honda 6
John Deere 7
Kawasaki 8
Polaris 9
Suzuki 0
Yamaha X
Other Y

When was it acquired? 231-0 233-0

In past 12 months 1
1-2 years ago 2
3-4 years ago 3
5 or more years ago 4

What is it used for?

Recreation 5
Work 6
Both Recreation and Work 7

How is it transported?

Truck 8
Trailer 9

Who is the primary rider? 231-0 233-0

Yourself 0
Someone else X

TRUCK/TRAILER RENTAL

Have you personally rented a truck/trailer in the last twelve months? 258-0

Yes 1

Which company (or companies) did you rent from:

Budget 2
Enterprise 3
Penske 4
U-Haul 5
OTHER (Write In) 6

Reason for rental of truck or trailer:

Moving personal/household goods 7
Commercial/business purposes 8
Other 9

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 General | <input type="checkbox"/> | 11 | <input type="checkbox"/> | 12 | <input type="checkbox"/> |
| The Hartford | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> |
| Infinity | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> |
| Liberty Mutual | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> |
| Mercury | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> |
| MetLife | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 | <input type="checkbox"/> |
| Nationwide | <input type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> |
| Progressive | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19 | <input type="checkbox"/> |
| SafeAuto | <input type="checkbox"/> | 19 | <input type="checkbox"/> | 20 | <input type="checkbox"/> |
| State Farm | <input type="checkbox"/> | 20 | <input type="checkbox"/> | 21 | <input type="checkbox"/> |
| Travelers | <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)

- | | | | |
|----|--------------------------|----|--------------------------|
| 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> |
| 01 | <input type="checkbox"/> | 02 | <input type="checkbox"/> |
| 03 | <input type="checkbox"/> | 04 | <input type="checkbox"/> |

64W

- | | | | |
|----|--------------------------|----|--------------------------|
| 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> |
| 01 | <input type="checkbox"/> | 02 | <input type="checkbox"/> |
| 03 | <input type="checkbox"/> | 04 | <input type="checkbox"/> |
| 05 | <input type="checkbox"/> | 06 | <input type="checkbox"/> |
| 07 | <input type="checkbox"/> | 08 | <input type="checkbox"/> |
| 09 | <input type="checkbox"/> | 10 | <input type="checkbox"/> |
| 11 | <input type="checkbox"/> | 12 | <input type="checkbox"/> |
| 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> |
| 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> |
| 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> |
| 19 | <input type="checkbox"/> | 20 | <input type="checkbox"/> |
| 21 | <input type="checkbox"/> | 22 | <input type="checkbox"/> |
| 23 | <input type="checkbox"/> | | |

CAR RENTAL BUSINESS USE

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 |
| Zipcar | <input type="checkbox"/> | 09 |
| 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"/> | 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 | Zipcar | <input type="checkbox"/> | 9 |
| Enterprise | <input type="checkbox"/> | 5 | Other | <input type="checkbox"/> | 0 |

CAR RENTAL PERSONAL USE

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 |
| Zipcar | <input type="checkbox"/> | 09 |
| 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 | Zipcar | <input type="checkbox"/> | 9 |
| Enterprise | <input type="checkbox"/> | 5 | Other | <input type="checkbox"/> | 0 |

For business use you:

Rented/last 12 months | Times/last 12 months

YOUR TRANSPORTATION

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

- | | Average Weekday | Average Weekend |
|--|--------------------------|--------------------------|
| Walking | <input type="checkbox"/> | <input type="checkbox"/> |
| Bicycle | <input type="checkbox"/> | <input type="checkbox"/> |
| Driving (not in a carpool) | <input type="checkbox"/> | <input type="checkbox"/> |
| Driving in a carpool | <input type="checkbox"/> | <input type="checkbox"/> |
| Motorcycle | <input type="checkbox"/> | <input type="checkbox"/> |
| Golf Cart | <input type="checkbox"/> | <input type="checkbox"/> |
| Taxi | <input type="checkbox"/> | <input type="checkbox"/> |
| Lyft | <input type="checkbox"/> | <input type="checkbox"/> |
| Uber | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Mobile app-based Car service/Rideshare | <input type="checkbox"/> | <input type="checkbox"/> |
| Bus | <input type="checkbox"/> | <input type="checkbox"/> |
| Subway/Metro | <input type="checkbox"/> | <input type="checkbox"/> |
| Train | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |

DRIVING

Do you personally have a current driver's license? 278-0

- 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 | <input type="checkbox"/> | 1 |
| Occasionally | <input type="checkbox"/> | 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.....	<input type="checkbox"/>	10
Chevron.....	<input type="checkbox"/>	11
Circle K.....	<input type="checkbox"/>	12
Citgo.....	<input type="checkbox"/>	13
Conoco.....	<input type="checkbox"/>	14
Exxon.....	<input type="checkbox"/>	15
Getty.....	<input type="checkbox"/>	16
Gulf.....	<input type="checkbox"/>	17
Marathon.....	<input type="checkbox"/>	18
Mobil.....	<input type="checkbox"/>	19
Phillips 66.....	<input type="checkbox"/>	20
Quik Trip.....	<input type="checkbox"/>	21
Racetrac.....	<input type="checkbox"/>	22
7-Eleven.....	<input type="checkbox"/>	23
76.....	<input type="checkbox"/>	24
Shell.....	<input type="checkbox"/>	25
Sinclair.....	<input type="checkbox"/>	26
Speedway.....	<input type="checkbox"/>	27
Sunoco.....	<input type="checkbox"/>	28
Texaco.....	<input type="checkbox"/>	29
Valero.....	<input type="checkbox"/>	30
Walmart.....	<input type="checkbox"/>	31
Warehouse/Club Store.....	<input type="checkbox"/>	32
OTHER (Write In).....	<input type="checkbox"/>	999

On average, how many times a week do you purchase gas?

276-0

More than 3 times per week... 1

3 times per week... 2

2 times per week... 3

1 time per week... 4

Less than 1 time per week... 5

Amount spent on gasoline in the last 30 days?

281-0

\$ 1 - \$ 49... 1

\$ 50 - \$ 74... 2

\$ 75 - \$ 99... 3

\$100 - \$149... 4

\$150 - \$199... 5

\$200 or more... 6

How did you pay for your gasoline in the last 30 days?

282-0

Cash... 1

Credit Card:

Oil Company/Gasoline Card... 2

General Purpose Card... 3

Debit Card... 4

GASOLINE ADDITIVES	You Personally:	
	Bought in last 12 months	Bottles/last 12 months
284		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Chevron Techron.....	<input type="checkbox"/>	01
Gumout.....	<input type="checkbox"/>	02
Heet.....	<input type="checkbox"/>	03
Lucas.....	<input type="checkbox"/>	04
Prestone.....	<input type="checkbox"/>	05
Sea Foam.....	<input type="checkbox"/>	06
STA-BIL Fuel Stabilizer.....	<input type="checkbox"/>	07
STP.....	<input type="checkbox"/>	08
Valvoline.....	<input type="checkbox"/>	09
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

MOTOR OIL ADDITIVES	You Personally:	
	Bought in last 12 months	Bottles/last 12 months
291		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Bar's Leaks.....	<input type="checkbox"/>	01
Dura Lube.....	<input type="checkbox"/>	02
Lucas.....	<input type="checkbox"/>	03
Marvel Mystery Oil.....	<input type="checkbox"/>	04
NO-LEAK Sealer.....	<input type="checkbox"/>	05
Prolong.....	<input type="checkbox"/>	06
Restore.....	<input type="checkbox"/>	07
Slick 50 Engine Treatment.....	<input type="checkbox"/>	08
STP.....	<input type="checkbox"/>	09
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

RESEARCH FOR AUTOMOTIVE PURCHASE/LEASE

Sources you used, last 12 months, for information or advice when considering an automotive purchase/lease:

265-0

Auto Manufacturer's website... 1

Auto salesperson/Brochures at dealer... 2

Auto dealer's website... 3

AutoNation... 4

Autotrader... 5

CarFax... 6

CarGurus... 7

CarMax... 8

Cars.com... 9

Costco Auto Program... 0

Edmunds... X

Kelley Blue Book (KBB.com)... Y

266-0

TrueCar... 1

U.S. News & World Report Cars... 2

Other Internet site... 3

Magazine/Newspaper... 4

TV/Radio... 5

Social Media... 6

Friends or Family... 7

Other... 8

OIL FILTERS	You Personally:	
	Bought in last 12 months	Number/last 12 months
286		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
ACDelco.....	<input type="checkbox"/>	01
Bosch.....	<input type="checkbox"/>	02
Champion.....	<input type="checkbox"/>	03
Fram.....	<input type="checkbox"/>	04
K&N.....	<input type="checkbox"/>	05
Mobil 1.....	<input type="checkbox"/>	06
Mopar.....	<input type="checkbox"/>	07
Motorcraft.....	<input type="checkbox"/>	08
NAPA.....	<input type="checkbox"/>	09
Pennzoil.....	<input type="checkbox"/>	10
Purolator.....	<input type="checkbox"/>	11
Quaker State.....	<input type="checkbox"/>	12
WIX.....	<input type="checkbox"/>	13
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"/>	<input type="checkbox"/>	3
Other.....	<input type="checkbox"/>	4
Where bought? 288-0		
Advance Auto Parts Store... <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	8
Car dealer.....	<input type="checkbox"/>	2
Discount auto store... <input type="checkbox"/>	<input type="checkbox"/>	3
Gas station/garage... <input type="checkbox"/>	<input type="checkbox"/>	4
Other Discount/Dept. Store... <input type="checkbox"/>	<input type="checkbox"/>	5
Who decides which brand you buy? 290-0		
Yourself (alone or with someone else)....	<input type="checkbox"/>	1
Someone else.....	<input type="checkbox"/>	2

ANTI-FREEZE/COOLANT

294

TOTAL:

00

BRANDS:

Havoline... 01

Mobil... 02

NAPA... 03

Peak... 04

Prestone... 05

Quaker State... 06

Zerex... 07

OTHER (Write In)..... 999

Who decides which brand you buy? 295-0

Yourself (alone or with someone else) .. 1

Someone else..... 2

Who adds it for you?

Yourself..... 3

Another household member..... 4

Service centers or dealers, etc. 5

Other..... 6

Where bought? 297-0

Advance Auto Parts Store... 1

AutoZone... 2

Pep Boys... 3

Walmart... 4

Other auto parts store... 5

Gas Station... 6

Grocery/Supermarket... 7

Other Discount/Dept. Store... 8

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:		
Amsoil	<input type="checkbox"/>	05
Castrol Edge	<input type="checkbox"/>	06
Castrol GTX	<input type="checkbox"/>	07
Castrol GTX High Mileage	<input type="checkbox"/>	08
Castrol GTX Magnatec	<input type="checkbox"/>	09
Chevron	<input type="checkbox"/>	10
Havoline	<input type="checkbox"/>	11
Mobil 1	<input type="checkbox"/>	12
Mobil Super	<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
Pennzoil Ultra	<input type="checkbox"/>	19
Quaker State	<input type="checkbox"/>	20
Royal Purple	<input type="checkbox"/>	21
Shell	<input type="checkbox"/>	22
Valvoline	<input type="checkbox"/>	23
Valvoline MaxLife	<input type="checkbox"/>	24
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:		
Firestone	<input type="checkbox"/>	2
Meineke	<input type="checkbox"/>	3
Midas	<input type="checkbox"/>	4
Monro Auto Service and Tire Centers	<input type="checkbox"/>	5
Sears	<input type="checkbox"/>	6
Other	<input type="checkbox"/>	7

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:		
ACDelco	<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
Purulator	<input type="checkbox"/>	08
WIX	<input type="checkbox"/>	09
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:		
303	<input type="checkbox"/>	01
Armor All Leather Wipes	<input type="checkbox"/>	02
Armor All Original Protectant	<input type="checkbox"/>	03
Armor All Protectant Wipes	<input type="checkbox"/>	04
Armor All Ultra Shine	<input type="checkbox"/>	05
Other Armor All	<input type="checkbox"/>	06
Black Magic	<input type="checkbox"/>	07
Lexol	<input type="checkbox"/>	08
Meguiar's	<input type="checkbox"/>	09
Mothers	<input type="checkbox"/>	10
Turtle Wax	<input type="checkbox"/>	11
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
Invisible Glass	<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:		
Flowmaster	<input type="checkbox"/>	2
MagnaFlow	<input type="checkbox"/>	3
Meineke	<input type="checkbox"/>	4
Midas	<input type="checkbox"/>	5
Monro Auto Service and Tire Centers	<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:		
Armor All Ultra Shine	<input type="checkbox"/>	04
Black Magic	<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
Meguiar's Ultimate	<input type="checkbox"/>	10
Other Meguiar's	<input type="checkbox"/>	11
Mothers	<input type="checkbox"/>	12
Nu Finish	<input type="checkbox"/>	13
Rain Dance	<input type="checkbox"/>	14
Rain-X	<input type="checkbox"/>	15
Simoniz	<input type="checkbox"/>	16
3M Wax	<input type="checkbox"/>	17
Turtle Wax Ice	<input type="checkbox"/>	18
Turtle Wax Super Hard Shell	<input type="checkbox"/>	19
Other Turtle Wax	<input type="checkbox"/>	20
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
ACDelco	<input type="checkbox"/>	3
AutoCraft (Advance Auto Parts)	<input type="checkbox"/>	4
Carquest	<input type="checkbox"/>	5
DieHard (Sears)	<input type="checkbox"/>	6
Duralast	<input type="checkbox"/>	7
EverStart (Walmart)	<input type="checkbox"/>	8
Exide	<input type="checkbox"/>	9
Interstate	<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
Carquest	<input type="checkbox"/>	3
NAPA	<input type="checkbox"/>	4
O'Reilly Auto Parts	<input type="checkbox"/>	5
Pep Boys	<input type="checkbox"/>	6
Sears	<input type="checkbox"/>	7
Walmart	<input type="checkbox"/>	8
	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
Valeo	<input type="checkbox"/>	08
	<input type="checkbox"/>	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:		
ACDelco	<input type="checkbox"/>	01
Gabriel	<input type="checkbox"/>	02
GM Parts/Goodwrench	<input type="checkbox"/>	03
Monroe	<input type="checkbox"/>	04
NAPA	<input type="checkbox"/>	05
	<input type="checkbox"/>	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:		
ACDelco	<input type="checkbox"/>	01
Autolite	<input type="checkbox"/>	02
Bosch	<input type="checkbox"/>	03
Champion	<input type="checkbox"/>	04
Denso	<input type="checkbox"/>	05
Motorcraft	<input type="checkbox"/>	06
NGK	<input type="checkbox"/>	07
	<input type="checkbox"/>	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:		
BFGoodrich	<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
Kumho	<input type="checkbox"/>	19
Maxxis	<input type="checkbox"/>	20
Michelin	<input type="checkbox"/>	21
Nitto	<input type="checkbox"/>	22
Pirelli	<input type="checkbox"/>	23
Toyo	<input type="checkbox"/>	24
Uniroyal	<input type="checkbox"/>	25
Yokohama	<input type="checkbox"/>	26
	<input type="checkbox"/>	999
OTHER (Write In)		
Where bought?		
	335-0	
America's Tire	<input type="checkbox"/>	1
Big O Tires	<input type="checkbox"/>	2
Discount Tire Co.	<input type="checkbox"/>	3
Firestone Complete Auto Care	<input type="checkbox"/>	4
Goodyear	<input type="checkbox"/>	5
NTB National Tire & Battery	<input type="checkbox"/>	6
Pep Boys	<input type="checkbox"/>	7
Sears	<input type="checkbox"/>	8
Walmart	<input type="checkbox"/>	9
Auto parts store	<input type="checkbox"/>	0
Gas station	<input type="checkbox"/>	X
	323-0	
Other tire dealer/Store	<input type="checkbox"/>	1
Warehouse/Club Store	<input type="checkbox"/>	2
Internet/Online	<input type="checkbox"/>	3
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

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
Mothers	<input type="checkbox"/>	10
Turtle Wax	<input type="checkbox"/>	11
	<input type="checkbox"/>	999
OTHER (Write In)		

FAST FOOD & DRIVE-IN RESTAURANTS	You Personally:	
	Ate/Bought at last 6 months	Number of times/last 30 days
351		
TOTAL:	<input type="checkbox"/>	00
RESTAURANTS:		
A & W	<input type="checkbox"/>	01
Arby's	<input type="checkbox"/>	02
Au Bon Pain	<input type="checkbox"/>	03
Auntie Anne's	<input type="checkbox"/>	04
Baskin-Robbins	<input type="checkbox"/>	05
Ben & Jerry's	<input type="checkbox"/>	06
Bojangles	<input type="checkbox"/>	07
Boston Market	<input type="checkbox"/>	08
Burger King	<input type="checkbox"/>	09
Captain D's	<input type="checkbox"/>	10
Carl's Jr.	<input type="checkbox"/>	11
Checkers	<input type="checkbox"/>	12
Chick-fil-A	<input type="checkbox"/>	13
Chipotle Mexican Grill	<input type="checkbox"/>	14
Chuck E. Cheese's	<input type="checkbox"/>	15
Church's Chicken	<input type="checkbox"/>	16
Cold Stone Creamery	<input type="checkbox"/>	17
Culver's	<input type="checkbox"/>	18
Dairy Queen	<input type="checkbox"/>	19
Del Taco	<input type="checkbox"/>	20
Dickey's Barbecue Pit	<input type="checkbox"/>	21
Domino's	<input type="checkbox"/>	22
Dunkin' Donuts	<input type="checkbox"/>	23
Einstein Bros. Bagels	<input type="checkbox"/>	24
El Pollo Loco	<input type="checkbox"/>	25
Fazoli's	<input type="checkbox"/>	26
Firehouse Subs	<input type="checkbox"/>	27
Five Guys	<input type="checkbox"/>	28
Fuddrucker's	<input type="checkbox"/>	29
Hardee's	<input type="checkbox"/>	30
Jack in the Box	<input type="checkbox"/>	31
Jamba Juice	<input type="checkbox"/>	32
Jersey Mike's Subs	<input type="checkbox"/>	33
Jimmy John's	<input type="checkbox"/>	34
KFC	<input type="checkbox"/>	35
Krispy Kreme Doughnuts	<input type="checkbox"/>	36
Krystal	<input type="checkbox"/>	37
Little Caesars	<input type="checkbox"/>	38
Long John Silver's	<input type="checkbox"/>	39
McAlister's Deli	<input type="checkbox"/>	40
McDonald's	<input type="checkbox"/>	41
Moe's Southwest Grill	<input type="checkbox"/>	42
Noodles & Company	<input type="checkbox"/>	43
Panda Express	<input type="checkbox"/>	44
Panera Bread	<input type="checkbox"/>	45
Papa John's	<input type="checkbox"/>	46
Papa Murphy's	<input type="checkbox"/>	47
Pizza Hut	<input type="checkbox"/>	48
Popeyes Chicken	<input type="checkbox"/>	49
Qdoba Mexican Eats	<input type="checkbox"/>	50
Raising Cane's	<input type="checkbox"/>	51
Rally's	<input type="checkbox"/>	52
Round Table Pizza	<input type="checkbox"/>	53
Schlotzsky's	<input type="checkbox"/>	54
Smashburger	<input type="checkbox"/>	55
Sonic Drive-In	<input type="checkbox"/>	56
Starbucks	<input type="checkbox"/>	57
Steak 'n Shake	<input type="checkbox"/>	58
Subway	<input type="checkbox"/>	59
Taco Bell	<input type="checkbox"/>	60
Taco John's	<input type="checkbox"/>	61
Tim Hortons	<input type="checkbox"/>	62
Tropical Smoothie Café	<input type="checkbox"/>	63
Wendy's	<input type="checkbox"/>	64
Whataburger	<input type="checkbox"/>	65
White Castle	<input type="checkbox"/>	66
Wing•Stop	<input type="checkbox"/>	67
Zaxby's	<input type="checkbox"/>	68
	<input type="checkbox"/>	999
OTHER (Write In)		
Who made the decision of where to go? 352-0		
Yourself	<input type="checkbox"/>	1
Other Adult	<input type="checkbox"/>	2
Child	<input type="checkbox"/>	3

FAMILY RESTAURANTS & STEAK HOUSES	You Personally:	
	Ate/Bought at last 6 months	Number of times/last 30 days
353		
TOTAL:	<input type="checkbox"/>	00
RESTAURANTS:		
Applebee's	<input type="checkbox"/>	01
Bakers Square	<input type="checkbox"/>	02
Bar Louie	<input type="checkbox"/>	03
Benihana	<input type="checkbox"/>	04
Bertucci's	<input type="checkbox"/>	05
Big Boy	<input type="checkbox"/>	06
BJ's Restaurant & Brewhouse	<input type="checkbox"/>	07
Black Angus Steakhouse	<input type="checkbox"/>	08
Bob Evans Farms	<input type="checkbox"/>	09
Bonefish Grill	<input type="checkbox"/>	10
Buffalo Wild Wings	<input type="checkbox"/>	11
California Pizza Kitchen	<input type="checkbox"/>	12
Carrabba's Italian Grill	<input type="checkbox"/>	13
Cheddar's Scratch Kitchen	<input type="checkbox"/>	14
The Cheesecake Factory	<input type="checkbox"/>	15
Chevy's	<input type="checkbox"/>	16
Chili's Grill & Bar	<input type="checkbox"/>	17
Cici's	<input type="checkbox"/>	18
Cracker Barrel	<input type="checkbox"/>	19
Dave & Buster's	<input type="checkbox"/>	20
Denny'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
Johnny Carino's	<input type="checkbox"/>	32
Logan's Roadhouse	<input type="checkbox"/>	33
Lone Star Steakhouse	<input type="checkbox"/>	34
LongHorn Steakhouse	<input type="checkbox"/>	35
Marie Callenders	<input type="checkbox"/>	36
O'Charley's	<input type="checkbox"/>	37
Old Country Buffet	<input type="checkbox"/>	38
Olive Garden	<input type="checkbox"/>	39
On The Border	<input type="checkbox"/>	40
Outback Steakhouse	<input type="checkbox"/>	41
P.F. Chang's	<input type="checkbox"/>	42
Pei Wei Asian Diner	<input type="checkbox"/>	43
Perkins	<input type="checkbox"/>	44
Ponderosa Steakhouse	<input type="checkbox"/>	45
Red Lobster	<input type="checkbox"/>	46
Red Robin	<input type="checkbox"/>	47
Romano's Macaroni Grill	<input type="checkbox"/>	48
Ruby Tuesday	<input type="checkbox"/>	49
Ruth's Chris Steak House	<input type="checkbox"/>	50
Ryan's	<input type="checkbox"/>	51
Shoney's	<input type="checkbox"/>	52
Sizzler	<input type="checkbox"/>	53
Smokey Bones	<input type="checkbox"/>	54
Texas Roadhouse	<input type="checkbox"/>	55
TGI Friday's	<input type="checkbox"/>	56
Tony Roma's	<input type="checkbox"/>	57
Uno Pizzeria & Grill	<input type="checkbox"/>	58
Village Inn Restaurant	<input type="checkbox"/>	59
Waffle House	<input type="checkbox"/>	60
	<input type="checkbox"/>	999
OTHER (Write In)		
Who made the decision of where to go? 354-0		
Yourself	<input type="checkbox"/>	1
Other Adult	<input type="checkbox"/>	2
Child	<input type="checkbox"/>	3

MORE ABOUT RESTAURANTS	You Personally:	
	Ate/Bought at last 6 months	Number of times/last 30 days
351		
FAST FOOD & DRIVE-IN RESTAURANTS		
What Meals:		
Breakfast	<input type="checkbox"/>	70
Lunch	<input type="checkbox"/>	71
Snacks	<input type="checkbox"/>	72
Supper/Dinner	<input type="checkbox"/>	73
What Days:		
Weekdays	<input type="checkbox"/>	74
Weekends	<input type="checkbox"/>	75
How Ordered:		
Eat-in	<input type="checkbox"/>	76
Home Delivery	<input type="checkbox"/>	77
Take-Out: Drive-Thru	<input type="checkbox"/>	78
Take-Out: Walk-In	<input type="checkbox"/>	79
FAMILY RESTAURANTS & STEAK HOUSES		
What Meals: 353		
Breakfast	<input type="checkbox"/>	62
Lunch	<input type="checkbox"/>	63
Snacks	<input type="checkbox"/>	64
Supper/Dinner	<input type="checkbox"/>	65
What Days:		
Weekdays	<input type="checkbox"/>	66
Weekends	<input type="checkbox"/>	67
How Ordered:		
Eat-in	<input type="checkbox"/>	68
Home Delivery	<input type="checkbox"/>	69
Take-Out	<input type="checkbox"/>	70
FINE DINING RESTAURANTS 61Y		
Any Visit	<input type="checkbox"/>	01
OTHER RESTAURANTS		
Any Visit	<input type="checkbox"/>	02
Websites or apps you used to order restaurant takeout or delivery, last 30 days: 62V-0		
Delivery.com	<input type="checkbox"/>	1
DoorDash	<input type="checkbox"/>	2
Grubhub	<input type="checkbox"/>	3
Postmates	<input type="checkbox"/>	4
UberEats	<input type="checkbox"/>	5
Yelp	<input type="checkbox"/>	6
Restaurant's own site or app	<input type="checkbox"/>	7
Other delivery site or app	<input type="checkbox"/>	8

RESTAURANT EXPENDITURES	61Z
How much did you spend at the following types of restaurants in the last 30 days? (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/BOATS

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"/>
Kayak	<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
 Aquatica (California, Florida, Texas)..... 2
 Busch Gardens (Florida)

Dorney Park & Wildwater Kingdom (Pennsylvania)..... 1
 Great Wolf Lodge

Sea World (California) 1
 Sea World (Florida)

Six Flags Magic Mountain (California) ... 1
 Six Flags New England (Massachusetts).. 2
 Six Flags Over Georgia

Universal Studios (California)..... 1
 Universal Studios (Florida)..... 2
 Universal's Islands of Adventure (Florida)..... 3

Walt Disney World (Florida):
 Blizzard Beach

Other 1
Who made the decision to visit?
 Yourself (Alone or with someone else) ... 2
 Child

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

KINDS:
 Hard side

BRANDS:
 American Tourister

Total amount spent for all pieces, last 12 months:

\$1 - \$49	<input type="checkbox"/> 1
\$50 - \$99	<input type="checkbox"/> 2
\$100 - \$199	<input type="checkbox"/> 3
\$200 - \$299	<input type="checkbox"/> 4
\$300 +	<input type="checkbox"/> 5

PASSPORT

Do you personally own a valid passport?
 Yes 1
 No

FOREIGN VACATIONS

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

Less than \$1,000	<input type="checkbox"/> 1
\$1,000 - \$2,999	<input type="checkbox"/> 2
\$3,000 - \$5,999	<input type="checkbox"/> 3
\$6,000 - \$7,999	<input type="checkbox"/> 4
\$8,000 or more	<input type="checkbox"/> 5

DOMESTIC VACATIONS

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

Less than \$1,000	<input type="checkbox"/> 1
\$1,000 - \$1,499	<input type="checkbox"/> 2
\$1,500 - \$1,999	<input type="checkbox"/> 3
\$2,000 - \$2,999	<input type="checkbox"/> 4
\$3,000 - \$4,999	<input type="checkbox"/> 5
\$5,000 - \$6,999	<input type="checkbox"/> 6
\$7,000 or more	<input type="checkbox"/> 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
2020	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2019	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
2018	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
2017	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4

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
Thailand and other Southeast Asian countries	<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?

	6	7	8
Yourself (alone)	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Spouse or mate	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Child(ren) less than 18 years old	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 0
Friend(s)	<input type="checkbox"/> 9	<input type="checkbox"/> 0	<input type="checkbox"/> 1
Other	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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:

	5	6	7
Flight Reservations	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Hotel Reservations	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Local Sightseeing	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Entire Trip	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 0

Continued in next Column



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:

	5	6	7
Bus	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Personal Vehicle	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Cruise Ship	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Plane (charter/private)	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 0
Plane (scheduled flight)	<input type="checkbox"/> 9	<input type="checkbox"/> 0	<input type="checkbox"/> X
Railroad/Train	<input type="checkbox"/> 0	<input type="checkbox"/> X	<input type="checkbox"/> X
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
Alaska Airlines	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Alitalia	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
American/American Eagle	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
British Airways	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Delta	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Emirates	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
JetBlue	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
KLM	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Lufthansa	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Singapore Airlines	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Southwest Airlines	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Turkish Airlines	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
United	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Virgin Atlantic	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Other Asia/Pacific based airline	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Other European based airline	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Other Latin American based airline	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Other	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

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

	374-0	388-0	402-0
Listened to radio/audio	<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

For each airplane trip, did you view CNN Airport Network television in the airport?

Yes	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
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For each airplane trip, did you visit an airline or airport lounge?

Yes	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
-----	----------------------------	----------------------------	----------------------------

Was this trip taken on an all inclusive travel package?

Yes	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
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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
Visit cultural/historical site	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1

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?

Maine, New Hampshire, Vermont . . .	408-0 <input type="checkbox"/> 1	421-0 <input type="checkbox"/> 1	434-0 <input type="checkbox"/> 1
Massachusetts, Connecticut, Rhode Island . . .	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
New York . . .	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Pennsylvania, New Jersey . . .	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Delaware, Maryland, District of Columbia . . .	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Michigan, Wisconsin . . .	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Ohio, Indiana, Illinois . . .	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Nebraska, Kansas . . .	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
N. Dakota, S. Dakota, Minnesota . . .	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Iowa, Missouri . . .	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
N. Carolina, S. Carolina . . .	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
Alabama, Georgia . . .	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
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:

Business (paid for by company) . . .	410-0 <input type="checkbox"/> 1	423-0 <input type="checkbox"/> 1	436-0 <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?

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:

Under 500 . . .	411-0 <input type="checkbox"/> 1	424-0 <input type="checkbox"/> 1	437-0 <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?

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?

January – March . . .	412-0 <input type="checkbox"/> 1	425-0 <input type="checkbox"/> 1	438-0 <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:

Plane (charter/private) . . .	414-0 <input type="checkbox"/> 1	427-0 <input type="checkbox"/> 1	440-0 <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
Amtrak . . .	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Other Railroad/Train . . .	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Motor Home/RV . . .	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

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

Alaska Airlines . . .	415-0 <input type="checkbox"/> 1	428-0 <input type="checkbox"/> 1	441-0 <input type="checkbox"/> 1
Allegiant Air . . .	<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
Delta . . .	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Frontier . . .	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
JetBlue . . .	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
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
Other _____ (Write in) . . .	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

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/audio . . .	<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 each airplane trip, did you view CNN Airport Network television in the airport?

Yes . . .	445-0 <input type="checkbox"/> 1	446-0 <input type="checkbox"/> 1	447-0 <input type="checkbox"/> 1
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For each airplane trip, did you visit an airline or airport lounge?

Yes . . .	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
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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
Skiing (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
Visit cultural/historical site . . .	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X



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

HOTELS, MOTELS & OTHER LODGING

You Personally:

Stayed in for Business	Stayed in for Personal/Vacation
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Number of nights spent in a hotel, motel or other paid lodging last 12 months:	448-0	453-0
1	<input type="checkbox"/> 1	<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
Americas 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
Clarion	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Comfort Inn	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Comfort Suites	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Country Inns & Suites	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Courtyard (by Marriott)	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Crowne Plaza	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Days Inn	<input type="checkbox"/> 0	<input type="checkbox"/> 0
DoubleTree	<input type="checkbox"/> X	<input type="checkbox"/> X
Econo Lodge	<input type="checkbox"/> Y	<input type="checkbox"/> Y
450-0	455-0	
Embassy Suites	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Fairfield Inn (by Marriott)	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Four Seasons	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Great Wolf Lodge	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Hampton Inn & Suites	<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
451-0	456-0	
Hyatt	<input type="checkbox"/> 1	<input type="checkbox"/> 1
InterContinental Hotels	<input type="checkbox"/> 2	<input type="checkbox"/> 2
La Quinta Inns & Suites	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Marriott Hotels, Resorts and Suites	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Microtel (by Wyndham)	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Motel 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Omni	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Quality Inn	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Radisson	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Ramada	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Red Roof Inn	<input type="checkbox"/> X	<input type="checkbox"/> X
Renaissance	<input type="checkbox"/> Y	<input type="checkbox"/> Y
452-0	457-0	
Residence Inn (by Marriott) ..	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Ritz-Carlton	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Sandals/Beaches	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Sheraton	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Sleep Inn	<input type="checkbox"/> 5	<input type="checkbox"/> 5
SpringHill Suites (by Marriott)	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Super 8	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Travelodge	<input type="checkbox"/> 8	<input type="checkbox"/> 8
W Hotel	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Westin	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Wyndham	<input type="checkbox"/> X	<input type="checkbox"/> X
60K-0	60L-0	
Other hotel/motel (chain)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Other hotel/motel (non-chain) ..	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Bed and Breakfast	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Other	<input type="checkbox"/> 4	<input type="checkbox"/> 4
"By owner" rental service used, last 12 months:		
Airbnb	<input type="checkbox"/> 1	<input type="checkbox"/> 1
HomeAway	<input type="checkbox"/> 2	<input type="checkbox"/> 2
VRBO	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Other	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Who generally makes your reservations?		
Self	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Other Family Member	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Administrative Assistant	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Travel Agent	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Other	<input type="checkbox"/> 9	<input type="checkbox"/> 9

TRAVEL BY PLANE

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

	Number of trips made for:	
	Vacation/Personal/Honeymoon	
	Business	Honeymoon
	60M	60V
Within the continental U.S.	(Write in Number)	(Write in Number)
Outside the continental U.S.	(Write in Number)	(Write in Number)

Are you enrolled in TSA Pre✓? Yes 1 **484-0**

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?

	60T	
	Regular member	Elite member
	1	2
American AAdvantage	<input type="checkbox"/>	<input type="checkbox"/> 01
Delta SkyMiles	<input type="checkbox"/>	<input type="checkbox"/> 02
JetBlue TrueBlue	<input type="checkbox"/>	<input type="checkbox"/> 03
Southwest Rapid Rewards	<input type="checkbox"/>	<input type="checkbox"/> 04
United MileagePlus	<input type="checkbox"/>	<input type="checkbox"/> 05
Other	<input type="checkbox"/>	<input type="checkbox"/> 06

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? 65L-0 Yes 1 No 2

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

Hilton Honors	<input type="checkbox"/> 3
World of Hyatt	<input type="checkbox"/> 4
IHG Rewards Club	<input type="checkbox"/> 5
Marriott Bonvoy	<input type="checkbox"/> 6
Wyndham Rewards	<input type="checkbox"/> 7
Other	<input type="checkbox"/> 8

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? 460-0

Carnival	<input type="checkbox"/> 1
Celebrity	<input type="checkbox"/> 2
Disney Cruise Line	<input type="checkbox"/> 3
Holland America Line	<input type="checkbox"/> 4
MSC Cruises	<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
60P-0	60R-0	
Airbnb.com	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Booking.com	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Expedia.com	<input type="checkbox"/> 3	<input type="checkbox"/> 3
HomeAway.com	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Hotels.com	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Hotwire.com	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Kayak.com	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Orbitz.com	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Priceline.com	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Travelocity.com	<input type="checkbox"/> 0	<input type="checkbox"/> 0
TripAdvisor.com	<input type="checkbox"/> X	<input type="checkbox"/> X
Trivago.com	<input type="checkbox"/> Y	<input type="checkbox"/> Y
60W-0	60X-0	
VRBO.com	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Other general Internet travel site	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Other Internet site	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Other	<input type="checkbox"/> 4	<input type="checkbox"/> 4

How long before traveling do you typically book your trips? 60S-0

More than 6 months before traveling ..	<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 phone/
mail
last 12
months

By
Internet
last 12
months

Items personally ordered, last 12 months:

Airline tickets	462-0	468-0
Automotive Products	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Baby Accessories	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Banking Services	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Bedding/Linens	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Books	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Cameras and equipment	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Car/Vehicle Rental Reservations	<input type="checkbox"/> 7	<input type="checkbox"/> 7
CDs	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Cell phones/accessories	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Clothing/Apparel	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Coffee & Tea	<input type="checkbox"/> X	<input type="checkbox"/> X
	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Collector's items (coins, stamps, etc.)	463-0	469-0
Computers	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Computer Software/Accessories	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Cooking/Kitchen accessories	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Cosmetics/toiletries	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Credit Cards	<input type="checkbox"/> 5	<input type="checkbox"/> 5
DVDs/Blu-ray Discs	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Educational Programs	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Fitness Apparel/Equipment	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Flowers	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Food (Groceries)	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Food (Meal Kits)	<input type="checkbox"/> X	<input type="checkbox"/> X
	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Garden supplies	464-0	470-0
Gift Baskets	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Handbags/Other Accessories	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Hobby or craft supplies	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Home furnishings	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Home improvement items/tools	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Hotel reservations	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Household/small appliances	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Housewares	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Hunting, fishing, camping equipment	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Jewelry/watches	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Office Supplies	<input type="checkbox"/> X	<input type="checkbox"/> X
	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Pet products/supplies	465-0	471-0
Prescription Drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Religious Products	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Shoes/Footwear	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Sports apparel/memorabilia	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Sports equipment	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Stereo/Audio Equipment	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Tickets – Concerts, shows, other entertainment	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Tickets – Movies	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Tickets – Sports Events	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Toys/Games	<input type="checkbox"/> 0	<input type="checkbox"/> 0
TVs	<input type="checkbox"/> X	<input type="checkbox"/> X
	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Video Games/Systems	466-0	472-0
Vitamins	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Wedding/Occasion Gifts	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Wines/Champagnes	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Other Electronics	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Other Financial/Insurance Products	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Other Health/Medical Supplies	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Other Travel Services	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Other	<input type="checkbox"/> 8	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 9

Amount spent, last 12 months:	Mail/Phone	Internet
	467-0	473-0
\$1 - \$49	<input type="checkbox"/> 1	<input type="checkbox"/> 1
\$50 - \$99	<input type="checkbox"/> 2	<input type="checkbox"/> 2
\$100 - \$199	<input type="checkbox"/> 3	<input type="checkbox"/> 3
\$200 - \$499	<input type="checkbox"/> 4	<input type="checkbox"/> 4
\$500 - \$799	<input type="checkbox"/> 5	<input type="checkbox"/> 5
\$800+	<input type="checkbox"/> 6	<input type="checkbox"/> 6

Continued in next Column

INTERNET AND CATALOG SHOPPING (Continued)

You Personally Ordered:

By Catalog
(phone/mail)
last 12
months

By Internet
(Site/App)
last 12
months

Catalogs or Websites/Apps ordered from:

1800PetMeds	65N-0	65Q-0
Avon	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Crate & Barrel	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Eddie Bauer	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Fingerhut	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 5
J. Crew	65P-0	65R-0
L.L. Bean	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Lands' End	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Macy's	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Neiman Marcus	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Nordstrom	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Office Depot	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Pottery Barn	<input type="checkbox"/> 7	<input type="checkbox"/> 7
ProFlowers	<input type="checkbox"/> 8	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Shari's Berries	65S-0	65T-0
Teleflora	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Other	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 3

Continued in next Column

ONLINE GROCERY ORDERING/DELIVERY SERVICE

Your Household ordered from, last 12 months

AmazonFresh	479-0	<input type="checkbox"/> 1
FreshDirect	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Instacart	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Peapod	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Postmates	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Shipt	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Other	<input type="checkbox"/> 7	<input type="checkbox"/> 7

HOW YOU SHOP

In the past 30 days, when purchasing a product or service, which, if any, of these have you done?

Obtained information from a catalog, then:	
Purchased in-store	<input type="checkbox"/> 1
Purchased by Internet (computer/laptop)	<input type="checkbox"/> 2
Purchased by Internet (mobile device)	<input type="checkbox"/> 3
Purchased by mail/phone call	<input type="checkbox"/> 4

Obtained information from a website on a computer/laptop, then:	
Purchased in-store	<input type="checkbox"/> 5
Purchased by Internet (computer/laptop)	<input type="checkbox"/> 6
Purchased by Internet (mobile device)	<input type="checkbox"/> 7
Purchased by mail/phone call	<input type="checkbox"/> 8

Obtained information from a mobile website/app, then:	475-0
Purchased in-store	<input type="checkbox"/> 1
Purchased by Internet (computer/laptop)	<input type="checkbox"/> 2
Purchased by Internet (mobile device)	<input type="checkbox"/> 3
Purchased by mail/phone call	<input type="checkbox"/> 4

Obtained information in store, then:	
Purchased in-store	<input type="checkbox"/> 5
Purchased by Internet (computer/laptop)	<input type="checkbox"/> 6
Purchased by Internet (mobile device)	<input type="checkbox"/> 7
Purchased by mail/phone call	<input type="checkbox"/> 8

INTERNET SHOPPING (Continued)

Websites or Apps personally ordered from, last 12 months:

1800flowers.com	65U-0	<input type="checkbox"/> 1
Amazon.com	<input type="checkbox"/> 2	<input type="checkbox"/> 2
American Eagle Outfitters (ae.com)	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Apple.com	<input type="checkbox"/> 4	<input type="checkbox"/> 4
BananaRepublic.com	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Barnes&Noble.com	<input type="checkbox"/> 6	<input type="checkbox"/> 6
BathandBodyWorks.com	<input type="checkbox"/> 7	<input type="checkbox"/> 7
BedBathandBeyond.com	<input type="checkbox"/> 8	<input type="checkbox"/> 8
BestBuy.com	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Costco.com	<input type="checkbox"/> 0	<input type="checkbox"/> 0
CVS.com	65V-0	<input type="checkbox"/> 1
Dell.com	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Disney (shopDisney.com)	<input type="checkbox"/> 3	<input type="checkbox"/> 3
eBay.com	<input type="checkbox"/> 4	<input type="checkbox"/> 4
EdibleArrangements.com	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Etsy.com	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Expedia.com	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Fandango.com	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Gap.com	65W-0	<input type="checkbox"/> 1
Groupon.com	<input type="checkbox"/> 2	<input type="checkbox"/> 2
HomeDepot.com	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Hotels.com	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Hotwire.com	<input type="checkbox"/> 5	<input type="checkbox"/> 5
HSN.com	<input type="checkbox"/> 6	<input type="checkbox"/> 6
iTunes.com (Apple Store)	<input type="checkbox"/> 7	<input type="checkbox"/> 7
JCPenney.com	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Jet.com	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Joann.com	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Kmart.com	<input type="checkbox"/> X	<input type="checkbox"/> X
Kohls.com	<input type="checkbox"/> Y	<input type="checkbox"/> Y
LiveNation.com	65Z-0	<input type="checkbox"/> 1
Lowes.com	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Michaels.com	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Nike.com	<input type="checkbox"/> 4	<input type="checkbox"/> 4
OldNavy.com	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Orbitz.com	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Overstock.com	<input type="checkbox"/> 7	<input type="checkbox"/> 7
PetSmart.com	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Priceline.com	480-0	<input type="checkbox"/> 1
QVC.com	<input type="checkbox"/> 2	<input type="checkbox"/> 2
REI.com	<input type="checkbox"/> 3	<input type="checkbox"/> 3
SamsClub.com	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Sears.com	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Sephora.com	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Staples.com	<input type="checkbox"/> 7	<input type="checkbox"/> 7
StubHub.com	<input type="checkbox"/> 8	<input type="checkbox"/> 8
TJMaxx.com	65Y-0	<input type="checkbox"/> 1
Target.com	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Ticketmaster.com	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Travelocity.com	<input type="checkbox"/> 4	<input type="checkbox"/> 4
VictoriasSecret.com	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Walgreens.com	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Walmart.com	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Wayfair.com	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Zappos.com	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Zulily.com	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Other Internet site	<input type="checkbox"/> X	<input type="checkbox"/> X

SUBSCRIPTION BOXES/MEAL KITS

Your Household ordered from, last 12 months

Blue Apron	483-0	<input type="checkbox"/> 1
Birchbox	<input type="checkbox"/> 2	<input type="checkbox"/> 2
HelloFresh	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Home Chef	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Stitch Fix	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Other	<input type="checkbox"/> 6	<input type="checkbox"/> 6

Continued in next Column

CREDIT/DEBIT CARDS

You Personally:
 Have (in your own name) Used in the last 12 months

487

Major Credit Cards

- | | | | |
|--|--------------------------|--------------------------|----|
| American Express Green | <input type="checkbox"/> | <input type="checkbox"/> | 01 |
| American Express Gold | <input type="checkbox"/> | <input type="checkbox"/> | 02 |
| American Express Platinum | <input type="checkbox"/> | <input type="checkbox"/> | 03 |
| American Express Blue | <input type="checkbox"/> | <input type="checkbox"/> | 04 |
| American Express OPEN (Small Business) | <input type="checkbox"/> | <input type="checkbox"/> | 05 |
| Other American Express | <input type="checkbox"/> | <input type="checkbox"/> | 06 |
| Discover | <input type="checkbox"/> | <input type="checkbox"/> | 07 |
| Mastercard Standard | <input type="checkbox"/> | <input type="checkbox"/> | 08 |
| Mastercard Gold | <input type="checkbox"/> | <input type="checkbox"/> | 09 |
| Mastercard Platinum | <input type="checkbox"/> | <input type="checkbox"/> | 10 |
| Mastercard World/World Elite | <input type="checkbox"/> | <input type="checkbox"/> | 11 |
| Mastercard BusinessCard (Small Business) | <input type="checkbox"/> | <input type="checkbox"/> | 12 |
| Visa Regular/Classic | <input type="checkbox"/> | <input type="checkbox"/> | 13 |
| Visa Gold | <input type="checkbox"/> | <input type="checkbox"/> | 14 |
| Visa Platinum | <input type="checkbox"/> | <input type="checkbox"/> | 15 |
| Visa Signature | <input type="checkbox"/> | <input type="checkbox"/> | 16 |
| Visa Business (Small Business) | <input type="checkbox"/> | <input type="checkbox"/> | 17 |
| Other Major Credit Card | <input type="checkbox"/> | <input type="checkbox"/> | 18 |

Debit Cards

- | | | | |
|-------------------------|--------------------------|--------------------------|----|
| Mastercard Debit Card | <input type="checkbox"/> | <input type="checkbox"/> | 19 |
| Visa Debit Card | <input type="checkbox"/> | <input type="checkbox"/> | 20 |
| Discover Cashback Debit | <input type="checkbox"/> | <input type="checkbox"/> | 21 |
| Other Debit Card | <input type="checkbox"/> | <input type="checkbox"/> | 22 |

For credit card holders only:

Which bank(s) issued your credit card(s)?

- | | | | |
|-----------------|--------------------------|--------------------------|----|
| Bank of America | <input type="checkbox"/> | <input type="checkbox"/> | 23 |
| Barclays | <input type="checkbox"/> | <input type="checkbox"/> | 24 |
| Capital One | <input type="checkbox"/> | <input type="checkbox"/> | 25 |
| Chase | <input type="checkbox"/> | <input type="checkbox"/> | 26 |
| Citibank | <input type="checkbox"/> | <input type="checkbox"/> | 27 |
| Citizens Bank | <input type="checkbox"/> | <input type="checkbox"/> | 28 |
| PNC | <input type="checkbox"/> | <input type="checkbox"/> | 29 |
| TD Bank | <input type="checkbox"/> | <input type="checkbox"/> | 30 |
| USAA | <input type="checkbox"/> | <input type="checkbox"/> | 31 |
| U.S. Bank | <input type="checkbox"/> | <input type="checkbox"/> | 32 |
| Wells Fargo | <input type="checkbox"/> | <input type="checkbox"/> | 33 |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | 34 |

Rewards associated with your major credit card(s)

- | | | | |
|----------------------------|--------------------------|--------------------------|----|
| Cash back | <input type="checkbox"/> | <input type="checkbox"/> | 35 |
| Airline miles | <input type="checkbox"/> | <input type="checkbox"/> | 36 |
| Hotel or Car Rental awards | <input type="checkbox"/> | <input type="checkbox"/> | 37 |
| Gifts | <input type="checkbox"/> | <input type="checkbox"/> | 38 |
| Charitable contribution | <input type="checkbox"/> | <input type="checkbox"/> | 39 |
| Gasoline discounts | <input type="checkbox"/> | <input type="checkbox"/> | 40 |
| Other retail discounts | <input type="checkbox"/> | <input type="checkbox"/> | 41 |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | 42 |

Store Credit Cards (Affiliated/Together with a major credit card)

- | | | | |
|------------------|--------------------------|--------------------------|----|
| Department Store | <input type="checkbox"/> | <input type="checkbox"/> | 43 |
| Discount Store | <input type="checkbox"/> | <input type="checkbox"/> | 44 |
| Other Store | <input type="checkbox"/> | <input type="checkbox"/> | 45 |

Store Credit Cards (Not Affiliated/Together with a major credit card)

- | | | | |
|-----------|--------------------------|--------------------------|----|
| Dillard's | <input type="checkbox"/> | <input type="checkbox"/> | 46 |
| JCPenney | <input type="checkbox"/> | <input type="checkbox"/> | 47 |
| Macy's | <input type="checkbox"/> | <input type="checkbox"/> | 48 |
| Nordstrom | <input type="checkbox"/> | <input type="checkbox"/> | 49 |
| Sears | <input type="checkbox"/> | <input type="checkbox"/> | 50 |
| Target | <input type="checkbox"/> | <input type="checkbox"/> | 51 |
| Walmart | <input type="checkbox"/> | <input type="checkbox"/> | 52 |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | 53 |

For what purpose(s) do you use your credit card(s)?

- | | | |
|----------|--------------------------|-------|
| Business | <input type="checkbox"/> | 488-0 |
| Personal | <input type="checkbox"/> | 1 |

Do you typically carry a balance on your credit card(s)?

- | | | |
|-------------------|--------------------------|-------|
| Never or rarely | <input type="checkbox"/> | 676-0 |
| Sometimes | <input type="checkbox"/> | 1 |
| Usually or always | <input type="checkbox"/> | 2 |

In the last 12 months, have you accepted a pre-approved credit offer?

- | | | |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | 4 |
|-----|--------------------------|---|

CREDIT/DEBIT CARDS (Continued)

For Credit or Debit card holders:

How many credit/debit cards do you own?

Credit Cards: _____ 489-0 Debit Cards: _____ 62N-0
 (Write in Number) (Write in Number)

What is your average monthly expenditure for all credit/debit card purchases?

Credit Cards: \$ _____ 490-0 Debit Cards: \$ _____ 62P-0
 (Write in Amount) (Write in Amount)

On average, how often do you use a credit card for personal and for business purchases each month?

- | | | |
|------------------------------|----------------------------|----------------------------|
| | 62R-0 | 62S-0 |
| | Personal | Business |
| More than 20 times per month | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| 11-20 times per month | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| 6-10 times per month | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| 1-5 times per month | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Less than once a month | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |

On average, how often do you use a debit card for personal and for business purchases each month?

- | | | |
|------------------------------|----------------------------|----------------------------|
| | Personal | Business |
| More than 20 times per month | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| 11-20 times per month | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| 6-10 times per month | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| 1-5 times per month | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| Less than once a month | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |

CREDIT MONITORING

Do you use a credit monitoring service to monitor your credit rating?

Yes 1 485-0

REAL ESTATE

Which of the following types of property does your household own and which were acquired in the last 12 months?

	Owns	Acquired last 12 months	Number of properties owned
			(Write in number)
496	1	2	61A
Vacation/Weekend Home	<input type="checkbox"/>	<input type="checkbox"/>	01
Farm	<input type="checkbox"/>	<input type="checkbox"/>	02
Retirement Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	03
Investment Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	04

Do you or does anyone in your household own a time share? 486-0

Yes 1

Have you personally used a real estate agent in the last 12 months to:

- | | | |
|-----------------|--------------------------|-------|
| Sell a property | <input type="checkbox"/> | 497-0 |
| Buy a property | <input type="checkbox"/> | 1 |
| Other | <input type="checkbox"/> | 2 |

If yes, which real estate agent(s) did you use? 498-0

- | | | |
|---------------------------------|--------------------------|---|
| Berkshire Hathaway HomeServices | <input type="checkbox"/> | 1 |
| Century 21 | <input type="checkbox"/> | 2 |
| Coldwell Banker | <input type="checkbox"/> | 3 |
| Keller Williams | <input type="checkbox"/> | 4 |
| Re/Max | <input type="checkbox"/> | 5 |
| Other | <input type="checkbox"/> | 6 |

Was the home you currently occupy: 499-0

- | | | |
|-------------------------------------|--------------------------|---|
| Custom built | <input type="checkbox"/> | 1 |
| Already built when you purchased it | <input type="checkbox"/> | 2 |

Was it constructed within the last 12 months?

Yes 3 No 4

Have you personally bought and then sold ("flipped") a property, for investment purposes only, in the last 12 months?

Yes 1 No 2 61C-0

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:

- Ally Bank 1
- Bank of America 2
- BB&T 3
- Capital One 4
- Chase 5
- Citibank 6
- Citizens 7
- Fifth Third Bank 8
- HSBC 9
- KeyBank 0
- PNC X
- Regions Bank Y
- SunTrust 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: 1
- MoneyGram 2
- Western Union 3
- Xoom 4
- Bank Wire Transfer 5
- U.S. Postal Service 6
- Overnight Courier 7
- Another Way 8
- Purchased a money order 9
- Used a check cashing service 0

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

- 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 X

INVESTMENT ACTIVITY

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

- 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?

- | | | | |
|---|--------------------------------|------------------------------------|------------------------------|
| | Discount Brokerage Firm | Full Service Brokerage Firm | Online Brokerage Firm |
| 493 | 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 | 495-0 |
| Capital One Investing <input type="checkbox"/> 1 | Raymond James <input type="checkbox"/> 1 |
| Charles Schwab <input type="checkbox"/> 2 | T. Rowe Price <input type="checkbox"/> 2 |
| Chase Investment Services <input type="checkbox"/> 3 | TD Ameritrade <input type="checkbox"/> 3 |
| Edward Jones <input type="checkbox"/> 4 | TIAA <input type="checkbox"/> 4 |
| E*Trade <input type="checkbox"/> 5 | UBS <input type="checkbox"/> 5 |
| Fidelity <input type="checkbox"/> 6 | USAA <input type="checkbox"/> 6 |
| Merrill Edge <input type="checkbox"/> 7 | Vanguard <input type="checkbox"/> 7 |
| Merrill Lynch <input type="checkbox"/> 8 | Wells Fargo Advisors <input type="checkbox"/> 8 |
| Morgan Stanley <input type="checkbox"/> 9 | Other full service firm <input type="checkbox"/> 1 |
| Nationwide <input type="checkbox"/> 0 | Other discount brokerage firm <input type="checkbox"/> 2 |
| | Other online brokerage firm <input type="checkbox"/> 3 |
| | Other bank <input type="checkbox"/> 4 |
| | Other <input type="checkbox"/> 5 |

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

- | | | |
|---------------------------------|----------------------------------|----------------------------------|
| 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 |

LOANS AND MORTGAGES

You Personally or Jointly:

Have	Acquired Last 12 months
64H	
1	2

- Home Mortgage (1st) 01
- 2nd Mortgage (Home Equity Loan) 02
- Mortgage Refinance/Consolidation Loan 03
- Auto Loan 04
- Personal Loan for Education (Student Loan) 05
- Personal Loan, not for Education 06
- Personal Line of Credit 07
- Home Equity Line of Credit 08
- Loan from 401(k) or 403(b) 09
- Small Business Loan 10
- Title Loan 11

Have you personally taken a short-term loan from a payday loan/cash-advance company in the last 12 months? Yes 1

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 |
| 700 | |
| American Century <input type="checkbox"/> | <input type="checkbox"/> 01 |
| American Funds <input type="checkbox"/> | <input type="checkbox"/> 02 |
| Charles Schwab/Schwab <input type="checkbox"/> | <input type="checkbox"/> 03 |
| Fidelity Investments <input type="checkbox"/> | <input type="checkbox"/> 04 |
| Franklin Templeton <input type="checkbox"/> | <input type="checkbox"/> 05 |
| Hartford Funds <input type="checkbox"/> | <input type="checkbox"/> 06 |
| Invesco <input type="checkbox"/> | <input type="checkbox"/> 07 |
| Janus Henderson <input type="checkbox"/> | <input type="checkbox"/> 08 |
| Lord Abbett <input type="checkbox"/> | <input type="checkbox"/> 09 |
| Merrill Lynch <input type="checkbox"/> | <input type="checkbox"/> 10 |
| Morgan Stanley <input type="checkbox"/> | <input type="checkbox"/> 11 |
| Oppenheimer <input type="checkbox"/> | <input type="checkbox"/> 12 |
| Prudential Investments <input type="checkbox"/> | <input type="checkbox"/> 13 |
| Putnam <input type="checkbox"/> | <input type="checkbox"/> 14 |
| TIAA <input type="checkbox"/> | <input type="checkbox"/> 15 |
| T. Rowe Price <input type="checkbox"/> | <input type="checkbox"/> 16 |
| USAA <input type="checkbox"/> | <input type="checkbox"/> 17 |
| Vanguard <input type="checkbox"/> | <input type="checkbox"/> 18 |
| Voya <input type="checkbox"/> | <input type="checkbox"/> 19 |
| Other <input type="checkbox"/> | <input type="checkbox"/> 20 |

LIFE INSURANCE

Do you currently carry any life insurance? Yes 1 504-0

Which kind(s) do you carry? 508-0

Separate term policy 1

Separate whole life policy 2

Combination term/whole life policy 3

Universal life 4

Variable life 5

How many different life insurance policies do you carry? 507-0

Number of policies _____

How acquired: 505-0

From a union 1

From a place of work 2

From a fraternal or other membership group 3

Veterans life insurance 4

From a bank 5

With loan, mortgage or installment payments 6

Through an agent representing one company 7

Through an agent (broker) representing more than one company 8

In response to mail advertising (no agent) 9

Direct from insurance company via phone (no agent) 0

Direct from insurance company via website (no agent) X

Total face value of all the life insurance you currently carry: 506-0

Less than \$20,000 1

\$ 20,000 - \$ 49,999 2


\$ 50,000 - \$ 99,999 3

\$100,000 - \$149,999 4

\$150,000 - \$249,999 5

\$250,000 - \$499,999 6

\$500,000 or more 7

Continued in next Column 

LIFE INSURANCE (Continued)

With which company:

	1	509	2
AAA	<input type="checkbox"/>		<input type="checkbox"/> 01
AARP from New York Life	<input type="checkbox"/>		<input type="checkbox"/> 02
Aetna	<input type="checkbox"/>		<input type="checkbox"/> 03
AFLAC	<input type="checkbox"/>		<input type="checkbox"/> 04
ALG American General	<input type="checkbox"/>		<input type="checkbox"/> 05
Allstate	<input type="checkbox"/>		<input type="checkbox"/> 06
American Family	<input type="checkbox"/>		<input type="checkbox"/> 07
AXA Equitable	<input type="checkbox"/>		<input type="checkbox"/> 08
Brighthouse Financial	<input type="checkbox"/>		<input type="checkbox"/> 09
Cigna	<input type="checkbox"/>		<input type="checkbox"/> 10
Colonial Penn	<input type="checkbox"/>		<input type="checkbox"/> 11
Farm Bureau	<input type="checkbox"/>		<input type="checkbox"/> 12
Farmers Insurance	<input type="checkbox"/>		<input type="checkbox"/> 13
Gerber Life	<input type="checkbox"/>		<input type="checkbox"/> 14
Guardian	<input type="checkbox"/>		<input type="checkbox"/> 15
The Hartford	<input type="checkbox"/>		<input type="checkbox"/> 16
John Hancock	<input type="checkbox"/>		<input type="checkbox"/> 17
Lincoln Financial Group	<input type="checkbox"/>		<input type="checkbox"/> 18
MassMutual	<input type="checkbox"/>		<input type="checkbox"/> 19
MetLife	<input type="checkbox"/>		<input type="checkbox"/> 20
Mutual of Omaha	<input type="checkbox"/>		<input type="checkbox"/> 21
Nationwide	<input type="checkbox"/>		<input type="checkbox"/> 22
New York Life	<input type="checkbox"/>		<input type="checkbox"/> 23
Northwestern Mutual	<input type="checkbox"/>		<input type="checkbox"/> 24
Pacific Life	<input type="checkbox"/>		<input type="checkbox"/> 25
Principal	<input type="checkbox"/>		<input type="checkbox"/> 26
Prudential	<input type="checkbox"/>		<input type="checkbox"/> 27
SBLI	<input type="checkbox"/>		<input type="checkbox"/> 28
State Farm	<input type="checkbox"/>		<input type="checkbox"/> 29
TIAA	<input type="checkbox"/>		<input type="checkbox"/> 30
Transamerica	<input type="checkbox"/>		<input type="checkbox"/> 31
TruStage	<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
Voya	<input type="checkbox"/>		<input type="checkbox"/> 36
Other	<input type="checkbox"/>		<input type="checkbox"/> 37

PAYING BILLS

Bill-paying methods you personally used, last 12 months: 64M-0

Pay in person 1

Pay by mail 2

Pay by Internet/Online 3

Pay by phone using credit card 4

Pay by mobile device 5

Bills automatically charged to credit card 6

Bills automatically deducted from bank account 7

Other 8

DIGITAL PAYMENT SERVICES

You Personally Used to make a purchase/payment, last 30 days 510-0

Amazon Pay 1

Apple Pay 2

Fitbit Pay 3

Google Pay 4

Masterpass by Mastercard 5

PayPal 6

Samsung Pay 7

Square Cash 8

Venmo 9

Visa Checkout 0

Zelle X

Other digital payment service Y

LEGAL SERVICES

Legal services providers you personally used, last 12 months: 501-0

Lawyer 1

Paralegal 2

Online legal provider 3

Other 4

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?

500	TOTAL VALUE OF HOLDINGS							Acquired or added to in last 12 months
	Own	Under \$10,000	\$10,000-\$49,999	\$50,000-\$149,999	\$150,000-\$249,999	\$250,000 or more		
	1	2	3	4	5	6	7	
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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 14	
Annuities	<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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 22	
Retirement or college savings plans you personally have:								
Traditional IRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23	
Roth IRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24	
Keogh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25	
401(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26	
403(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 27	
457(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 28	
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"/> 29	
	1	2	3	4	5	6	7	

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
Allstate	<input type="checkbox"/> 2
American Family	<input type="checkbox"/> 3
Amica	<input type="checkbox"/> 4
Country Financial	<input type="checkbox"/> 5
Esurance	<input type="checkbox"/> 6
Farmers Insurance	<input type="checkbox"/> 7
Foremost	<input type="checkbox"/> 8
GEICO	<input type="checkbox"/> 9

The Hartford	<input type="checkbox"/> 1
Liberty Mutual	<input type="checkbox"/> 2
MetLife	<input type="checkbox"/> 3
Nationwide	<input type="checkbox"/> 4
Progressive	<input type="checkbox"/> 5
Safeco	<input type="checkbox"/> 6
State Farm	<input type="checkbox"/> 7
Travelers	<input type="checkbox"/> 8
USAA	<input type="checkbox"/> 9
Other	<input type="checkbox"/> 0

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

Are you personally covered by any medical, hospital or accident insurance?

Yes 1 520-0

Who is covered by this insurance?

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

What type of polic(ies) do you have? 522-0

Non-Government (e.g. Group, Individual, etc.)	<input type="checkbox"/> 1
Medicaid	<input type="checkbox"/> 2
Medicare	<input type="checkbox"/> 3

With which company? 523-0

AARP	<input type="checkbox"/> 1
Aetna	<input type="checkbox"/> 2
AFLAC	<input type="checkbox"/> 3
Bankers Life	<input type="checkbox"/> 4
BlueCross BlueShield	<input type="checkbox"/> 5
Cigna	<input type="checkbox"/> 6
Colonial Life	<input type="checkbox"/> 7
Health Net	<input type="checkbox"/> 8

Humana	<input type="checkbox"/> 1
Kaiser Permanente	<input type="checkbox"/> 2
MetLife	<input type="checkbox"/> 3
Mutual of Omaha	<input type="checkbox"/> 4
State Farm	<input type="checkbox"/> 5
United Healthcare	<input type="checkbox"/> 6
Unum	<input type="checkbox"/> 7
WellCare	<input type="checkbox"/> 8
Other	<input type="checkbox"/> 9

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
State or national healthcare exchange	<input type="checkbox"/> 4
Other government source	<input type="checkbox"/> 5
Through an agent representing one company	<input type="checkbox"/> 6
Through an agent (broker) representing more than one company	<input type="checkbox"/> 7
In response to mail advertising or phone contact (no agent)	<input type="checkbox"/> 8
Through the Internet	<input type="checkbox"/> 9

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
Supplemental/Gap Insurance	<input type="checkbox"/> 7
Other	<input type="checkbox"/> 8

Did you choose to change insurance companies in the last 12 months? 525-0

Yes 1

OTHER INSURANCE

Types of insurance you personally carry:

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

TAX PREPARATION

How were your personal federal income taxes prepared in the last 12 months?

Prepared by: 64A-0

You, personally, manually 1

You, personally, using a computer software program:

H&R Block	<input type="checkbox"/> 2
TaxAct	<input type="checkbox"/> 3
TaxSlayer	<input type="checkbox"/> 4
TurboTax	<input type="checkbox"/> 5
Other software	<input type="checkbox"/> 6

You, personally, using an Internet/online tax preparation program or service: 64U-0

Credit Karma Tax	<input type="checkbox"/> 1
H&R Block	<input type="checkbox"/> 2
Jackson Hewitt Online	<input type="checkbox"/> 3
Liberty Tax	<input type="checkbox"/> 4
TaxAct	<input type="checkbox"/> 5
TaxSlayer	<input type="checkbox"/> 6
TurboTax	<input type="checkbox"/> 7
Other online program/service	<input type="checkbox"/> 8

H&R Block (on-site)	<input type="checkbox"/> 1
Jackson Hewitt (on-site)	<input type="checkbox"/> 2
Liberty Tax (on-site)	<input type="checkbox"/> 3
Other tax preparation service, on-site	<input type="checkbox"/> 4
CPA or other tax professional	<input type="checkbox"/> 5
Friend or family member	<input type="checkbox"/> 6
Other	<input type="checkbox"/> 7

When filed, last 12 months:

Before IRS deadline	<input type="checkbox"/> 8
Same day of the IRS deadline	<input type="checkbox"/> 9
After the IRS deadline	<input type="checkbox"/> 0

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	Medical Insurance
Agent Recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Financial Stability of Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Reputation of Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Simplicity of Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Size of Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Years in Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Customer Loyalty Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11

1

2

3

4

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"/>
Cross Training shoes	09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf shoes	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking/Backpacking boots .	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hunting 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"/> 1	Merrell	<input type="checkbox"/> 1
Airwalk	<input type="checkbox"/> 2	New Balance	<input type="checkbox"/> 2
Asics	<input type="checkbox"/> 3	Nike	<input type="checkbox"/> 3
Avia	<input type="checkbox"/> 4	Puma	<input type="checkbox"/> 4
Brooks	<input type="checkbox"/> 5	Reebok	<input type="checkbox"/> 5
Converse	<input type="checkbox"/> 6	Rockport	<input type="checkbox"/> 6
Easy Spirit	<input type="checkbox"/> 7	Saucony	<input type="checkbox"/> 7
Fila	<input type="checkbox"/> 8	Skechers	<input type="checkbox"/> 8
Jordan	<input type="checkbox"/> 9	Timberland	<input type="checkbox"/> 9
Keds	<input type="checkbox"/> 0	Under Armour	<input type="checkbox"/> 0
K-Swiss	<input type="checkbox"/> X	Vans	<input type="checkbox"/> X
		Wolverine	<input type="checkbox"/> Y
		Other	<input type="checkbox"/> 1

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	
Aerosoles	<input type="checkbox"/> 1	Johnston & Murphy	<input type="checkbox"/> 1
ALDO	<input type="checkbox"/> 2	Keen	<input type="checkbox"/> 2
Allen-Edmonds	<input type="checkbox"/> 3	Kenneth Cole	<input type="checkbox"/> 3
Anne Klein	<input type="checkbox"/> 4	Naturalizer	<input type="checkbox"/> 4
Børn	<input type="checkbox"/> 5	Nina	<input type="checkbox"/> 5
Clarks	<input type="checkbox"/> 6	Nine West	<input type="checkbox"/> 6
Coach	<input type="checkbox"/> 7	Red Wing	<input type="checkbox"/> 7
Cole Haan	<input type="checkbox"/> 8	Rockport	<input type="checkbox"/> 8
Crocs	<input type="checkbox"/> 9	Skechers	<input type="checkbox"/> 9
Ecco	<input type="checkbox"/> 0	Sperry	<input type="checkbox"/> 0
Florsheim	<input type="checkbox"/> X	Stacy Adams	<input type="checkbox"/> X
Havaianas	<input type="checkbox"/> Y	Steve Madden	<input type="checkbox"/> Y
		UGG	<input type="checkbox"/> 1
		Other	<input type="checkbox"/> 2

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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
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"/> 01
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"/> 02
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"/> 03
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"/> 04
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"/> 05
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"/> 06
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"/> 07
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"/> 08
10. I follow a strict skin-care routine.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
11. I am content with my appearance.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
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"/> 11
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"/> 12
14. I consider my fashion style to be trendy.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
15. I often use natural or organic beauty products.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
16. I buy new clothes at the beginning of each season.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
17. I only spend what I budget on fashion items.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
18. I often try different ways to style my hair.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
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"/> 18
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"/> 19
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"/> 20
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"/> 21
23. Clothes made by fashion designers are more appealing.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
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"/> 23
25. I typically use skincare products that contain sunscreen.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
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"/> 25
27. I dress more to please myself than to please others.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26
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"/> 27
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"/> 28
30. Maintaining a youthful appearance is important to me.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 29
31. I judge others by how "put together" they look.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30
32. I purchase clothes that make me feel confident.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 31
33. Buying new clothes gives me a thrill.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 32
34. Postings I see on social media influence my fashion choices.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 33
35. I enjoy experimenting with haircare and styling products I've never used before.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34

MEN'S CLOTHING

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

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

BRANDS PURCHASED LAST 12 MONTHS:

62D-0		62E-0	
Adidas	<input type="checkbox"/>	Lacoste	<input type="checkbox"/>
Armani	<input type="checkbox"/>	Lands' End	<input type="checkbox"/>
Banana Republic	<input type="checkbox"/>	Lee	<input type="checkbox"/>
Brooks Brothers	<input type="checkbox"/>	Levi's	<input type="checkbox"/>
Calvin Klein	<input type="checkbox"/>	Lululemon	<input type="checkbox"/>
Carhartt	<input type="checkbox"/>	Nautica	<input type="checkbox"/>
Champion	<input type="checkbox"/>	Nike	<input type="checkbox"/>
Claiborne	<input type="checkbox"/>	The North Face	<input type="checkbox"/>
Columbia	<input type="checkbox"/>		
Dickies	<input type="checkbox"/>	Old Navy	<input type="checkbox"/>
DKNY	<input type="checkbox"/>	Patagonia	<input type="checkbox"/>
Dockers	<input type="checkbox"/>	Polo	<input type="checkbox"/>
		Ralph Lauren	<input type="checkbox"/>
Duluth Trading Co.	<input type="checkbox"/>	Reebok	<input type="checkbox"/>
Eddie Bauer	<input type="checkbox"/>	Russell Athletic	<input type="checkbox"/>
Express	<input type="checkbox"/>	Speedo	<input type="checkbox"/>
Fruit of the Loom	<input type="checkbox"/>	Tommy Hilfiger	<input type="checkbox"/>
The Gap	<input type="checkbox"/>	Under Armour	<input type="checkbox"/>
H&M	<input type="checkbox"/>	UNTUCKit	<input type="checkbox"/>
Haggar	<input type="checkbox"/>	Van Heusen	<input type="checkbox"/>
Hanes	<input type="checkbox"/>	Wrangler	<input type="checkbox"/>
Hugo Boss	<input type="checkbox"/>		
IZOD	<input type="checkbox"/>	Other	<input type="checkbox"/>
Jockey	<input type="checkbox"/>		
Kenneth Cole	<input type="checkbox"/>		

SPORTS CLOTHING

536		Total Amount You Spent in the Last 12 Months:			
		Under \$100	\$100-\$149	\$150-\$299	\$300 +
Athletic/Workout wear		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle clothing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf clothing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking/Backpacking clothing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hunting clothing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marine/Boating attire		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running clothing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ski clothing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Sports clothing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis clothing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4

WOMEN'S CLOTHING

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

534			AMOUNT SPENT IN TOTAL IN THE LAST 12 MONTHS:			
			Under \$50	\$50-\$99	\$100-\$249	\$250 +
Dress	01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maternity Clothes	03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Skirt	05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Casual Slacks	07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dress Slacks	09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Designer Jeans	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jeans	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sweater	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blouse/Shirt	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nightwear	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Purse (handbag)	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gloves	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hat	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Belt	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
T-shirt	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Socks	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sweatpants	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sweatshirt	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swimsuit	37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		1	2	3	4	

BRANDS PURCHASED LAST 12 MONTHS:

62F-0		64D-0	
Adidas	<input type="checkbox"/>	Levi's	<input type="checkbox"/>
Alfred Dunner	<input type="checkbox"/>	Liz Claiborne	<input type="checkbox"/>
Ann Taylor	<input type="checkbox"/>	LOFT	<input type="checkbox"/>
Anne Klein	<input type="checkbox"/>	Lucky Brand	<input type="checkbox"/>
Armani	<input type="checkbox"/>	Lululemon	<input type="checkbox"/>
Banana Republic	<input type="checkbox"/>	New York & Company	<input type="checkbox"/>
Calvin Klein	<input type="checkbox"/>	Nike	<input type="checkbox"/>
Champion	<input type="checkbox"/>	The North Face	<input type="checkbox"/>
Columbia	<input type="checkbox"/>	NYDJ (Not Your Daughter's	
Danskin	<input type="checkbox"/>	Jeans)	<input type="checkbox"/>
		Old Navy	<input type="checkbox"/>
DKNY	<input type="checkbox"/>	Patagonia	<input type="checkbox"/>
Dockers	<input type="checkbox"/>		
Duluth Trading Co.	<input type="checkbox"/>		
Eddie Bauer	<input type="checkbox"/>		
Express	<input type="checkbox"/>		
The Gap	<input type="checkbox"/>		
Guess	<input type="checkbox"/>		
H&M	<input type="checkbox"/>		
Hanes	<input type="checkbox"/>		
Inc.	<input type="checkbox"/>		
IZOD	<input type="checkbox"/>		
Jones New York	<input type="checkbox"/>		
Juicy Couture	<input type="checkbox"/>		
Kenneth Cole	<input type="checkbox"/>		
Lacoste	<input type="checkbox"/>		
Lee	<input type="checkbox"/>		
Lee Riders	<input type="checkbox"/>		

CLOTHING EXPENDITURES

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

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
Helzberg Diamonds	<input type="checkbox"/>	3
Jared	<input type="checkbox"/>	4
Kay Jewelers	<input type="checkbox"/>	5
Pandora	<input type="checkbox"/>	6
Swarovski	<input type="checkbox"/>	7
Zales	<input type="checkbox"/>	8
Other Retail Chain	<input type="checkbox"/>	9
Warehouse/Club Store	<input type="checkbox"/>	0
Other	<input type="checkbox"/>	X
Purchased for:		
547-0		
Yourself	<input type="checkbox"/>	1
Someone else (gift)	<input type="checkbox"/>	2

WATCHES	You Personally:	
	Own	Bought/last 12 months
541		
KINDS:		
Sport	<input type="checkbox"/>	1
Dress	<input type="checkbox"/>	2
Casual	<input type="checkbox"/>	3
BRANDS:		
Anne Klein	<input type="checkbox"/>	04
Breitling	<input type="checkbox"/>	05
Bulova	<input type="checkbox"/>	06
Cartier	<input type="checkbox"/>	07
Casio	<input type="checkbox"/>	08
Citizen	<input type="checkbox"/>	09
Fossil	<input type="checkbox"/>	10
Gucci	<input type="checkbox"/>	11
Guess	<input type="checkbox"/>	12
Movado	<input type="checkbox"/>	13
Omega	<input type="checkbox"/>	14
Rolex	<input type="checkbox"/>	15
Seiko	<input type="checkbox"/>	16
Swatch	<input type="checkbox"/>	17
Tag Heuer	<input type="checkbox"/>	18
Timex	<input type="checkbox"/>	19
Victorinox Swiss Army	<input type="checkbox"/>	20
Other	<input type="checkbox"/>	21
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-\$999 <input type="checkbox"/> 5
\$50-\$99 <input type="checkbox"/> 2	\$300-\$499 <input type="checkbox"/> 4	\$1,000+ <input type="checkbox"/> 6
If purchased in last 12 months, purchased for:		
Yourself	<input type="checkbox"/>	7
Gift for a man	<input type="checkbox"/>	8
Gift for a woman	<input type="checkbox"/>	9

WOMEN'S LINGERIE/ UNDERGARMENTS	You Personally:	
	Bought last 12 months	Number Bought last 12 months
545		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Bras	<input type="checkbox"/>	01
Sports Bras	<input type="checkbox"/>	02
Panties	<input type="checkbox"/>	03
Pantyhose	<input type="checkbox"/>	04
Tights	<input type="checkbox"/>	05
Leggings	<input type="checkbox"/>	06
Shapewear	<input type="checkbox"/>	07
BRANDS:		
Bali	<input type="checkbox"/>	08
Fashion Forms	<input type="checkbox"/>	09
Fruit of the Loom	<input type="checkbox"/>	10
Hanes	<input type="checkbox"/>	11
Jockey	<input type="checkbox"/>	12
Just My Size	<input type="checkbox"/>	13
Lane Bryant	<input type="checkbox"/>	14
L'eggs	<input type="checkbox"/>	15
Maidenform	<input type="checkbox"/>	16
No Nonsense	<input type="checkbox"/>	17
Playtex	<input type="checkbox"/>	18
Spanx	<input type="checkbox"/>	19
Vanity Fair	<input type="checkbox"/>	20
Vassarette	<input type="checkbox"/>	21
Victoria's Secret	<input type="checkbox"/>	22
Warner's	<input type="checkbox"/>	23
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"/>	1
Ball Point	<input type="checkbox"/>	2
Mechanical Lead Pencil	<input type="checkbox"/>	01
Rollerball	<input type="checkbox"/>	02
Marker	<input type="checkbox"/>	03
BRANDS:		
Bic	<input type="checkbox"/>	04
Classic	<input type="checkbox"/>	05
Crayola	<input type="checkbox"/>	06
Cross	<input type="checkbox"/>	07
Expo	<input type="checkbox"/>	08
Montblanc	<input type="checkbox"/>	09
Paper Mate	<input type="checkbox"/>	10
Parker	<input type="checkbox"/>	11
Pentel	<input type="checkbox"/>	12
Pilot	<input type="checkbox"/>	13
Sharpie	<input type="checkbox"/>	14
Uni-ball	<input type="checkbox"/>	15
Waterman	<input type="checkbox"/>	16
Zebra	<input type="checkbox"/>	17
Other	<input type="checkbox"/>	18

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-	\$700-	\$1000 or more
			\$249	\$699	\$999	
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
Fire Pit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Air mattress (Inflatable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Upholstery fabric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Area rug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Room size rug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
Indoor/outdoor carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Table/floor lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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
KILZ	<input type="checkbox"/>	15
Krylon	<input type="checkbox"/>	16
Minwax	<input type="checkbox"/>	17
Olympic	<input type="checkbox"/>	18
Rust-Oleum	<input type="checkbox"/>	19
Sherwin-Williams	<input type="checkbox"/>	20
Thompson's WaterSeal	<input type="checkbox"/>	21
True Value	<input type="checkbox"/>	22
Valspar	<input type="checkbox"/>	23
Varathane	<input type="checkbox"/>	24
Walmart (ColorPlace)	<input type="checkbox"/>	25
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—electronic	<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—natural 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
Central heating—propane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Ductless cooling and heating system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Electric heating (central)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Space heater (electric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
"Smart" or Wi-Fi connected thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
Automatic setback thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Dehumidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
Heat pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Kerosene heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19

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	
Aaron's	<input type="checkbox"/>	01
Art Van Furniture	<input type="checkbox"/>	02
Ashley HomeStore	<input type="checkbox"/>	03
Bob's Discount Furniture	<input type="checkbox"/>	04
Cost Plus World Market	<input type="checkbox"/>	05
Ethan Allen	<input type="checkbox"/>	06
Havertys	<input type="checkbox"/>	07
IKEA	<input type="checkbox"/>	08
Jennifer Furniture	<input type="checkbox"/>	09
Jordan's Furniture	<input type="checkbox"/>	10
LA-Z-Boy Furniture Galleries	<input type="checkbox"/>	11
Raymour & Flanigan	<input type="checkbox"/>	12
RAC Rent-A-Center	<input type="checkbox"/>	13
RH (Restoration Hardware)	<input type="checkbox"/>	14
Rooms To Go	<input type="checkbox"/>	15
Thomasville	<input type="checkbox"/>	16
Value City Furniture (VCF)	<input type="checkbox"/>	17

KITCHEN COOKING AND SERVING PRODUCTS

Your Household:
Owns Bought last 12 months

560	1	2
Aluminum cookware	<input type="checkbox"/>	<input type="checkbox"/> 01
Other metal cookware	<input type="checkbox"/>	<input type="checkbox"/> 02
Barbecue equipment	<input type="checkbox"/>	<input type="checkbox"/> 03
Canning jars & lids	<input type="checkbox"/>	<input type="checkbox"/> 04
Ceramic coated cookware	<input type="checkbox"/>	<input type="checkbox"/> 05
Cutlery (kitchen knives)	<input type="checkbox"/>	<input type="checkbox"/> 06
Insulated coffee carafe/server	<input type="checkbox"/>	<input type="checkbox"/> 07
Wok (non-electric)	<input type="checkbox"/>	<input type="checkbox"/> 08
Glass storage containers	<input type="checkbox"/>	<input type="checkbox"/> 09
Plastic storage containers	<input type="checkbox"/>	<input type="checkbox"/> 10
Glass ovenware/bakeware	<input type="checkbox"/>	<input type="checkbox"/> 11
Non-stick metal bakeware/ovenware	<input type="checkbox"/>	<input type="checkbox"/> 12
Glass rangetop cookware	<input type="checkbox"/>	<input type="checkbox"/> 13
Microwave cookware:		
glass/ceramic	<input type="checkbox"/>	<input type="checkbox"/> 14
plastic	<input type="checkbox"/>	<input type="checkbox"/> 15
paper/disposable	<input type="checkbox"/>	<input type="checkbox"/> 16

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:
Owns Bought last 12 months

567	1	2
Dishwasher – built-in	<input type="checkbox"/>	<input type="checkbox"/> 01
Dishwasher – portable	<input type="checkbox"/>	<input type="checkbox"/> 02
Built-in range oven – electric	<input type="checkbox"/>	<input type="checkbox"/> 03
Built-in range oven – gas	<input type="checkbox"/>	<input type="checkbox"/> 04
Electric stove/range	<input type="checkbox"/>	<input type="checkbox"/> 05
Gas stove/range	<input type="checkbox"/>	<input type="checkbox"/> 06
Induction range/oven	<input type="checkbox"/>	<input type="checkbox"/> 07
Continuous cleaning oven	<input type="checkbox"/>	<input type="checkbox"/> 08
Convection oven	<input type="checkbox"/>	<input type="checkbox"/> 09
Cook top	<input type="checkbox"/>	<input type="checkbox"/> 10
Microwave oven	<input type="checkbox"/>	<input type="checkbox"/> 11
Combination range/microwave	<input type="checkbox"/>	<input type="checkbox"/> 12
Rangehood	<input type="checkbox"/>	<input type="checkbox"/> 13
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/> 14
Separate freezer	<input type="checkbox"/>	<input type="checkbox"/> 15
Charcoal grill	<input type="checkbox"/>	<input type="checkbox"/> 16
Electric grill – outdoor	<input type="checkbox"/>	<input type="checkbox"/> 17
Gas grill	<input type="checkbox"/>	<input type="checkbox"/> 18
Smoker	<input type="checkbox"/>	<input type="checkbox"/> 19
Trash compactor	<input type="checkbox"/>	<input type="checkbox"/> 20
Garbage disposal	<input type="checkbox"/>	<input type="checkbox"/> 21

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:
Owns Bought last 12 months

563	1	2
Bread making machine	<input type="checkbox"/>	<input type="checkbox"/> 01
Coffee maker – automatic drip	<input type="checkbox"/>	<input type="checkbox"/> 02
Coffee maker – electric perk	<input type="checkbox"/>	<input type="checkbox"/> 03
Coffee maker – single cup/pod brewing system	<input type="checkbox"/>	<input type="checkbox"/> 04
Coffee maker – other electric	<input type="checkbox"/>	<input type="checkbox"/> 05
Coffee maker – French press	<input type="checkbox"/>	<input type="checkbox"/> 06
Espresso/Cappuccino Maker	<input type="checkbox"/>	<input type="checkbox"/> 07
Deep fryer	<input type="checkbox"/>	<input type="checkbox"/> 08
Electric blender	<input type="checkbox"/>	<input type="checkbox"/> 09
Electric can opener	<input type="checkbox"/>	<input type="checkbox"/> 10
Electric coffee grinder	<input type="checkbox"/>	<input type="checkbox"/> 11
Electric food processor	<input type="checkbox"/>	<input type="checkbox"/> 12
Electric fry pan	<input type="checkbox"/>	<input type="checkbox"/> 13
Electric grill – indoor	<input type="checkbox"/>	<input type="checkbox"/> 14
Electric juicer	<input type="checkbox"/>	<input type="checkbox"/> 15
Electric knife	<input type="checkbox"/>	<input type="checkbox"/> 16
Electric mixer – hand held	<input type="checkbox"/>	<input type="checkbox"/> 17
Electric mixer – stationary	<input type="checkbox"/>	<input type="checkbox"/> 18
Electric popcorn maker	<input type="checkbox"/>	<input type="checkbox"/> 19
Electric pressure cooker (e.g. Instant Pot)	<input type="checkbox"/>	<input type="checkbox"/> 20
Electric slow cooker	<input type="checkbox"/>	<input type="checkbox"/> 21
Electric steam cooker	<input type="checkbox"/>	<input type="checkbox"/> 22
Electric wok	<input type="checkbox"/>	<input type="checkbox"/> 23
Ice cream machine	<input type="checkbox"/>	<input type="checkbox"/> 24
Pasta machine	<input type="checkbox"/>	<input type="checkbox"/> 25
Pressure cooker (non-electric/stove top)	<input type="checkbox"/>	<input type="checkbox"/> 26
Toaster	<input type="checkbox"/>	<input type="checkbox"/> 27
Toaster oven	<input type="checkbox"/>	<input type="checkbox"/> 28
Vacuum sealer	<input type="checkbox"/>	<input type="checkbox"/> 29

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

HOUSEHOLD APPLIANCES & DURABLES

Your Household:
Owns Bought last 12 months

565	1	2
Air purifier	<input type="checkbox"/>	<input type="checkbox"/> 01
Broom	<input type="checkbox"/>	<input type="checkbox"/> 02
Burglar alarm/Home Security System (Standard/Wired)	<input type="checkbox"/>	<input type="checkbox"/> 03
Burglar alarm/Home Security System ("Smart"/Wi-Fi)	<input type="checkbox"/>	<input type="checkbox"/> 04
Carpet steam cleaner	<input type="checkbox"/>	<input type="checkbox"/> 05
Clothes dryer – electric	<input type="checkbox"/>	<input type="checkbox"/> 06
Clothes dryer – gas	<input type="checkbox"/>	<input type="checkbox"/> 07
Garage door opener	<input type="checkbox"/>	<input type="checkbox"/> 08
Garment steamer	<input type="checkbox"/>	<input type="checkbox"/> 09
Generator (portable)	<input type="checkbox"/>	<input type="checkbox"/> 10
Home fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/> 11
Hot tub/whirlpool spa	<input type="checkbox"/>	<input type="checkbox"/> 12
Hot water heater	<input type="checkbox"/>	<input type="checkbox"/> 13
Iron	<input type="checkbox"/>	<input type="checkbox"/> 14
Locks or lock sets	<input type="checkbox"/>	<input type="checkbox"/> 15
Mop	<input type="checkbox"/>	<input type="checkbox"/> 16
Rechargeable flashlight	<input type="checkbox"/>	<input type="checkbox"/> 17
Other battery flashlight	<input type="checkbox"/>	<input type="checkbox"/> 18
Sewing machine	<input type="checkbox"/>	<input type="checkbox"/> 19
Smoke/fire detector	<input type="checkbox"/>	<input type="checkbox"/> 20
Vacuum cleaner – canister	<input type="checkbox"/>	<input type="checkbox"/> 21
Vacuum cleaner – hand held	<input type="checkbox"/>	<input type="checkbox"/> 22
Vacuum cleaner – upright	<input type="checkbox"/>	<input type="checkbox"/> 23
Washing machine – high efficiency	<input type="checkbox"/>	<input type="checkbox"/> 24
Washing machine – standard	<input type="checkbox"/>	<input type="checkbox"/> 25
Washer/dryer – stacked	<input type="checkbox"/>	<input type="checkbox"/> 26
Water softener	<input type="checkbox"/>	<input type="checkbox"/> 27

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

PERSONAL APPLIANCES

You Personally:
Own Bought last 12 months

570	1	2	3	4	5
Blood glucose monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Clock – battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Clock radio – electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Electronic ear thermometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Hand-held massagers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Hearing aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Home blood pressure monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Lighted make-up mirror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Massaging shower head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Oral irrigation device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Scale (bathroom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11

TABLE SETTINGS

You Personally:
Own Bought last 12 months Bought as gift

571	1	2	3
Cloth tablecloth/napkins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Fine china dinnerware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Glassware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Fine china serving pieces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Fine crystal barware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Lead crystal hollowware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Lead crystal stemware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Silverplated flatware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Stainless flatware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Sterling silver flatware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Stoneware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Placemats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Other dinnerware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13

Amount personally spent on table settings, last 12 months: \$ _____ 572-0
(Write in Amount)

HOME REMODELING	Your Household: Had done last 12 months	Who did the work:		Amount Spent		
		Yourself or Other Household Member	Outside Contractor	Under \$1000	\$1000-\$2999	\$3000 or more
				1	2	3
573						
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
Ceramic wall tile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30

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

BEDDING AND BATH GOODS	Your Household:	
	Bought last 12 months	557-0
Bathmat (in tub)	<input type="checkbox"/>	<input type="checkbox"/> 1
Shower Curtain	<input type="checkbox"/>	<input type="checkbox"/> 2
Towels	<input type="checkbox"/>	<input type="checkbox"/> 3
Pillowcases	<input type="checkbox"/>	<input type="checkbox"/> 4
Sheets	<input type="checkbox"/>	<input type="checkbox"/> 5
Electric blankets	<input type="checkbox"/>	<input type="checkbox"/> 6
Other blankets	<input type="checkbox"/>	<input type="checkbox"/> 7
Bedspreads	<input type="checkbox"/>	<input type="checkbox"/> 8
Pillows	<input type="checkbox"/>	<input type="checkbox"/> 9
Pillow shams	<input type="checkbox"/>	<input type="checkbox"/> 0
Comforters/quilts	<input type="checkbox"/>	<input type="checkbox"/> X
Dust ruffles	<input type="checkbox"/>	<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		
STORES:		
AM/PM	<input type="checkbox"/>	_____ 01
BP Food Mart	<input type="checkbox"/>	_____ 02
Casey's General Store	<input type="checkbox"/>	_____ 03
Circle K	<input type="checkbox"/>	_____ 04
Citgo	<input type="checkbox"/>	_____ 05
Cumberland Farms	<input type="checkbox"/>	_____ 06
Exxon/Mobil On the Run	<input type="checkbox"/>	_____ 07
QuikTrip	<input type="checkbox"/>	_____ 08
7-Eleven	<input type="checkbox"/>	_____ 09
Sheetz	<input type="checkbox"/>	_____ 10
Shell	<input type="checkbox"/>	_____ 11
Speedway	<input type="checkbox"/>	_____ 12
Wawa	<input type="checkbox"/>	_____ 13
Other	<input type="checkbox"/>	_____ 14

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
 Pizza 4
 Other grill food 5

Ice cream 6
 Candy 7
 Snack foods 8
 Dairy products 9
 Bread 0

Other bakery items X
 Coffee-Brewed Y

704-0
 Milk 1
 Soft drinks – bottle/can 2
 Soft drinks – fountain 3
 Juice drinks 4
 Beer 5

Frozen beverage 6
 Cigarettes 7
 Lottery tickets 8
 Non-prescription drug/OTC 9
 ATM/Financial services 0

Gas X
 Other (non-food) Y

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

HOME IMPROVEMENTS	Your Household: Purchased last 12 months	Who did the work:		Amount Spent		
		Yourself or Other Household Member	Outside Contractor	Under \$100	\$100-\$499	\$500 or more
				1	2	3
575						
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
Solar panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Down spouts/gutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Yard fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Wallpaper/covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Exterior painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Interior painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12

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"/> 1
Once a week	<input type="checkbox"/> 2	<input type="checkbox"/> 2
2-3 times a month	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Once a month	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Less than once a month	<input type="checkbox"/> 5	<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

CAMERAS, FILM, LOYALTY/REWARD PROGRAMS, SHOPPING, GIFT & PREPAID CARDS

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/CAMCORDERS

590

TYPES:	You Personally:	
	Own	Bought last 12 months
Action/P.O.V.	<input type="checkbox"/> 1	<input type="checkbox"/> 01 2
Compact System Camera	<input type="checkbox"/>	<input type="checkbox"/> 02
Digital Camcorder	<input type="checkbox"/>	<input type="checkbox"/> 03
Digital Point & Shoot	<input type="checkbox"/>	<input type="checkbox"/> 04
Digital SLR (Single Lens Reflex)	<input type="checkbox"/>	<input type="checkbox"/> 05
Instant Developing Camera	<input type="checkbox"/>	<input type="checkbox"/> 06
35mm	<input type="checkbox"/>	<input type="checkbox"/> 07
Other	<input type="checkbox"/>	<input type="checkbox"/> 08

BRANDS:

Canon	<input type="checkbox"/>	<input type="checkbox"/> 09
Fujifilm	<input type="checkbox"/>	<input type="checkbox"/> 10
GoPro	<input type="checkbox"/>	<input type="checkbox"/> 11
Kodak	<input type="checkbox"/>	<input type="checkbox"/> 12
Nikon	<input type="checkbox"/>	<input type="checkbox"/> 13
Olympus	<input type="checkbox"/>	<input type="checkbox"/> 14
Panasonic	<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
Other	<input type="checkbox"/>	<input type="checkbox"/> 19

FEATURES:

Wi-Fi Enabled	<input type="checkbox"/>	<input type="checkbox"/> 20
Touch Screen LCD	<input type="checkbox"/>	<input type="checkbox"/> 21
Waterproof	<input type="checkbox"/>	<input type="checkbox"/> 22

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/camcorders, last 12 months:

\$ _____ 63U-0
(Write in Amount)

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
Selfie Stick	<input type="checkbox"/>	<input type="checkbox"/> 12
Smartphone adaptive lens	<input type="checkbox"/>	<input type="checkbox"/> 13
Smartphone mini tripods	<input type="checkbox"/>	<input type="checkbox"/> 14
Telephoto/zoom lens	<input type="checkbox"/>	<input type="checkbox"/> 15
Tripod	<input type="checkbox"/>	<input type="checkbox"/> 16
Wideangle lens	<input type="checkbox"/>	<input type="checkbox"/> 17
Other accessory lens(es)	<input type="checkbox"/>	<input type="checkbox"/> 18

1 2

GIFT CARDS & PREPAID CARDS

61N

TOTAL: _____ 00

TYPES:

American Express	<input type="checkbox"/>	01
Mastercard	<input type="checkbox"/>	02
VISA	<input type="checkbox"/>	03
Amazon Gift Card	<input type="checkbox"/>	04
Book Store	<input type="checkbox"/>	05
Coffee Shop/Store	<input type="checkbox"/>	06
Clothing Store	<input type="checkbox"/>	07
Department Store	<input type="checkbox"/>	08
Discount Store	<input type="checkbox"/>	09
Electronics Store	<input type="checkbox"/>	10
Home/Home improvement Store	<input type="checkbox"/>	11
Mall	<input type="checkbox"/>	12
Music/Entertainment	<input type="checkbox"/>	13
Restaurant	<input type="checkbox"/>	14
Other	<input type="checkbox"/>	15

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
Internet/Online	<input type="checkbox"/>	7
Other	<input type="checkbox"/>	8

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 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

You Personally:

	Used in last 6 months	Amount spent last 6 months
593		
Barber Shop	<input type="checkbox"/>	\$ _____ 01
Beauty Parlor/Salon	<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

LOYALTY/REWARD PROGRAMS
(not credit card programs)

Loyalty or reward programs you are currently enrolled in:

592-0

Clothing/Shoe Store	<input type="checkbox"/>	1
Coffee Shop/Store	<input type="checkbox"/>	2
Department Store	<input type="checkbox"/>	3
Discount Store	<input type="checkbox"/>	4
Drug Store	<input type="checkbox"/>	5
Electronics Store	<input type="checkbox"/>	6
Gas Station	<input type="checkbox"/>	7
Movie Theater	<input type="checkbox"/>	8
Plenti Card	<input type="checkbox"/>	9
Rental Car	<input type="checkbox"/>	0
Restaurant	<input type="checkbox"/>	X
Supermarket	<input type="checkbox"/>	Y

595-0

Other 1

FILM

594

TOTAL: _____ 00

TYPES:

35mm	<input type="checkbox"/>	01
Instant developing film	<input type="checkbox"/>	02
Other	<input type="checkbox"/>	999

DIGITAL PHOTOS

Digital photo activities you did, last 12 months: 597-0

Edited photos using software	<input type="checkbox"/>	1
Edited photos online or with app	<input type="checkbox"/>	2
Edited photos another way	<input type="checkbox"/>	3
Ordered photobook/calendar	<input type="checkbox"/>	4
Ordered photo cards/stationery	<input type="checkbox"/>	5
Ordered other customized photo product	<input type="checkbox"/>	6

Have you printed digital photos in the last 12 months? 600-0 Yes 1

If yes, where printed?

Digital photo kiosk	<input type="checkbox"/>	2
In-store photo center	<input type="checkbox"/>	3
Internet/Online service	<input type="checkbox"/>	4
Home/personal photo printer	<input type="checkbox"/>	5
Other	<input type="checkbox"/>	6

Types of digital photos taken, last 12 months:

	Using digital camera	Using smartphone/tablet
	1	2
599		
Animals/Pets	<input type="checkbox"/>	<input type="checkbox"/> 01
Family Portrait	<input type="checkbox"/>	<input type="checkbox"/> 02
Food	<input type="checkbox"/>	<input type="checkbox"/> 03
Nature/Landscape	<input type="checkbox"/>	<input type="checkbox"/> 04
Self-Portrait	<input type="checkbox"/>	<input type="checkbox"/> 05
Special Occasions/Events	<input type="checkbox"/>	<input type="checkbox"/> 06
Sports	<input type="checkbox"/>	<input type="checkbox"/> 07
Vacation/Travel	<input type="checkbox"/>	<input type="checkbox"/> 08

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
Under 27" (Small)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
27"-35" (Medium)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
36"-42" (Large)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
43"-54" (XLarge)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
55"-69" (XXLarge)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
70" and over (XXXLarge)	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
KINDS:	581-0	582-0	583-0
Tube (traditional)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
LCD	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
LED	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
OLED	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Plasma	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Projection	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
DLP	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
BRANDS:	636-0	641-0	646-0
Element	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Emerson	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Hisense	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Insignia	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
JVC	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
LG	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Magnavox	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Onn.	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Panasonic	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Philips	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
RCA	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
Samsung	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
	637-0	642-0	647-0
Sanyo	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Sharp	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Sony	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
TCL	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Toshiba	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Vizio	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Westinghouse	<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 built in:	639-0	644-0	649-0
4K Ultra HDTV	<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
Curved Screen	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Combination TV/DVD	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Amazon Fire Edition	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Android TV	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Roku TV	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Smart TV/Internet Connectable	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Voice Activated	<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
Who decided which brand to buy?			
Yourself/alone or with someone	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
Someone else	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y

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
KINDS:		
4K Ultra HD	<input type="checkbox"/>	<input type="checkbox"/> 02
3D	<input type="checkbox"/>	<input type="checkbox"/> 03
Smart/Internet Connectable	<input type="checkbox"/>	<input type="checkbox"/> 04
FORMATS:		
DVD	<input type="checkbox"/>	<input type="checkbox"/> 05
Blu-ray	<input type="checkbox"/>	<input type="checkbox"/> 06
BRANDS:		
LG	<input type="checkbox"/>	<input type="checkbox"/> 07
Magnavox	<input type="checkbox"/>	<input type="checkbox"/> 08
Panasonic	<input type="checkbox"/>	<input type="checkbox"/> 09
Philips	<input type="checkbox"/>	<input type="checkbox"/> 10
RCA	<input type="checkbox"/>	<input type="checkbox"/> 11
Samsung	<input type="checkbox"/>	<input type="checkbox"/> 12
Sony	<input type="checkbox"/>	<input type="checkbox"/> 13
Other	<input type="checkbox"/>	<input type="checkbox"/> 14
(Write In)		

INTERNET VIDEO DEVICES FOR TV	
The following devices attach to your TV and let you view video through the Internet. Which of these, if any, does your household own?	
601-0	
Amazon Fire TV (stick, cube, etc.)	<input type="checkbox"/> 1
Apple TV	<input type="checkbox"/> 2
Google Chromecast	<input type="checkbox"/> 3
Mi Box	<input type="checkbox"/> 4
Nvidia Shield TV	<input type="checkbox"/> 5
Roku (stick or other device)	<input type="checkbox"/> 6
Slingsbox	<input type="checkbox"/> 7
Other	<input type="checkbox"/> 8

PORTABLE GPS NAVIGATION DEVICES (Not Factory-installed/ Not Built-In)	Your Household:	
	Owens	Bought last 12 months
64P	1	2
Portable GPS 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
TomTom	<input type="checkbox"/>	<input type="checkbox"/> 04
Other	<input type="checkbox"/>	<input type="checkbox"/> 05
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	

PODCASTS	You Personally:	
	Listened last 30 days	Number of episodes listened, last 7 days
602		
ANY PODCAST	<input type="checkbox"/>	<input type="checkbox"/> 00
TYPES:		
Business/Finance	<input type="checkbox"/>	<input type="checkbox"/> 01
Comedy	<input type="checkbox"/>	<input type="checkbox"/> 02
Crime/Investigative Reporting	<input type="checkbox"/>	<input type="checkbox"/> 03
Education	<input type="checkbox"/>	<input type="checkbox"/> 04
Entertainment/Culture	<input type="checkbox"/>	<input type="checkbox"/> 05
Health/Fitness/Lifestyle	<input type="checkbox"/>	<input type="checkbox"/> 06
History	<input type="checkbox"/>	<input type="checkbox"/> 07
Music	<input type="checkbox"/>	<input type="checkbox"/> 08
News/Current Events	<input type="checkbox"/>	<input type="checkbox"/> 09
Politics	<input type="checkbox"/>	<input type="checkbox"/> 10
Religion/Spirituality	<input type="checkbox"/>	<input type="checkbox"/> 11
Science	<input type="checkbox"/>	<input type="checkbox"/> 12
Sports	<input type="checkbox"/>	<input type="checkbox"/> 13
Other	<input type="checkbox"/>	<input type="checkbox"/> 14

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

HEADPHONES	You Personally:	
	Own	Bought last 12 months
604		
TYPES:		
In-ear or earbud	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Over ear/on ear	<input type="checkbox"/>	<input type="checkbox"/> 01
FEATURES:		
Wireless/Bluetooth	<input type="checkbox"/>	<input type="checkbox"/> 03
Noise Cancelling	<input type="checkbox"/>	<input type="checkbox"/> 04
Microphone	<input type="checkbox"/>	<input type="checkbox"/> 05
BRANDS:		
Apple AirPods	<input type="checkbox"/>	<input type="checkbox"/> 06
Other Apple headphones	<input type="checkbox"/>	<input type="checkbox"/> 07
Beats	<input type="checkbox"/>	<input type="checkbox"/> 08
Bose	<input type="checkbox"/>	<input type="checkbox"/> 09
Sony	<input type="checkbox"/>	<input type="checkbox"/> 10
Other	<input type="checkbox"/>	<input type="checkbox"/> 11
Total amount spent, last 12 months:	\$	01
	(Write in amount)	

MP3 PLAYERS (PORTABLE)	You Personally:	
	Own	Bought last 12 months
65J		
MP3 Player	<input type="checkbox"/> 1	<input type="checkbox"/> 2
BRANDS:		
Apple iPod/iPod Touch	<input type="checkbox"/>	<input type="checkbox"/> 02
Sansa/SanDisk	<input type="checkbox"/>	<input type="checkbox"/> 03
Sony	<input type="checkbox"/>	<input type="checkbox"/> 04
Other	<input type="checkbox"/>	<input type="checkbox"/> 05

PAY PER VIEW/ VIDEO ON DEMAND	In the past 12 months did you watch . . . ?	
	Pay Per View (pre-set start time)	Video on Demand (start at any time)
610-0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Number of times you watched Pay Per View, past 12 months:	611	
Movies	(Write in #)	01
Sports Events	(Write in #)	02
Other	(Write in #)	03
Number of times you watched Video-On-Demand, past 30 days:	612	
Movies	(Write in #)	01
TV Shows	(Write in #)	02
Music Programs/Videos	(Write in #)	03
Other	(Write in #)	04

VIDEO GAMES (HOUSEHOLD OWNS)	Your Household:	
	Owns	Bought last 12 months
616		
SYSTEMS:	1	2
Nintendo DS (including DS Lite, DSi/DSi XL)	<input type="checkbox"/>	<input type="checkbox"/> 01
Nintendo Switch	<input type="checkbox"/>	<input type="checkbox"/> 02
Nintendo 3DS/3DS XL	<input type="checkbox"/>	<input type="checkbox"/> 03
Nintendo 2DS/2DS XL	<input type="checkbox"/>	<input type="checkbox"/> 04
Nintendo Wii	<input type="checkbox"/>	<input type="checkbox"/> 05
Nintendo Wii U	<input type="checkbox"/>	<input type="checkbox"/> 06
PlayStation 2 (PS2)	<input type="checkbox"/>	<input type="checkbox"/> 07
PlayStation 3 (PS3)	<input type="checkbox"/>	<input type="checkbox"/> 08
PlayStation 4 (PS4)	<input type="checkbox"/>	<input type="checkbox"/> 09
Stadia (Google)	<input type="checkbox"/>	<input type="checkbox"/> 10
Xbox One	<input type="checkbox"/>	<input type="checkbox"/> 11
Xbox 360	<input type="checkbox"/>	<input type="checkbox"/> 12
Other Video Game Systems	<input type="checkbox"/>	<input type="checkbox"/> 13
Who is/are the principal user(s)? 617-0		
Yourself	<input type="checkbox"/> 1	
Other Adult	<input type="checkbox"/> 2	
Teen (12-17)	<input type="checkbox"/> 3	
Child (under 12)	<input type="checkbox"/> 4	
63E	Video Games	Video Game Systems
Where purchased, last 12 months:	1	2
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
Steam	<input type="checkbox"/>	<input type="checkbox"/> 06
Other 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)		
Videogame subscription services you or your household subscribe to: 606-0		
Apple Arcade	<input type="checkbox"/> 1	
EA Access	<input type="checkbox"/> 2	
GameFly	<input type="checkbox"/> 3	
Origin Access	<input type="checkbox"/> 4	
PlayStation Now	<input type="checkbox"/> 5	
Stadia Pro	<input type="checkbox"/> 6	
UPlay+	<input type="checkbox"/> 7	
Xbox Game Pass	<input type="checkbox"/> 8	

VIDEO GAMES (PERSONALLY PLAYED)	You Personally:	
	Played last 30 days	Hours played/last 7 days
63F		
TOTAL:	<input type="checkbox"/>	00
SYSTEMS:		
Nintendo DS (including DS Lite, DSi/DSi XL)	<input type="checkbox"/>	01
Nintendo Switch	<input type="checkbox"/>	02
Nintendo 3DS/3DS XL	<input type="checkbox"/>	03
Nintendo 2DS/2DS XL	<input type="checkbox"/>	04
Nintendo Wii	<input type="checkbox"/>	05
Nintendo Wii U	<input type="checkbox"/>	06
PlayStation 2 (PS2)	<input type="checkbox"/>	07
PlayStation 3 (PS3)	<input type="checkbox"/>	08
PlayStation 4 (PS4)	<input type="checkbox"/>	09
Stadia (Google)	<input type="checkbox"/>	10
Xbox One	<input type="checkbox"/>	11
Xbox 360	<input type="checkbox"/>	12
Other Video Game Systems	<input type="checkbox"/>	13
GAME TYPES:		
Action/Adventure	<input type="checkbox"/>	14
Arcade/Puzzle	<input type="checkbox"/>	15
Card/Board Games	<input type="checkbox"/>	16
Educational	<input type="checkbox"/>	17
Exercise/Fitness	<input type="checkbox"/>	18
Extreme Sports	<input type="checkbox"/>	19
Fantasy	<input type="checkbox"/>	20
Fighting	<input type="checkbox"/>	21
Music/Dance	<input type="checkbox"/>	22
Racing	<input type="checkbox"/>	23
Role-Playing	<input type="checkbox"/>	24
Shooter	<input type="checkbox"/>	25
Simulation	<input type="checkbox"/>	26
Sports	<input type="checkbox"/>	27
Strategy	<input type="checkbox"/>	28
War	<input type="checkbox"/>	29
Other	<input type="checkbox"/>	30
ACCESSORIES:		
PlayStation VR	<input type="checkbox"/>	31
Xbox Kinect	<input type="checkbox"/>	32
Other	<input type="checkbox"/>	33
FORMS: 63G-0		
Disc/Card/Cartridge	<input type="checkbox"/> 1	
Online Download	<input type="checkbox"/> 2	
Online/Stream	<input type="checkbox"/> 3	
63A	Used last 30 days	# of times logged in last 7 days
Services used, last 30 days:		
Nintendo Network	<input type="checkbox"/>	01
Nintendo Switch Online	<input type="checkbox"/>	02
PlayStation Network	<input type="checkbox"/>	03
Xbox LIVE	<input type="checkbox"/>	04
Content downloaded or streamed through above online Gaming Services, last 30 days:		
614	Streamed/ Downloaded last 30 days	# Streamed/ Downloaded last 30 days
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		
Listened to Music	<input type="checkbox"/> 1	
Accessed Social Media	<input type="checkbox"/> 2	
Used Instant Messaging (IM)	<input type="checkbox"/> 3	
Audio or Video Chat	<input type="checkbox"/> 4	
Did you watch or play in an eSports event (video game tournament), last 30 days?		
Watched an event on TV/online	<input type="checkbox"/> 5	
Attended an event	<input type="checkbox"/> 6	
Played in an event	<input type="checkbox"/> 7	
Other activities you've done, last 30 days:		
Watched a "streamer" play a video game	<input type="checkbox"/> 8	
Watched a "walkthrough" to learn to play a video game better	<input type="checkbox"/> 9	
Watched a video game "review" (recommendation or opinion about a game)	<input type="checkbox"/> 0	

VIDEO GAMES (PERSONALLY PLAYED) (Continued)	You Personally:	
	Acquired last 6 months	Number acquired/last 6 months
In the last 30 days, have you played a multi-player game online? 607-0		
Using a video game system	<input type="checkbox"/> 1	
Using a computer	<input type="checkbox"/> 2	
Another way	<input type="checkbox"/> 3	
In the last 30 days, have you played a MMO (Massive Multi-player Online) game? Yes <input type="checkbox"/> 4		
How do you find out about new video games? 63K-0		
Friends	<input type="checkbox"/> 1	
Family	<input type="checkbox"/> 2	
Radio	<input type="checkbox"/> 3	
TV	<input type="checkbox"/> 4	
Magazines	<input type="checkbox"/> 5	
Newspapers	<input type="checkbox"/> 6	
Internet	<input type="checkbox"/> 7	
Other	<input type="checkbox"/> 8	
Which, if any, of the following things do you do after you play a new video game? 63L-0		
Tell friends	<input type="checkbox"/> 1	
Tell family	<input type="checkbox"/> 2	
Write about it on the Internet	<input type="checkbox"/> 3	
Other	<input type="checkbox"/> 4	
632		
FORMS:		
Downloaded individual song(s)	<input type="checkbox"/>	01
Downloaded album(s)	<input type="checkbox"/>	02
Other audio download	<input type="checkbox"/>	03
Compact Disc (CD)	<input type="checkbox"/>	04
Other (e.g. Vinyl, Cassette etc.)	<input type="checkbox"/>	05
64F	Listened to/ last 6 months	Purchased/ last 6 months
TYPES:	1	2
Alternative	<input type="checkbox"/>	<input type="checkbox"/> 01
Audiobooks	<input type="checkbox"/>	<input type="checkbox"/> 02
Blues	<input type="checkbox"/>	<input type="checkbox"/> 03
Classic Rock	<input type="checkbox"/>	<input type="checkbox"/> 04
Classical	<input type="checkbox"/>	<input type="checkbox"/> 05
Contemporary Christian	<input type="checkbox"/>	<input type="checkbox"/> 06
Country	<input type="checkbox"/>	<input type="checkbox"/> 07
Dance Music (Electronic)	<input type="checkbox"/>	<input type="checkbox"/> 08
Dance Music (Other)	<input type="checkbox"/>	<input type="checkbox"/> 09
Easy Listening	<input type="checkbox"/>	<input type="checkbox"/> 10
80's Pop	<input type="checkbox"/>	<input type="checkbox"/> 11
Faith & Inspiration	<input type="checkbox"/>	<input type="checkbox"/> 12
Folk	<input type="checkbox"/>	<input type="checkbox"/> 13
Foreign Language		
Instructional	<input type="checkbox"/>	<input type="checkbox"/> 14
Gospel	<input type="checkbox"/>	<input type="checkbox"/> 15
Hard Rock	<input type="checkbox"/>	<input type="checkbox"/> 16
Hip Hop	<input type="checkbox"/>	<input type="checkbox"/> 17
Indie	<input type="checkbox"/>	<input type="checkbox"/> 18
Jazz	<input type="checkbox"/>	<input type="checkbox"/> 19
Light Classical	<input type="checkbox"/>	<input type="checkbox"/> 20
New Age	<input type="checkbox"/>	<input type="checkbox"/> 21
Oldies (50's & 60's)	<input type="checkbox"/>	<input type="checkbox"/> 22
Pop/Top 40	<input type="checkbox"/>	<input type="checkbox"/> 23
R&B	<input type="checkbox"/>	<input type="checkbox"/> 24
Rap	<input type="checkbox"/>	<input type="checkbox"/> 25
Reggae	<input type="checkbox"/>	<input type="checkbox"/> 26
Self-improvement	<input type="checkbox"/>	<input type="checkbox"/> 27
Soft Rock	<input type="checkbox"/>	<input type="checkbox"/> 28
Soundtracks	<input type="checkbox"/>	<input type="checkbox"/> 29
Spanish/Latin	<input type="checkbox"/>	<input type="checkbox"/> 30
OTHER (Write In) _____	<input type="checkbox"/>	<input type="checkbox"/> 31
Where purchased: 65X-0		
Book Store	<input type="checkbox"/> 1	
Electronics Store	<input type="checkbox"/> 2	
Discount Dept. Store	<input type="checkbox"/> 3	
Music Store	<input type="checkbox"/> 4	
Amazon Music	<input type="checkbox"/> 5	
Apple Music/iTunes	<input type="checkbox"/> 6	
Audible	<input type="checkbox"/> 7	
Google Play Music	<input type="checkbox"/> 8	
Other Internet/Online Site	<input type="checkbox"/> 9	
Other	<input type="checkbox"/> 0	

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 1	622	Use at Work 2
Desktop	<input type="checkbox"/>		<input type="checkbox"/> 01
Laptop/Notebook	<input type="checkbox"/>		<input type="checkbox"/> 02

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

Computer	Own at Home 1	2	Use at Work 2
Acer	<input type="checkbox"/>		<input type="checkbox"/> 03
Asus	<input type="checkbox"/>		<input type="checkbox"/> 04
Dell	<input type="checkbox"/>		<input type="checkbox"/> 05
Gateway	<input type="checkbox"/>		<input type="checkbox"/> 06
HP (Hewlett-Packard)	<input type="checkbox"/>		<input type="checkbox"/> 07
Lenovo/IBM	<input type="checkbox"/>		<input type="checkbox"/> 08
Microsoft Surface	<input type="checkbox"/>		<input type="checkbox"/> 09
Panasonic	<input type="checkbox"/>		<input type="checkbox"/> 10
Samsung	<input type="checkbox"/>		<input type="checkbox"/> 11
Toshiba	<input type="checkbox"/>		<input type="checkbox"/> 12
Other	<input type="checkbox"/>		<input type="checkbox"/> 13
Apple/Mac			
iMac	<input type="checkbox"/>		<input type="checkbox"/> 14
MacBook Air	<input type="checkbox"/>		<input type="checkbox"/> 15
MacBook Pro	<input type="checkbox"/>		<input type="checkbox"/> 16
Other Apple/Mac	<input type="checkbox"/>		<input type="checkbox"/> 17

Computer Peripherals

	Own at Home 1	623	Use at Work 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
Scanner	<input type="checkbox"/>		<input type="checkbox"/> 12
Speakers	<input type="checkbox"/>		<input type="checkbox"/> 13
Tape/Cartridge Drive	<input type="checkbox"/>		<input type="checkbox"/> 14
Touch-screen Monitor	<input type="checkbox"/>		<input type="checkbox"/> 15
Webcam	<input type="checkbox"/>		<input type="checkbox"/> 16
Wireless Keyboard	<input type="checkbox"/>		<input type="checkbox"/> 17
Wireless Mouse	<input type="checkbox"/>		<input type="checkbox"/> 18
Wireless Router	<input type="checkbox"/>		<input type="checkbox"/> 19
Other	<input type="checkbox"/>		<input type="checkbox"/> 20

Computer Operating Systems

	Own at Home 1	624	Use at Work 2
Apple/Mac OS 9.x	<input type="checkbox"/>		<input type="checkbox"/> 01
Apple/Mac OS 10.x	<input type="checkbox"/>		<input type="checkbox"/> 02
Google Chrome OS (Chromebook)	<input type="checkbox"/>		<input type="checkbox"/> 03
Linux	<input type="checkbox"/>		<input type="checkbox"/> 04
MS Windows '98	<input type="checkbox"/>		<input type="checkbox"/> 05
MS Windows 2000	<input type="checkbox"/>		<input type="checkbox"/> 06
MS Windows XP	<input type="checkbox"/>		<input type="checkbox"/> 07
MS Windows Vista	<input type="checkbox"/>		<input type="checkbox"/> 08
MS Windows 7	<input type="checkbox"/>		<input type="checkbox"/> 09
MS Windows 8	<input type="checkbox"/>		<input type="checkbox"/> 10
MS Windows 10	<input type="checkbox"/>		<input type="checkbox"/> 11
Unix	<input type="checkbox"/>		<input type="checkbox"/> 12
Other	<input type="checkbox"/>		<input type="checkbox"/> 13

PERSONAL COMPUTERS AT HOME OR AT WORK (Continued)

Computer Software	Own at Home 1	625	Use at Work 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
Online/remote data backup	<input type="checkbox"/>		<input type="checkbox"/> 13
Photo editing	<input type="checkbox"/>		<input type="checkbox"/> 14
Security/Anti-virus	<input type="checkbox"/>		<input type="checkbox"/> 15
Spreadsheet	<input type="checkbox"/>		<input type="checkbox"/> 16
Utility	<input type="checkbox"/>		<input type="checkbox"/> 17
Web Authoring	<input type="checkbox"/>		<input type="checkbox"/> 18
Word Processing	<input type="checkbox"/>		<input type="checkbox"/> 19
Other	<input type="checkbox"/>		<input type="checkbox"/> 20

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

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

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

Who uses the computer at home?

	1	2
Yourself	<input type="checkbox"/>	<input type="checkbox"/> 3
Other adult	<input type="checkbox"/>	<input type="checkbox"/> 4
Child (under 18)	<input type="checkbox"/>	<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) 629

	1	630	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: 1 630 2

	1	2
In-store	<input type="checkbox"/>	<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:

	1	2
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:

	1	2
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 615

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:	1	2
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

	1	2
Redbox	<input type="checkbox"/>	<input type="checkbox"/> 20
Video Store	<input type="checkbox"/>	<input type="checkbox"/> 21
Discount Department Store	<input type="checkbox"/>	<input type="checkbox"/> 22
Electronics Store	<input type="checkbox"/>	<input type="checkbox"/> 23
Grocery Store	<input type="checkbox"/>	<input type="checkbox"/> 24
Warehouse/Club Store	<input type="checkbox"/>	<input type="checkbox"/> 25
Other Store	<input type="checkbox"/>	<input type="checkbox"/> 26
Amazon	<input type="checkbox"/>	<input type="checkbox"/> 27
DVD Netflix (DVD.com)	<input type="checkbox"/>	<input type="checkbox"/> 28
Other Website	<input type="checkbox"/>	<input type="checkbox"/> 29

Internet Download or Stream

	1	2
Amazon	<input type="checkbox"/>	<input type="checkbox"/> 30
Crackle	<input type="checkbox"/>	<input type="checkbox"/> 31
Google Play	<input type="checkbox"/>	<input type="checkbox"/> 32
Hulu	<input type="checkbox"/>	<input type="checkbox"/> 33
iTunes	<input type="checkbox"/>	<input type="checkbox"/> 34
Netflix	<input type="checkbox"/>	<input type="checkbox"/> 35
VUDU	<input type="checkbox"/>	<input type="checkbox"/> 36
YouTube	<input type="checkbox"/>	<input type="checkbox"/> 37
Other Website	<input type="checkbox"/>	<input type="checkbox"/> 38
Other	<input type="checkbox"/>	<input type="checkbox"/> 39

Number Rented Last 30 days Number Purchased Last 30 days 63Z

DVDs:	01	02
Write in #	_____	_____

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

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

COMPUTER PRINTERS/SPORTS EQUIPMENT/CLUBS/ VOTING/LOTTERY/GREETING CARDS & DECORATIONS

COMPUTER PRINTERS	Your Household:	
	Owns	Bought last 12 months
	1	2
631		
All-in-one Printer (Printer, Copier, Scanner)...	<input type="checkbox"/>	<input type="checkbox"/> 01
Computer Printer Only	<input type="checkbox"/>	<input type="checkbox"/> 02
TYPES:		
Laser	<input type="checkbox"/>	<input type="checkbox"/> 03
Ink Jet	<input type="checkbox"/>	<input type="checkbox"/> 04
KINDS:		
Color	<input type="checkbox"/>	<input type="checkbox"/> 05
Black and White	<input type="checkbox"/>	<input type="checkbox"/> 06
BRANDS:		
Brother	<input type="checkbox"/>	<input type="checkbox"/> 07
Canon	<input type="checkbox"/>	<input type="checkbox"/> 08
Epson	<input type="checkbox"/>	<input type="checkbox"/> 09
HP	<input type="checkbox"/>	<input type="checkbox"/> 10
Other	<input type="checkbox"/>	<input type="checkbox"/> 11

CASINO GAMBLING	You Personally:	
	Participated in last 12 months	Times last 12 months
659		
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

SPORT & RECREATION EQUIPMENT	You Personally:	
	Own	Bought last 12 months
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	<input type="checkbox"/>	<input type="checkbox"/> 08
Factory loaded ammunition	<input type="checkbox"/>	<input type="checkbox"/> 09
Fish finder	<input type="checkbox"/>	<input type="checkbox"/> 10
Fishing reel	<input type="checkbox"/>	<input type="checkbox"/> 11
Fishing rod	<input type="checkbox"/>	<input type="checkbox"/> 12
Fishing lures or hooks	<input type="checkbox"/>	<input type="checkbox"/> 13
Other fishing equipment	<input type="checkbox"/>	<input type="checkbox"/> 14
Football	<input type="checkbox"/>	<input type="checkbox"/> 15
Golf balls	<input type="checkbox"/>	<input type="checkbox"/> 16
Golf clubs	<input type="checkbox"/>	<input type="checkbox"/> 17
Outdoor or pocket knife	<input type="checkbox"/>	<input type="checkbox"/> 18
Racquetball balls	<input type="checkbox"/>	<input type="checkbox"/> 19
Racquetball racquet	<input type="checkbox"/>	<input type="checkbox"/> 20
Soccer ball	<input type="checkbox"/>	<input type="checkbox"/> 21
Softball/baseball bats	<input type="checkbox"/>	<input type="checkbox"/> 22
Sportswatch/Chronograph	<input type="checkbox"/>	<input type="checkbox"/> 23
Tennis balls	<input type="checkbox"/>	<input type="checkbox"/> 24
Tennis racquet	<input type="checkbox"/>	<input type="checkbox"/> 25
Binoculars	<input type="checkbox"/>	<input type="checkbox"/> 26
Mountain bicycle	<input type="checkbox"/>	<input type="checkbox"/> 27
Road bicycle	<input type="checkbox"/>	<input type="checkbox"/> 28
Stationary bicycle	<input type="checkbox"/>	<input type="checkbox"/> 29
Downhill ski boots	<input type="checkbox"/>	<input type="checkbox"/> 30
Downhill skis	<input type="checkbox"/>	<input type="checkbox"/> 31
Roller blades/In-line skates	<input type="checkbox"/>	<input type="checkbox"/> 32
Elliptical	<input type="checkbox"/>	<input type="checkbox"/> 33
Treadmill	<input type="checkbox"/>	<input type="checkbox"/> 34
Other exercise equipment	<input type="checkbox"/>	<input type="checkbox"/> 35
Hand gun	<input type="checkbox"/>	<input type="checkbox"/> 36
Rifle	<input type="checkbox"/>	<input type="checkbox"/> 37
Shotgun	<input type="checkbox"/>	<input type="checkbox"/> 38
Hockey equipment	<input type="checkbox"/>	<input type="checkbox"/> 39
Weight lifting equipment	<input type="checkbox"/>	<input type="checkbox"/> 40
Other	<input type="checkbox"/>	<input type="checkbox"/> 41

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

PHYSICAL FITNESS	In the last 12 months, have you exercised regularly (at least twice a week)?		
	At home	At club	At other facility
656-0			
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			
Anytime Fitness	<input type="checkbox"/>		
Gold's Gym	<input type="checkbox"/>		
LA Fitness	<input type="checkbox"/>		
Life Time Fitness	<input type="checkbox"/>		
Orangetheory Fitness	<input type="checkbox"/>		
Planet Fitness	<input type="checkbox"/>		
Retro Fitness	<input type="checkbox"/>		
24 Hour Fitness	<input type="checkbox"/>		
The Y (YMCA)	<input type="checkbox"/>		
Other Gym/Fitness Club	<input type="checkbox"/>		

LOTTERY	You Personally:	
	Bought in last 12 months	Times last 30 days
658		
Any lottery tickets:.....	<input type="checkbox"/>	00
KINDS:		
Instant game (Scratch-off) ..	<input type="checkbox"/>	01
Daily drawing	<input type="checkbox"/>	02
Mega Millions	<input type="checkbox"/>	03
Powerball	<input type="checkbox"/>	04
Other Lotto or drawing game	<input type="checkbox"/>	05
.....	<input type="checkbox"/>	999
OTHER (Write In)		

VOTING	How often you vote:		
	Always	Sometimes	Never
65G			
National Elections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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
	1	2	3

CONTRIBUTIONS	You Personally:	
	Contributed to, last 12 months	
Types of Organizations:		
655-0		
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
How much did you contribute in total?		
63M-0		
\$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	<input type="checkbox"/>	6

GREETING CARDS & HOLIDAY/PARTY DECORATIONS	You Personally:	
	Bought in last 6 months	Number of cards last 30 days
657		
TOTAL:	<input type="checkbox"/>	00
GREETING CARDS:		
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
Other Occasion	<input type="checkbox"/>	14
.....	<input type="checkbox"/>	999
OTHER (Write In)		

Where Purchased:	You Personally:	
	Bought in last 12 months	Times last 30 days
63N-0		
Card Store	<input type="checkbox"/>	1
Discount Department Store	<input type="checkbox"/>	2
Dollar Store	<input type="checkbox"/>	3
Drug Store	<input type="checkbox"/>	4
Grocery Store	<input type="checkbox"/>	5
Internet/Online	<input type="checkbox"/>	6
Other	<input type="checkbox"/>	7
Holiday/Party decorations or supplies you purchased, last 12 months:		
65K-0		
Party decorations	<input type="checkbox"/>	1
Other party supplies	<input type="checkbox"/>	2
Halloween decorations	<input type="checkbox"/>	3
Christmas decorations	<input type="checkbox"/>	4
Other holiday decorations	<input type="checkbox"/>	5

ORGANIZATIONS/CLUBS	Organizations or clubs you are a member of:	
	Bought in last 12 months	Number of cards last 30 days
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
Other	<input type="checkbox"/>	8

HOBBIES	Do you engage in any of the following activities?	
	Bought in last 12 months	Number of cards last 30 days
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 - dolls/action figures	<input type="checkbox"/>	5
Collecting - figurines	<input type="checkbox"/>	6
Collecting - stamps	<input type="checkbox"/>	7
Collecting - sports trading cards	<input type="checkbox"/>	8
Collecting - watches	<input type="checkbox"/>	9
Indoor gardening & plants	<input type="checkbox"/>	0
Listen to music	<input type="checkbox"/>	X
Raising pets	<input type="checkbox"/>	Y
65E-0		
Tropical fish	<input type="checkbox"/>	1

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
Adult education courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Aquarium attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Attend auto shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Attend art galleries or shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Attend horse races	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Attend country music performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Attend rock music performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Attend classical music/opera performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Attend other music performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Attend dance performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Attend a circus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Attend a state or county fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Baking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
Barbecuing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Go to bars/night clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
Go to beach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Go to comedy club or stand-up comedy show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
Billiards/pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Birdwatching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19
Board games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
Book clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21
Chess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
Cooking for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23
Concerts on radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
Crossword puzzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25
Dance/go dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26
Dining out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 27
Entertain friends or relatives at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 28
Fantasy sports league	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 29
Film/produce videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30
Fly a drone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 31
Furniture refinishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 32
Genealogy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 33
Home decoration and furnishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34
Karaoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35
Go to live theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36
Go to museums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37
Painting, drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38
Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39
Photo Album/Scrapbooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40
Picnic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 41
Play bingo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42
Play cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43
Play musical instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44
Reading books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45
Reading comic books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46
Sudoku Puzzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47
Tailgating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48
Word games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49
Trivia games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 50
PC/computer games (play online)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 51
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"/> 52
Video/electronic games (console)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 53
Video/electronic games (portable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 54
Woodworking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 55
Zoo attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 56

SOCIAL MEDIA

In the last 30 days, have you visited or used a social media site or service?

60E-0 Yes 1

How important to you, personally, are the following reasons for using social media?

	Not at all Important	Not Very Important	Somewhat Important	Very Important
	1	2	3	4
60F				
Reasons for using Social Media:				
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
Share my opinions and beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Influence others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Meet or network with professional contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Find people who have interests similar to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Find information about news or other current events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Find information about a movie, TV station or show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Find local information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
Play games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
To show support for my favorite companies or brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
To receive exclusive offers, coupons or other discounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
To gain access to VIP or Members-Only events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

HOME PHONE & ACCESSORIES (Landline phone)

669

Your Household

	Owens	Bought last 12 months
In-Home Telephone:	<input type="checkbox"/>	<input type="checkbox"/> 01
BRANDS:		
AT&T	<input type="checkbox"/>	<input type="checkbox"/> 02
Panasonic	<input type="checkbox"/>	<input type="checkbox"/> 03
Vtech	<input type="checkbox"/>	<input type="checkbox"/> 04
Other	<input type="checkbox"/>	<input type="checkbox"/> 05
Telephone Accessories:		
Answering Machine	<input type="checkbox"/>	<input type="checkbox"/> 06
Telephone Headset	<input type="checkbox"/>	<input type="checkbox"/> 07
Wireless Headphones	<input type="checkbox"/>	<input type="checkbox"/> 08
Which of the following services is your household using?		670-0
Call forwarding	<input type="checkbox"/>	<input type="checkbox"/> 1
Call return	<input type="checkbox"/>	<input type="checkbox"/> 2
Call waiting	<input type="checkbox"/>	<input type="checkbox"/> 3
Caller ID	<input type="checkbox"/>	<input type="checkbox"/> 4
Repeat dialing	<input type="checkbox"/>	<input type="checkbox"/> 5
Three-way calling	<input type="checkbox"/>	<input type="checkbox"/> 6
Voice messaging/Voice mail	<input type="checkbox"/>	<input type="checkbox"/> 7

"SMARTHOME" CONTROLLERS/HUBS

63X-0

Your Household

Owens

Amazon Echo	<input type="checkbox"/>	1
Apple HomePod	<input type="checkbox"/>	2
Google Home/Google Nest	<input type="checkbox"/>	3
Logitech Harmony Hub	<input type="checkbox"/>	4
Samsung SmartThings	<input type="checkbox"/>	5
Wink Hub	<input type="checkbox"/>	6
Other	<input type="checkbox"/>	7
Devices/appliances connected to home controller/hub:		63Y-0
Audio system	<input type="checkbox"/>	1
Coffee maker	<input type="checkbox"/>	2
Dishwasher	<input type="checkbox"/>	3
Garage Door	<input type="checkbox"/>	4
Lighting	<input type="checkbox"/>	5
Oven	<input type="checkbox"/>	6
Refrigerator/Freezer	<input type="checkbox"/>	7
Security System	<input type="checkbox"/>	8
Thermostat	<input type="checkbox"/>	9
TV	<input type="checkbox"/>	0
		683-0
Video Doorbell	<input type="checkbox"/>	1
Washer/Dryer	<input type="checkbox"/>	2
Other	<input type="checkbox"/>	3

WEARABLE TECH (Smartwatches, Fitness Trackers, VR Headsets, etc.)

668-0

Your Personally Own

Wearable Tech are devices that connect to the Internet and can synchronize with other devices, such as a smartphone or computer.

Fitness Trackers:

FitBit	<input type="checkbox"/>	1
Garmin	<input type="checkbox"/>	2
Samsung Gear Fit2	<input type="checkbox"/>	3
Other wristband fitness tracker	<input type="checkbox"/>	4
Other wearable fitness tracker	<input type="checkbox"/>	5
Smartwatches:		
Apple Watch	<input type="checkbox"/>	6
Garmin	<input type="checkbox"/>	7
Google Android Wear (any brand)	<input type="checkbox"/>	8
Samsung Gear	<input type="checkbox"/>	9
Other Smartwatch	<input type="checkbox"/>	0
Virtual Reality Headsets:		671-0
Google Daydream View	<input type="checkbox"/>	1
Lenovo Mirage	<input type="checkbox"/>	2
Oculus Go	<input type="checkbox"/>	3
Oculus Rift	<input type="checkbox"/>	4
Samsung Gear VR	<input type="checkbox"/>	5
Sony PlayStation VR	<input type="checkbox"/>	6
Vive	<input type="checkbox"/>	7

CALLING/PRE-PAID CARDS & COLLECT CALLS

674

You Personally: Acquired last 12 months

Have

CALLING/PRE-PAID CARDS:

AT&T	<input type="checkbox"/>	1	<input type="checkbox"/>	01
Other	<input type="checkbox"/>	2	<input type="checkbox"/>	02
Using calling card, average number of calls you personally make each month for:				675
Business _____				01
(Write in Number)				
Personal _____				02
(Write in Number)				
Have you purchased or refilled a pre-paid calling card in the last 12 months?	Yes <input type="checkbox"/>	1	677-0	
COLLECT CALLS:				
Did you personally make a collect call in the last 6 months?	Yes <input type="checkbox"/>	1	65A-0	
Number of collect calls made, last 6 months:				65C-0
(Write in number)				

LOCAL & LONG DISTANCE CALLS (Personal calls only)

Average monthly landline phone bill:

\$ 1-\$15	<input type="checkbox"/>	1	
\$16-\$25	<input type="checkbox"/>	2	
\$26-\$59	<input type="checkbox"/>	3	
\$60-\$99	<input type="checkbox"/>	4	
\$100 or more	<input type="checkbox"/>	5	
Phone services used (landline):		65D-0	
AT&T	<input type="checkbox"/>	1	
CenturyLink	<input type="checkbox"/>	2	
Comcast/Xfinity	<input type="checkbox"/>	3	
Cox	<input type="checkbox"/>	4	
Spectrum	<input type="checkbox"/>	5	
Verizon	<input type="checkbox"/>	6	
Vonage	<input type="checkbox"/>	7	
Other _____	<input type="checkbox"/>	8	
(Write In)			
Number of International calls you made, last 30 days:			65M
International Long Distance			01
(Write in Number)			

CELL/MOBILE PHONE "APPS"

680

Type of Apps you personally used last 30 days

Apps/activities you would miss if unavailable

TYPE OF APPS:

Banking/Finance	<input type="checkbox"/>	1	<input type="checkbox"/>	01
Books	<input type="checkbox"/>	2	<input type="checkbox"/>	02
Calendar/Schedule	<input type="checkbox"/>	3	<input type="checkbox"/>	03
"Daily Deal"	<input type="checkbox"/>	4	<input type="checkbox"/>	04
Dating	<input type="checkbox"/>	5	<input type="checkbox"/>	05
Digital Payment	<input type="checkbox"/>	6	<input type="checkbox"/>	06
Education	<input type="checkbox"/>	7	<input type="checkbox"/>	07
Email	<input type="checkbox"/>	8	<input type="checkbox"/>	08
Fitness	<input type="checkbox"/>	9	<input type="checkbox"/>	09
Food (Cooking/Recipes)	<input type="checkbox"/>	10	<input type="checkbox"/>	10
Food (Delivery)	<input type="checkbox"/>	11	<input type="checkbox"/>	11
Games	<input type="checkbox"/>	12	<input type="checkbox"/>	12
Healthcare	<input type="checkbox"/>	13	<input type="checkbox"/>	13
Local Information	<input type="checkbox"/>	14	<input type="checkbox"/>	14
Magazine	<input type="checkbox"/>	15	<input type="checkbox"/>	15
Movies	<input type="checkbox"/>	16	<input type="checkbox"/>	16
Music (to listen)	<input type="checkbox"/>	17	<input type="checkbox"/>	17
Music Store (to purchase)	<input type="checkbox"/>	18	<input type="checkbox"/>	18
Navigation/Maps	<input type="checkbox"/>	19	<input type="checkbox"/>	19
News	<input type="checkbox"/>	20	<input type="checkbox"/>	20
Newspaper	<input type="checkbox"/>	21	<input type="checkbox"/>	21
Photography	<input type="checkbox"/>	22	<input type="checkbox"/>	22
Real Estate	<input type="checkbox"/>	23	<input type="checkbox"/>	23
Reference	<input type="checkbox"/>	24	<input type="checkbox"/>	24
Rideshare/Taxi	<input type="checkbox"/>	25	<input type="checkbox"/>	25
Shopping/Retail	<input type="checkbox"/>	26	<input type="checkbox"/>	26
Sports	<input type="checkbox"/>	27	<input type="checkbox"/>	27
Social Media	<input type="checkbox"/>	28	<input type="checkbox"/>	28
Text	<input type="checkbox"/>	29	<input type="checkbox"/>	29
TV/Cable	<input type="checkbox"/>	30	<input type="checkbox"/>	30
Travel	<input type="checkbox"/>	31	<input type="checkbox"/>	31
Video (e.g. short clips)	<input type="checkbox"/>	32	<input type="checkbox"/>	32
Weather	<input type="checkbox"/>	33	<input type="checkbox"/>	33
Other Entertainment	<input type="checkbox"/>	34	<input type="checkbox"/>	34
Other _____	<input type="checkbox"/>	35	<input type="checkbox"/>	35
(Write In)				
Number of Apps downloaded for free, last 30 days:				681
(Write in Number)				01
Number of Apps purchased, last 30 days:				02
(Write in Number)				
Amount spent on Apps, last 30 days:	\$			03
(Write in Amount)				

CELLULAR/MOBILE OPINIONS

61K

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 will always keep a household (landline) telephone, no matter how much cell phone service improves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am frequently annoyed at people talking too loudly on their cell phones in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I only answer my cell phone when I know who is calling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Kids today are permitted too much screen-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The primary reason I have my cell phone is for safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sometimes my cell phone makes me feel like I'm too available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cell phones are too complicated these days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How important to you are the following features when choosing a mobile phone service provider?				
	Not Important	Somewhat Important	Very Important	
1. Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01
2. Phone Models Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02
3. Service Coverage Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03
4. Service Plans Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04
5. Price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05

681

Number of Apps downloaded for free, last 30 days:

(Write in Number) 01

Number of Apps purchased, last 30 days:

(Write in Number) 02

Amount spent on Apps, last 30 days:

\$ (Write in Amount) 03

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:

	Use most often (choose one)	Other working cell phone(s)
709	1	2
Handset Brands:		
Apple iPhone	<input type="checkbox"/>	<input type="checkbox"/> 01
BlackBerry	<input type="checkbox"/>	<input type="checkbox"/> 02
Casio	<input type="checkbox"/>	<input type="checkbox"/> 03
Google Pixel	<input type="checkbox"/>	<input type="checkbox"/> 04
HTC	<input type="checkbox"/>	<input type="checkbox"/> 05
Huawei	<input type="checkbox"/>	<input type="checkbox"/> 06
Kyocera	<input type="checkbox"/>	<input type="checkbox"/> 07
LG	<input type="checkbox"/>	<input type="checkbox"/> 08
Motorola	<input type="checkbox"/>	<input type="checkbox"/> 09
Nokia	<input type="checkbox"/>	<input type="checkbox"/> 10
Samsung	<input type="checkbox"/>	<input type="checkbox"/> 11
Sony	<input type="checkbox"/>	<input type="checkbox"/> 12
Other	<input type="checkbox"/>	<input type="checkbox"/> 13

Used For:
 Business 14
 Personal 15

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

Plan Types: 61G-0
 Individual Plan 1
 Family or Shared Plan 2
 Corporate Plan 3

Mobile Service Agreement Types:
 Monthly Plan with Contract 4
 Monthly Plan with No Contract 5
 Prepaid 6

Average Monthly Bill: 706-0
 \$ 1-\$24 1
 \$25-\$49 2
 \$50-\$74 3
 \$75-\$99 4
 \$100-\$149 5
 \$150-\$199 6
 \$200-\$249 7
 \$250+ 8

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 1
 Electronics Store 2
 Department Store 3
 Discount Store 4
 Wholesale/Club Store 5
 Carrier-owned Store 6
 Other 7

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

Phone 01
 Voicemail 02
 Email 03
 Text Messaging 04
 Picture Messaging 05
 Google Android OS 06
 Windows Mobile/Phone OS 07

Media Features:
 Camera 08
 Games 09
 MP3 Player 10
 Video Player 11
 Video Recorder 12
 Web/Internet Access 13

Other Features:
 Alarm Clock 14
 Bluetooth 15
 Calendar/Organizer 16
 GPS/Navigation 17
 View Spreadsheets/
 Text Documents 18
 Create/Edit Spreadsheets/
 Text Documents 19
 Speakerphone 20
 Voice Activated Dialing 21
 WiFi 22
 Wireless Charging 23

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 1
- Visited a website for News 2
- Visited a website for Sports 3
- Visited a website for Weather 4
- Visited a website for Entertainment Information 5
- Visited a website for Financial Information 6
- Visited a website for Maps/Directions 7
- Visited a website for other Local Information 8
- Visited or used a Social Media site 9
- Searched for information about a product 0
- Visited any other website X
- Used Text Messaging to communicate with friends or family Y
- Used Text Messaging to vote in a contest, make a choice, or give an opinion 1 61H-0
- Looked at an advertisement sent with Text Message 2
- Used Text Messaging to respond to an advertisement 3
- Purchased a product 4
- Signed up for a Text Message "alert" service 5
- Received a Text Message "alert" 6
- Redeemed a mobile coupon 7
- Scanned a QR code or other "Tag" 8
- Used a mobile wallet 9
- Watched a video clip 0
- Watched a downloaded or streamed TV program X
- Watched live television Y 61J-0
- Watched a full length movie 1
- Watched other video 2
- Listened to a podcast 3
- Listened to music 4
- Listened to radio 5
- Downloaded a song 6
- Downloaded a ringtone 7
- Downloaded wallpaper 8
- Downloaded a game 9
- Downloaded an application or "App" 0
- Used an application or "App" X
- Called directory assistance Y
- 62X-0
- Took a video 1
- Made or received a video call 2

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

	62H	1	2	3	4
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. I often wish I could take a break from technology		<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 use my mobile service provider's website or app to track data usage on my plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
9. I worry that I waste too much time looking at my mobile 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 like to receive coupons on my cell phone that are based on my location		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
12. 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"/> 12
13. Advertisements on cell phones are annoying		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
14. I feel compelled to check my phone, even when I'm in the middle of a conversation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
15. 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"/> 15
16. 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"/> 16
17. 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"/> 17

TABLETS & E-READERS	You Personally:		TABLETS & E-READERS (Continued)	TABLETS & E-READERS (Continued)	Type of Apps you personally used last 30 days	Apps/activities you would miss if unavailable
	Own	Bought Last 12 Months				
701			Activities you have done using a Tablet or E-reader, last 30 days:		61D	
BRANDS:	1	2			TYPE OF APPS:	1 2
Amazon Kindle (e-reader)	<input type="checkbox"/>	<input type="checkbox"/> 01	Read a book	703-0 <input type="checkbox"/> 1	Banking/Finance	<input type="checkbox"/> <input type="checkbox"/> 01
Amazon Kindle Fire (tablet)	<input type="checkbox"/>	<input type="checkbox"/> 02	Read a magazine	<input type="checkbox"/> 2	Books	<input type="checkbox"/> <input type="checkbox"/> 02
Apple iPad (any standard size or larger model)	<input type="checkbox"/>	<input type="checkbox"/> 03	Read a newspaper	<input type="checkbox"/> 3	Calendar/Schedule	<input type="checkbox"/> <input type="checkbox"/> 03
Apple iPad mini	<input type="checkbox"/>	<input type="checkbox"/> 04	Read or sent an e-mail	<input type="checkbox"/> 4	“Daily Deal”	<input type="checkbox"/> <input type="checkbox"/> 04
Barnes & Noble Nook (e-reader)	<input type="checkbox"/>	<input type="checkbox"/> 05	Watched a movie	<input type="checkbox"/> 5	Dating	<input type="checkbox"/> <input type="checkbox"/> 05
Google Pixel or Nexus (tablet)	<input type="checkbox"/>	<input type="checkbox"/> 06	Watched a TV show	<input type="checkbox"/> 6	Digital Payment	<input type="checkbox"/> <input type="checkbox"/> 06
Microsoft Surface (tablet)	<input type="checkbox"/>	<input type="checkbox"/> 07	Watched other video	<input type="checkbox"/> 7	Education	<input type="checkbox"/> <input type="checkbox"/> 07
Samsung Galaxy Tab/ Galaxy Note (tablet)	<input type="checkbox"/>	<input type="checkbox"/> 08	Played a single-player game	<input type="checkbox"/> 8	Email	<input type="checkbox"/> <input type="checkbox"/> 08
Samsung Galaxy Tab Nook (tablet)	<input type="checkbox"/>	<input type="checkbox"/> 09	Played a multi-player game	<input type="checkbox"/> 9	Fitness	<input type="checkbox"/> <input type="checkbox"/> 09
Other Tablet	<input type="checkbox"/>	<input type="checkbox"/> 10	Visited or used a social media site	<input type="checkbox"/> 0	Food (Cooking/Recipes)	<input type="checkbox"/> <input type="checkbox"/> 10
Other E-Reader	<input type="checkbox"/>	<input type="checkbox"/> 11	Visited a search engine	61L-0 <input type="checkbox"/> 1	Food (Delivery)	<input type="checkbox"/> <input type="checkbox"/> 11
702			Visited other website	<input type="checkbox"/> 2	Games	<input type="checkbox"/> <input type="checkbox"/> 12
Total cost of Tablet(s) or E-reader(s), purchased last 12 months:			Obtained information on news or current events	<input type="checkbox"/> 3	Healthcare	<input type="checkbox"/> <input type="checkbox"/> 13
\$ _____		01	Obtained information about sports	<input type="checkbox"/> 4	Local Information	<input type="checkbox"/> <input type="checkbox"/> 14
(Write in Amount)			Obtained financial information	<input type="checkbox"/> 5	Magazine	<input type="checkbox"/> <input type="checkbox"/> 15
Total time spent using your Tablet and/or E-reader, last 7 days:			Obtained information about the weather	<input type="checkbox"/> 6	Movies	<input type="checkbox"/> <input type="checkbox"/> 16
	Tablet/E-reader: hours used, last 7 days		Obtained information on travel	<input type="checkbox"/> 7	Music (to listen)	<input type="checkbox"/> <input type="checkbox"/> 17
	61Q-0		Obtained local information	<input type="checkbox"/> 8	Music Store (to purchase)	<input type="checkbox"/> <input type="checkbox"/> 18
None	<input type="checkbox"/> 1		Obtained medical information	<input type="checkbox"/> 9	Navigation/Maps	<input type="checkbox"/> <input type="checkbox"/> 19
Less than 1 hour	<input type="checkbox"/> 2		Purchased a product or service	<input type="checkbox"/> 0	News	<input type="checkbox"/> <input type="checkbox"/> 20
1-4 hours	<input type="checkbox"/> 3		Listened to music	<input type="checkbox"/> X	Newspaper	<input type="checkbox"/> <input type="checkbox"/> 21
5-9 hours	<input type="checkbox"/> 4		Downloaded music	<input type="checkbox"/> Y	Photography	<input type="checkbox"/> <input type="checkbox"/> 22
10-19 hours	<input type="checkbox"/> 5		Listened to/watched a podcast	61P-0 <input type="checkbox"/> 1	Real Estate	<input type="checkbox"/> <input type="checkbox"/> 23
20-29 hours	<input type="checkbox"/> 6		Took a picture or video	<input type="checkbox"/> 2	Reference	<input type="checkbox"/> <input type="checkbox"/> 24
30 hours or more	<input type="checkbox"/> 7		Uploaded photos	<input type="checkbox"/> 3	Rideshare/Taxi	<input type="checkbox"/> <input type="checkbox"/> 25
Who uses your tablet?			Used a map/navigation program	<input type="checkbox"/> 4	Shopping/Retail	<input type="checkbox"/> <input type="checkbox"/> 26
61U-0			Made or received a video call	<input type="checkbox"/> 5	Sports	<input type="checkbox"/> <input type="checkbox"/> 27
Yourself	<input type="checkbox"/> 1		Other _____	<input type="checkbox"/> 6	Social media	<input type="checkbox"/> <input type="checkbox"/> 28
Other adult	<input type="checkbox"/> 2		(Write In)		Text	<input type="checkbox"/> <input type="checkbox"/> 29
Child (under 18)	<input type="checkbox"/> 3				TV/Cable	<input type="checkbox"/> <input type="checkbox"/> 30
					Travel	<input type="checkbox"/> <input type="checkbox"/> 31
					Video (e.g. short video clips)	<input type="checkbox"/> <input type="checkbox"/> 32
					Weather	<input type="checkbox"/> <input type="checkbox"/> 33
					Other Entertainment	<input type="checkbox"/> <input type="checkbox"/> 34
					Other _____	<input type="checkbox"/> <input type="checkbox"/> 35
					(Write In)	
					Number of Apps downloaded for free, last 30 days:	61V _____ 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)	

MORE 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
62U	1	2	3	4
1. On my tablet, I prefer to use apps instead of websites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
2. On my cell phone, I prefer to use apps instead of websites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
3. I often use my mobile device inside a store to get information about the products sold there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
4. I often use my mobile device inside a store to help me make purchase decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
5. I often use my mobile device inside a store to look for coupons or other offers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
6. I often use my mobile device to compare prices before making a purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
7. Mobile apps are updated too frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
8. My mobile device provides entertainment during my daily commute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
9. I rely on my phone for maps and directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
10. Checking my phone is the first thing I do in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
11. I'm always checking out the app store to see what's new	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
12. I text more than I talk on my phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
13. In general, I prefer texting over email to communicate with friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
14. Apps have made my life so much more convenient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14

**SPORTS EVENTS:
WATCH, LISTEN,
ATTEND & INTEREST**

Did you watch on TV, listen to on the radio or attend in-person any of these sports events: 1) in the last 12 months and if so, 2) regularly during the sport's season?

If you watched, listened or attended in the last 12 months, how interested were you?

	WATCHED ON TV		LISTENED TO RADIO		ATTENDED		Very Interested	Somewhat Interested	A little bit Interested	Not at all Interested	
	Last 12 months	Regularly Watched	Last 12 months	Regularly Listened	Last 12 months	Regularly Attended					
682											
Alpine Skiing & Ski Jumping	<input type="checkbox"/>	<input type="checkbox"/>	<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
Auto Racing – NASCAR	<input type="checkbox"/>	<input type="checkbox"/>	<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
Auto Racing – Other	<input type="checkbox"/>	<input type="checkbox"/>	<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
Baseball – College	<input type="checkbox"/>	<input type="checkbox"/>	<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
Baseball – MLB 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"/>	05
Baseball – MLB Playoffs/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"/>	<input type="checkbox"/>	06
Basketball – College	<input type="checkbox"/>	<input type="checkbox"/>	<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
Basketball – NBA 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"/>	08
Basketball – NBA Playoffs/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"/>	<input type="checkbox"/>	09
Basketball – NCAA Basketball Tourn.	<input type="checkbox"/>	<input type="checkbox"/>	<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
Basketball – WNBA	<input type="checkbox"/>	<input type="checkbox"/>	<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
Bicycle Racing	<input type="checkbox"/>	<input type="checkbox"/>	<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
Bowling	<input type="checkbox"/>	<input type="checkbox"/>	<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
Boxing	<input type="checkbox"/>	<input type="checkbox"/>	<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
Equestrian Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
eSports (video game 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"/>	<input type="checkbox"/>	16
Extreme Sports – Summer	<input type="checkbox"/>	<input type="checkbox"/>	<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
Extreme Sports – Winter	<input type="checkbox"/>	<input type="checkbox"/>	<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
Figure Skating	<input type="checkbox"/>	<input type="checkbox"/>	<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
Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<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
Football – College	<input type="checkbox"/>	<input type="checkbox"/>	<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
Football – NFL Monday, Thursday or Sunday Night 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
Football – NFL Weekend Games (Day)	<input type="checkbox"/>	<input type="checkbox"/>	<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
Football – NFL Playoffs/Super Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<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
Golf – PGA	<input type="checkbox"/>	<input type="checkbox"/>	<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
Golf – LPGA	<input type="checkbox"/>	<input type="checkbox"/>	<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
Golf – Other	<input type="checkbox"/>	<input type="checkbox"/>	<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
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<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
High School 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"/>	29
Horse Racing (at track or OTB)	<input type="checkbox"/>	<input type="checkbox"/>	<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
Ice Hockey – NHL 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"/>	31
Ice Hockey – NHL Playoffs and Stanley Cup 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"/>	<input type="checkbox"/>	32
Lacrosse – MLL	<input type="checkbox"/>	<input type="checkbox"/>	<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
Marathon, Triathlon & Obstacle 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"/>	34
Motorcycle Racing	<input type="checkbox"/>	<input type="checkbox"/>	<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
Olympics – Summer	<input type="checkbox"/>	<input type="checkbox"/>	<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
Olympics – Winter	<input type="checkbox"/>	<input type="checkbox"/>	<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
Poker 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"/>	<input type="checkbox"/>	38
Pro Bull Riding (PBR)	<input type="checkbox"/>	<input type="checkbox"/>	<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
Rodeo	<input type="checkbox"/>	<input type="checkbox"/>	<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
Soccer – MLS	<input type="checkbox"/>	<input type="checkbox"/>	<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
Soccer – World Cup	<input type="checkbox"/>	<input type="checkbox"/>	<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
Soccer – U.S. Men's National Team	<input type="checkbox"/>	<input type="checkbox"/>	<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
Soccer – U.S. Women's National Team	<input type="checkbox"/>	<input type="checkbox"/>	<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
Soccer – International	<input type="checkbox"/>	<input type="checkbox"/>	<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
Tennis – Men's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46
Tennis – Women's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47
Track & Field	<input type="checkbox"/>	<input type="checkbox"/>	<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
Truck and Tractor Pull/Mud Racing	<input type="checkbox"/>	<input type="checkbox"/>	<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
Ultimate Fighting Championship (UFC)	<input type="checkbox"/>	<input type="checkbox"/>	<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
Other Mixed Martial Arts (MMA)	<input type="checkbox"/>	<input type="checkbox"/>	<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
Volleyball – Pro Beach	<input type="checkbox"/>	<input type="checkbox"/>	<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
Wrestling – WWE	<input type="checkbox"/>	<input type="checkbox"/>	<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
Wrestling – Other Professional	<input type="checkbox"/>	<input type="checkbox"/>	<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
	1	2	3	4	5	6	7	8	9	0	

INTEREST IN SPORTS

On a scale from "0" to "10" where "0" means you are not a sports fan at all, "5" means you are an average sports fan and "10" means you are a super sports fan, where would you place yourself on that scale for each of the following? (PLEASE "X" ONE BOX FOR EACH SPORT.)

PROFESSIONAL EXTERMINATORS

Your Household:
Had treatment last 12 months | Times/last 12 months

	Non-Fan		Average Fan						Super-Fan			
	0	1	2	3	4	5	6	7	8	9		10
491												
College Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
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"/>	<input type="checkbox"/>	02
Other College 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"/>	<input type="checkbox"/>	03
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
High School 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"/>	<input type="checkbox"/>	05
Major League 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"/>	<input type="checkbox"/>	06
NASCAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
NBA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
NFL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
NHL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
Olympics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
Professional Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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

690

TOTAL _____ 00

COMPANIES:

Orkin _____ 01

Terminix _____ 02

OTHER (Write In) _____ 999

YELLOW PAGES

You personally referred to:

	Paper yellow pages	Internet yellow pages
Last 12 months	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Last 7 days	<input type="checkbox"/>	<input type="checkbox"/>

691

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
DHL	<input type="checkbox"/>	<input type="checkbox"/> 01
FedEx	<input type="checkbox"/>	<input type="checkbox"/> 02
UPS	<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

661

GARDEN

Do you have a garden?

Yes 1 685-0

What size is your garden?

Under 250 square feet 2

250-499 square feet 3

500-1999 square feet 4

2000 or more square feet 5

Did you participate in outdoor gardening in the last 12 months?

Yes 6 No 7

On how many days did you personally garden in the past 12 months?

_____ 686-0

(Write in Number)

Which of the following did you engage in during the last 12 months?

Flowers/Ornamentals	<input type="checkbox"/> 1
Vegetable Gardening	<input type="checkbox"/> 2
Herb Growing	<input type="checkbox"/> 3
Fruit (Not Trees)	<input type="checkbox"/> 4
Lawn Care	<input type="checkbox"/> 5
Berries & Brambles	<input type="checkbox"/> 6

598-0

PROPERTY AND GARDEN MAINTENANCE

Your Household:

Bought last 12 months

Bulbs	<input type="checkbox"/> 1
Flower seeds	<input type="checkbox"/> 2
Garden fertilizer	<input type="checkbox"/> 3
Garden insecticides	<input type="checkbox"/> 4
Garden soil	<input type="checkbox"/> 5
Lawn fertilizer with weed control	<input type="checkbox"/> 6
Lawn fertilizer without weed control	<input type="checkbox"/> 7
Lawn insecticides	<input type="checkbox"/> 8
Lawn maintenance service	<input type="checkbox"/> 9
Lawn seed	<input type="checkbox"/> 0
Organic soil additives	<input type="checkbox"/> X
Plant food (outdoor)	<input type="checkbox"/> Y

687-0

Pool chemicals	<input type="checkbox"/> 1
Potting soil	<input type="checkbox"/> 2
Shrubs & plants (outdoor)	<input type="checkbox"/> 3
Top soil	<input type="checkbox"/> 4
Trees	<input type="checkbox"/> 5
Vegetable plants	<input type="checkbox"/> 6
Vegetable seeds	<input type="checkbox"/> 7
Weed killer	<input type="checkbox"/> 8

588-0

Total amount spent on all garden items, last 12 months

\$ _____ 688-0

Used service(s) for property/garden maintenance last 12 months:

Yes 1 No 2 689-0

NEWSPAPER READING

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

	Read in Weekday Newspaper	Read in Sunday/Weekend Newspaper
Main News/Front Page	1 <input type="checkbox"/>	2 <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

63Q

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 1

Purchased an advertised product 2

Requested additional information on an advertised product 3

Cut out an ad for later reference 4

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

	Weekday Newspaper	Sunday/Weekend Newspaper
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

Usefulness of Advertising:

BATTERIES

You Personally:

	Purchased in last 6 months	Number/last 6 months
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Rechargeable	<input type="checkbox"/>	01
Throw-away	<input type="checkbox"/>	02
BRANDS:		
Duracell	<input type="checkbox"/>	03
Duracell Quantum	<input type="checkbox"/>	04
Duracell Rechargeable	<input type="checkbox"/>	05
Energizer/Energizer Max	<input type="checkbox"/>	06
Energizer EcoAdvanced	<input type="checkbox"/>	07
Energizer Ultimate Lithium	<input type="checkbox"/>	08
Energizer Recharge	<input type="checkbox"/>	09
Eveready Gold	<input type="checkbox"/>	10
Eveready Super Heavy Duty	<input type="checkbox"/>	11
Kodak	<input type="checkbox"/>	12
Panasonic	<input type="checkbox"/>	13
RadioShack	<input type="checkbox"/>	14
Rayovac Fusion	<input type="checkbox"/>	15
Rayovac High Energy	<input type="checkbox"/>	16
Sunbeam	<input type="checkbox"/>	17
Store's Own Brand	<input type="checkbox"/>	18
OTHER (Write In)	<input type="checkbox"/>	999

633

CHILDREN'S TOYS & GAMES

You Personally:

	Bought last 12 months	Number bought last 12 months
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
Clay/dough/sand	<input type="checkbox"/>	13
Arts & crafts	<input type="checkbox"/>	14
Action games	<input type="checkbox"/>	15
Board games	<input type="checkbox"/>	16
Sound games	<input type="checkbox"/>	17
Word games	<input type="checkbox"/>	18
Electronic games	<input type="checkbox"/>	19
Infant toys	<input type="checkbox"/>	20
Pre-school toys	<input type="checkbox"/>	21
Builder sets	<input type="checkbox"/>	22
Cars	<input type="checkbox"/>	23
Electric trains	<input type="checkbox"/>	24
Bicycles	<input type="checkbox"/>	25
Tricycles	<input type="checkbox"/>	26
Water toys	<input type="checkbox"/>	27
Other toys	<input type="checkbox"/>	28

693

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

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

694

BOOKS

You Personally:

	Bought last 12 months	Number bought last 12 months
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
Mystery	<input type="checkbox"/>	07
Novel	<input type="checkbox"/>	08
Biography	<input type="checkbox"/>	09
History	<input type="checkbox"/>	10
Science fiction	<input type="checkbox"/>	11
Children's books	<input type="checkbox"/>	12
Romance	<input type="checkbox"/>	13
Personal/business/self-help	<input type="checkbox"/>	14
Religious (not Bibles)	<input type="checkbox"/>	15
Travel	<input type="checkbox"/>	16
OTHER (Write In)	<input type="checkbox"/>	999

695

Where purchased:

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 Play	<input type="checkbox"/> 5
iTunes/Apple Books	<input type="checkbox"/> 6
Other Internet/Online	<input type="checkbox"/> 7

696-0

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

60D-0

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 me 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
60. I like to connect with brands through social-networking sites.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60
61. I prefer to shop at stores that offer loyalty points.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61

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?

68A

EARLY MORNING NEWS

	None	1	2	3	4	5	Yes	Full	Most	Some	Your Own Home	Somewhere Else
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"/>
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"/>
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"/>
	X	1	2	3	4	5	6	8	9	0	5	4

EARLY MORNING WEEKDAY NEWS PROGRAMS (LOCAL)

04 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"/>
05 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"/>
06 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"/>
07 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"/>
	X	1	2	3	4	5	6	8	9	0	5	4

EARLY MORNING PROGRAMS

08 CBS This Morning (Gayle King/Anthony Mason/Tony Dokoupil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
10 Today Show (Guthrie/Kotb)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Today Show (4th Hour) with Hoda Kotb & Jenna Bush Hager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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

68E

DAYTIME PROGRAMS

01 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"/>
02 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"/>
03 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"/>
04 GMA Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
06 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"/>
07 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"/>
08 The View	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
	X	1	2	3	4	5	6	8	9	0	5	4

EARLY EVENING WEEKDAY NEWS PROGRAMS

10 ABC World News Tonight with David Muir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
12 CBS Evening News with Norah O'Donnell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 NBC Nightly News with Lester Holt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
	X	1	2	3	4	5	6	8	9	0	5	4

EARLY EVENING WEEKDAY NEWS PROGRAMS (LOCAL)

15 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"/>
16 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"/>
17 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"/>
18 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"/>
	X	1	2	3	4	5	6	8	9	0	5	4

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"/>
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"/>
03 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"/>
04 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"/>
	X	1	2	3	4	5	6	8	9	0	5	4

LATE NIGHT SHOWS (Nightly)

05 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"/>
06 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"/>
07 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"/>
08 All Night-Mad 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"/>
09 All Night-any other All Night programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Overnight 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"/>
11 Conan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
13 Late Late Show with James Corden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Late Night with Seth Meyers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Late Show with Stephen Colbert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 A Little Late with Lilly Singh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 The Tonight Show Starring 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"/>
	X	1	2	3	4	5	6	8	9	0	5	4

TELEVISION VIEWING
(Continued)

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?

68F

ONCE A WEEK PROGRAMS

	None	1	2	3	4	Yes	Full	Most	Some	Your Own Home	Some-where Else
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"/>
02 All American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 All Rise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Almost 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"/>
05 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"/>
06 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"/>
07 American Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
09 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"/>
10 American Ninja Warrior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
12 America's Got Talent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Got Talent: The Champions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
15 Animal Tales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
17 Asian Americans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
19 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"/>
20 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"/>
21 Bachelor After Paradise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Bachelor in Paradise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
24 Beauty and the Baker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Batwoman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Beat Shazam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Best Friends FurEver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
29 Big Brother (Celebrity 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"/>
30 Black Lightning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Black-ish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Black-ish - 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"/>
33 The Blacklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Bless the Harts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Bless this Mess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Blindspot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Blood Sugar Rising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
39 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"/>
40 Bob Hearts Abishola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Broke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Brooklyn Nine-Nine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Bull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Bulletproof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Burden of Truth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Call the Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Carol's Second Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Castle - 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"/>
49 Celebrity Family Feud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Champion Within	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Charmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Chicago Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53 Chicago Med	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Chicago PD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 The Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Conners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Council of Dads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
60 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"/>
61 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"/>
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"/>
63 Dancing With The Stars: Juniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
65 DC's Legends of Tomorrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Deputy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Did I Mention Invention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Duncanville	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Dynasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Elementary - 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"/>
71 Ellen's Game of 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"/>	<input type="checkbox"/>
72 Emergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Empire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
75 Evil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76 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"/>
77 Family Feud - 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"/>
78 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"/>
79 FBI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 FBI: Most Wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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

TELEVISION VIEWING (Continued)

68F

ONCE A WEEK PROGRAMS (Continued)

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?

	None	1	2	3	4	Yes	Full	Most	Some	Your Own Home	Somewhere Else
81 Filthy Rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Finding your Roots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 First Responders 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"/>
84 The Flash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Flirty Dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 For Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Forensic 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"/>
88 48 Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89 Fresh Off the Boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
91 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"/>
92 Give	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 God Friended Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94 The Goldbergs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 The Good Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Good 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"/>
97 The Good Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Gordon Ramsay's 24 Hours to Hell and 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"/>
99 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"/>
100 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"/>
101 Hearts of Heroes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
103 Hollywood Game 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"/>
104 Hope In The Wild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
106 How to Get Away with Murder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Human	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 In the 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"/>
109 Indebted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Innovation 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"/>
111 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"/>
112 Instinct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Into the Wild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
115 Jeopardy - 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"/>
116 Journey with Dylan Dreyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Just for Laughs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Katy Keene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Kids Say the Darndest Things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
121 Last Man Standing - 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"/>
122 Law & 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"/>
123 Legacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 LEGO Masters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Lidia'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"/>
126 Lincoln	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Listener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Little Big Shots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Lucky Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 MacGyver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Madam Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Madam Secretary - 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"/>
133 Magnum PI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Major Crimes - 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"/>
135 Man With a 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"/>
136 Manifest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Marvel's Agents of S.H.I.E.L.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 The Masked Singer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
140 MasterChef Jr.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
142 Match 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"/>	<input type="checkbox"/>
143 Matter of Fact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Mike & Molly - 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"/>
145 A Million Little Things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Mixed-ish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
148 Modern Family - 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"/>
149 Mom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Mom - 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"/>
151 The Moodys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
153 Moveable Feast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Nancy Drew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Naturally with Danny Seo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
157 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"/>
158 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"/>
159 NCIS: New Orleans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 NCIS: New Orleans - 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"/>
161 The Neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 New Amsterdam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 neXt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 9-1-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
165 9-1-1: Lone 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"/>
	X	1	2	3	4	6	8	9	0	5	4

TELEVISION VIEWING
(Continued)

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?

68F

ONCE A WEEK PROGRAMS (Continued)

	None	1	2	3	4	Yes	Full	Most	Some	Your Own Home	Somewhere Else
166 No Passport Required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
168 Ocean Treks with Jeff Corwin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Oh Baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 \$100,000 Pyramid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 The 100.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Outmatched	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 The Outpost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Pandora	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Penn and Teller: Fool 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"/>
176 Perfect Harmony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Poldark on 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"/>
178 Prodigal Son	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 The Red Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 The Resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
182 Riverdale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Rock the 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"/>
184 The Rookie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Roswell, New Mexico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Royal History's Myths and Secrets with Lucy Worsley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 S.W.A.T.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Samantha Brown: Places to Love	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Schooled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Seal Team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
192 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"/>
193 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"/>
194 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"/>
195 Small 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"/>
196 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"/>
197 Songland.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
199 Spin the Wheel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
200 Station 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Stumptown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Supergirl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
204 Superstore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
206 Tell Me A Story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 That's My Jam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 This Is 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"/>
209 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"/>
210 This Old House: Trade School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 The Titan 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"/>	<input type="checkbox"/>
212 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"/>
213 Tommy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 To Tell the Truth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
216 20/20 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"/>
217 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"/>
218 2 Broke Girls - 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"/>
219 Ultimate Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
221 The Unicorn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 United We Fall.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
224 Voyager with Josh Garcia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
226 Washington 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"/>
227 What Just Happened???.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
228 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"/>
229 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"/>
230 Whose Line is it Anyway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
231 Wilderness Vet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
232 Will & Grace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
233 Wipeout - 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"/>
234 World of 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"/>
235 World's Best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
236 Young Sheldon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
237 Zoey's Extraordinary Playlist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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

TELEVISION VIEWING
(Continued)

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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?

MONDAY THROUGH FRIDAY PROGRAMS

	None	1	2	3	4	5	Yes	Full	Most	Some	Your Own Home	Somewhere Else
01 Access Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 America Says	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 America's Court with Judge Ross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 American Ninja Warrior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
07 Black-ish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
09 Caught in Providence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 CBN Newswatch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Chicago PD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
13 Couples Court/Paternity 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"/>
14 Daily Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 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"/>
16 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"/>
17 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"/>
18 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"/>
19 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"/>
20 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"/>
21 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"/>
22 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"/>
23 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"/>
24 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"/>
25 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"/>
26 Funny You Should Ask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 The Goldbergs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Hot Bench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
31 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"/>
32 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"/>
33 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"/>
34 Judge Jerry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
36 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"/>
37 Justice For All with Cristina Perez	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Justice with Judge Mablean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 The Kelly Clarkson 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"/>
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"/>
41 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"/>
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"/>
43 Live PD: Police Patrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Live with Kelly and Ryan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
46 The Mel Robbins 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 Mike & 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"/>
48 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"/>
49 Mom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
51 Personal Injury 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"/>
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"/>
53 The Real	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Right This 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"/>
55 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"/>
56 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"/>
57 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"/>
58 Supreme Justice with Judge Karen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Tamron Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
61 25 Words 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"/>	<input type="checkbox"/>
62 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"/>
63 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"/>
64 The Verdict with Judge Hatchett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65 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"/>
66 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"/>
	X	1	2	3	4	5	6	8	9	0	5	4

TELEVISION VIEWING (Continued)

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?	
		None	1	2	3	4	Yes	Full	Most	Some	Your Own Home	Some-where Else		
ONCE A WEEK PROGRAMS														
68H														
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"/>		
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"/>		
03	CBS Weekend 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"/>		
04	CBS Weekend 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"/>		
05	NBC Nightly News-Sat. (Jose Diaz-Balart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. (Kate Snow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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		
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"/>		
08	CBS Face the Nation (Margaret Brennan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Sunday Morning (Jane Pauley)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 This Morning Saturday: Jeff Glor, Michelle Miller, Dana Jacobson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	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"/>		
12	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"/>		
13	NBC Meet the Press with Chuck Todd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>		
15	NBC Sunday Today with Willie Geist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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		
LATE NIGHT PROGRAMS														
16	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"/>		
		X	1	2	3	4	6	8	9	0	5	4		

CABLE/SATELLITE/STREAMING TV NETWORKS

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

A&E		A&E				
01	Biography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	The First 48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Live PD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Live PD Police Patrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	Live Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[adult swim]		Adult Swim				
06	Bob's Burgers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	Family Guy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	Mike Tyson Mysteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	Rick & Morty	<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"/>
AMC		AMC				
11	Better Call Saul	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Fear the Walking Dead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	The Walking Dead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	The Walking Dead: World Beyond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BET		BET				
15	American Soul	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Assisted Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Boomerang	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	The Oval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Sistas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bravo		Bravo				
20	Below Deck Mediterranean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	The Real Housewives of New York City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	The Real Housewives of Potomac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Top Chef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Watch What Happens Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	6	8	9	0

CABLE/SATELLITE/STREAMING TV 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

CN		Cartoon Network				
25	Amazing World of Gumball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Steven Universe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Teen Titans Go!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Victor and Valentino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	We Bare Bears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CNBC		CNBC				
30	Fast Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Jay Leno's Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Mad Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	The Profit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Squawk Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CNN		CNN				
35	Anderson Cooper 360°	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	CNN Tonight with Don Lemon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Cuomo Prime Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Erin Burnett OutFront	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	New Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMEDY CENTRAL		Comedy Central				
40	The Daily Show with Trevor Noah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Drunk History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	The Jim Jefferies Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Lights Out with David Spade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	South Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	6	8	9	0

CABLE/SATELLITE/STREAMING TV 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



Discovery

Discovery Channel

45 Deadliest Catch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46 Fast N' Loud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47 Gold Rush: Parkers Trail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48 Naked & Afraid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 Street Outlaws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



E! (Entertainment Television)

50 E! News	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 Keeping Up with the Kardashians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52 Live from the Red Carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53 Nightly Pop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54 Total Divas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55 True Hollywood Story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



ESPN

56 Around the Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57 First Take	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58 Get Up!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59 PTI (Pardon the Interruption)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60 SportsCenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



ESPN2

61 CFB Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62 Jalen & Jacoby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63 NBA: The Jump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64 NFL Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Food Network

65 Beat Bobby Flay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66 Chopped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67 Diners, Drive-ins and Dives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68 Guy's Grocery Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69 The Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70 The Pioneer Woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Fox Business Network

71 Cavuto: Coast to Coast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72 Lou Dobbs Tonight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73 Mornings with Maria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74 Trish Regan Primetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75 Varney & Co.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Fox News Channel

76 The Five	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77 Fox and Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78 Hannity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79 Special Report with Bret Baier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80 Tucker Carlson Tonight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



FREEFORM

Freeform

81 Good Trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82 Grownish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83 Motherland: Fort Salem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84 Party of Five	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85 Siren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 6 8 9 0

CABLE/SATELLITE/STREAMING TV 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



FX

86 American Horror Story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87 Atlanta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88 Better Things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89 Fargo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90 Mayans MC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Hallmark Channel

91 Chesapeake Shores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92 Good Witch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93 Hallmark Original Movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94 Home & Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95 When Calls the Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



HISTORY

History Channel

96 Ancient Aliens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97 American Pickers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98 The Curse of Oak Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99 Forged In Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 Mountain Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Home & Garden Television

101 Beachfront Bargain Hunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102 Caribbean Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103 Flip or Flop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104 House Hunters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105 Love It or List It	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106 My Lottery Dream Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



HLN

107 Forensic Files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108 How it Really Happened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109 Morning Express With Robin Meade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110 On the Story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111 Weekend Express With Lynn Smith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Hulu

112 Crossing Swords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113 The Drop Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114 The Great	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115 Little Fires Everywhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116 Solar Opposites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Investigation Discovery

117 Body Cam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118 Evil Lives Here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119 In Pursuit with John Walsh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120 On the Case with Paula Zahn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121 Shattered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



ION TELEVISION

ION

122 Blue Bloods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123 Chicago PD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124 Criminal Minds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125 Law & Order: Special Victims Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126 NCIS: Los Angeles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 6 8 9 0

CABLE/SATELLITE/STREAMING TV 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



Lifetime

127 Bring It	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128 Dance Moms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129 Little Women: ATL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130 Married At First Sight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131 Supernanny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



MTV

132 The Challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133 Ex on the Beach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134 Floribama Shore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135 Jersey Shore Family Vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136 Siesta Key	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



National Geographic Channel

137 Brain Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138 Life Below Zero	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139 Running Wild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140 Wicked Tuna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141 Wicked Tuna: OBX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Netflix

142 Black Mirror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143 On Becoming a God in Central Florida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
144 Orange is the New Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145 Stranger Things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146 13 Reasons Why	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



NFL Network

147 A Football Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
148 GameDay Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
149 Good Morning Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150 NFL Fantasy Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
151 NFL Total Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Nickelodeon

152 Blue's Clues & You!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
153 The Casagrandes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
154 The Loud House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155 Paw Patrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
156 SpongeBob SquarePants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Paramount Network

157 Bar Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
158 Bellator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
159 Coyote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160 68 Whiskey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
161 Yellowstone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Prime Video

162 The Boys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
163 Hunters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
164 Making the Cut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
165 The Marvelous Mrs. Maisel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
166 Modern Love	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	6	8	9	0

CABLE/SATELLITE/STREAMING TV 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

167 The Great Debate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
168 The Magicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
169 Resident Alien	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170 Vagrant Queen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171 Wynonna Earp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



TBS

172 American Dad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
173 Chad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
174 Full Frontal with Samantha Bee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 House of Lyons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176 Last OG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



TLC

177 Dr. Pimple Popper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
178 Little People, Big World	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
179 90 Day Fiance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180 Sister Wives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
181 Unexpected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



TNT

182 All Elite Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
183 Animal Kingdom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
184 Claws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
185 Shaq Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
186 Snowpiercer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Travel Channel

187 The Dead Files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
188 Ghost Adventures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
189 Mission Declassified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
190 Paranormal Caught on Camera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
191 Portals to Hell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



truTV

192 Adam Ruins Everything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
193 The Carbonaro Effect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
194 Impractical Jokers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
195 Impractical Jokers: Inside Jokes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
196 Tacoma F.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



USA Network

197 Biggest Loser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
198 Chrisley Knows Best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
199 Dirty John	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
200 Miz & Mrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
201 Temptation Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
202 WWE NXT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
203 WWE Raw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



The Weather Channel

204 AMHQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
205 SOS: How to Survive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
206 Weather Center Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
207 Weather Gone Viral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
208 Weekend Recharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	6	8	9	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	Some-where 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	ESPN Sunday Night 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 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"/>
04	MLB Network- Regular Season Baseball 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"/>
05	TBS MLB Regular Season 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 Saturday Night NBA	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
10	CBS Inside College Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<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	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"/>
12	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"/>
13	ESPN NCAA Men's College Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<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	FOX College Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<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	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											
16	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"/>
17	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"/>
18	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"/>
19	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"/>
20	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"/>
21	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"/>
22	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"/>
23	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"/>
24	ESPN College Football Gameday 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"/>
25	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"/>
26	ESPN Monday Night Football 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"/>
27	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"/>
28	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"/>
29	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"/>
30	FOX Big Noon Kickoff 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"/>
31	FOX 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"/>
32	FOX NFL Regular Season Sunday 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"/>
33	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"/>
34	FOX NFL Thursday 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"/>
35	FOX NFL Thursday Night 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"/>
36	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"/>
37	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"/>
38	NBC Sports Network 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"/>
39	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"/>
40	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"/>
41	NFL Network Thursday Night 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"/>
42	NFL Network Thursday Night 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"/>
43	XFL on ABC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	XFL 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"/>
OTHER											
45	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"/>
46	ESPN Sports 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"/>
47	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"/>
48	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"/>
49	UFC on ESPN	<input type="checkbox"/>	<input type="checkbox"/>	<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	World of X 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"/>
51	WWE Monday Night Raw	<input type="checkbox"/>	<input type="checkbox"/>	<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	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

How likely are you to watch the 2020 Summer Olympics in Tokyo, Japan airing in July 2020? 68J-0

Very likely 1 Somewhat likely 2 Not very likely 3 Not at all likely 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.)

68N	Yes	Where Watched			Your Own Home	Someone Else's Home	Hotel/Motel	Bar/Restaurant	Somewhere Else	
		Full	Most	Some						
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"/>	
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"/>	
03	FOX MLB 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"/>	
04	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"/>	
05	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"/>	
06	MLB Wild Card 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"/>	
07	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"/>	
08	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"/>	
BASKETBALL										
09	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"/>	
10	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"/>	
11	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"/>	
12	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"/>	
13	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"/>	
14	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"/>	
15	NBA TV 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"/>	
16	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"/>	
17	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"/>	
18	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"/>	
19	TNT NBA Rising Stars Challenge	<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	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"/>	
21	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"/>	
FOOTBALL										
22	CBS 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"/>	
23	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"/>	
24	DIRECTV NFL Sunday Ticket	<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	ESPN NFL 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"/>	
26	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"/>	
27	FOX 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"/>	
28	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"/>	
29	NBC 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"/>	
30	NBC 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"/>	
31	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"/>	
32	NFL RedZone	<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										
33	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"/>	
34	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"/>	
35	NBC Sports Network 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"/>	
36	NBC Sports Network 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"/>	
37	NHL Stanley Cup 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"/>	
SOCCER										
38	beIN Sports La Liga	<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	beIN Sports Ligue Un	<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	beIN Sports Serie A	<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	ESPN 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"/>	
42	FOX Bundesliga 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"/>	
43	FOX 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"/>	
44	NBC Premier 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"/>	
45	NBC Sports Network Premier 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"/>	
46	TNT UEFA 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"/>	
		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.)

68P	Watched Past 12 months	Where Watched			Watched Past 12 months	Where Watched				
		Yes	Your Own Home	Someone Else's Home		Somewhere Else	Yes	Your Own Home	Someone Else's Home	Somewhere Else
AUTO RACING										
01	Alabama 500 (Talladega)	<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	Formula 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03	Indianapolis 500	<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	Indianapolis 500 Pre-Race 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"/>	
05	IndyCar 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"/>	
06	NASCAR Coca-Cola 600 (Charlotte Motor Speedway)	<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	NASCAR Cup Series on FOX/FS1	<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	NASCAR Cup Series on NBC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09	NASCAR Cup Series on NBC Sports Network	<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	NASCAR Daytona 500	<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	NASCAR Gander RV & Outdoors Truck 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"/>	
12	NASCAR 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"/>	
13	NASCAR Xfinity Series on FS1	<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	NHRA Drag Racing 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"/>	
		6	5	1	4					
BASEBALL										
15	FOX MLB All-Star 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"/>	
16	Home Run Derby	<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										
17	American 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"/>	
18	ESPN Women's College Basketball Championship 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"/>	
19	ESPN Women's College 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"/>	
20	NBA All Star 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"/>	
21	NCAA Atlantic 10 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"/>	
22	NCAA Basketball Championship Selection 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"/>	
23	NCAA Big East Tournament on FOX/FS1	<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	NCAA Big Ten 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"/>	
25	NCAA Men's Basketball Championship 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"/>	
26	NCAA Men's Division II Basketball 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"/>	
		6	5	1	4	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.)

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
BASKETBALL (Continued)				
27	NCAA Men's Final Four.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	NCAA Missouri Valley Conference Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	NCAA Mountain West Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	NCAA Road to the Final Four.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	NCAA SEC Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	PAC-12 Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	TNT NBA All-Star Saturday Night.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOTBALL				
34	AAC Championship Game.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	ACC Championship Game.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	AFC/NFC Pro Bowl Game.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Army vs. Navy Game.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	AT&T ESPN All American Team Show.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Big 12 Championship Game.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Camping World Bowl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Celebration Bowl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Cheribundi Boca Raton Bowl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Citrus Bowl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	College Football Playoff National Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Cotton Bowl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	ESPN NFL Draft.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Fiesta Bowl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	Heisman Trophy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Las Vegas Bowl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Mitsubishi Motors Las Vegas Bowl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	NFL Network NFL Draft.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Orange Bowl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Pac-12 Championship Game.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Peach Bowl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Rose Bowl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	SEC Championship Game.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	Sugar Bowl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	Sun Bowl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	Super Bowl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	Super Bowl Post-Game Show.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	Super Bowl Pre-Game Show.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GOLF				
62	Arnold Palmer Invitational.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	AT&T Byron Nelson.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	AT&T Pebble Beach Pro-Am.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	BMW Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	Charles Schwab Challenge.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	Dell Technologies Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	Farmers Insurance Open.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	FedEx St. Jude Classic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	Genesis Open.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	Hero World Challenge.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	The Honda Classic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73	John Deere Classic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74	LPGA Tour Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	The Masters.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76	the Memorial Tournament presented by Nationwide.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	The Northern Trust.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	The Open Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79	PGA Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80	PGA of America Specials.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81	PGA Specials.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		5	1	4

ANNUAL SPORTS EVENTS/SPECIALS (Continued)	Watched Past 12 months	Where Watched		
		Your Own Home	Someone Else's Home	Some-where Else
GOLF (Continued)				
82	PGA Tour on Golf Channel.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	PGA TOUR Specials.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84	The Players Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85	PNC Father/Son Challenge.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	The President's Cup.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87	RBC Canadian Open.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88	RBC Heritage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89	Rocket Mortgage Classic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	Ryder Cup.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91	Senior British Open.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92	Senior PGA Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93	Shell Houston Open.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94	3M Open.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95	The Tour Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96	Travelers Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97	U.S. Amateur Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98	U.S. Open.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99	U.S. Senior Open.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100	U.S. Women's Open.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101	Valero Texas Open.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102	Valspar Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103	Waste Management Phoenix Open.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104	Wells Fargo Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105	WGC—Dell Match Play.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106	WGC—Mexico Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107	Women's British Open.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108	Women's PGA Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109	Wyndham Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110	Zurich Classic of New Orleans.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HORSE RACING				
111	Belmont Stakes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112	FOX Jockey Club Horse Racing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113	Kentucky Derby.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114	NBC Breeder's Cup.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115	NBC Sports Network Horse Racing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116	Preakness Stakes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117	Road to the Kentucky Derby.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118	Santa Anita Derby.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119	Summer at Saratoga/Road to Breeder's Cup.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKATING				
120	ISU Grand Prix.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121	NBC Skating Specials.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122	U.S. Figure Skating Championships.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123	World Figure Skating Championships.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TENNIS				
124	Australian Open.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125	French Open.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126	U.S. Open Tennis on ESPN.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127	U.S. Open Tennis—Men's Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128	U.S. Open Tennis—Women's Championship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129	Wimbledon.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Wimbledon Highlights.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131	WTA (Women's Tennis Association).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRACK & FIELD				
132	Adidas Grand Prix.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133	Prefontaine Classic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134	U.S. Track & Field Championships.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135	World Track & Field Championships.....	<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

	Yes	Where Watched		
		Your Own Home	Someone Else's Home	Somewhere Else
ANNUAL SPORTS EVENTS SPECIALS (Continued)				
OTHER SPORTS				
136 Alli Dew Tour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137 America's Toughest Mudder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138 CBS Pro Bull Riding (PBR) Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139 Deer Valley Celebrity Skifest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140 English Premiership Rugby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141 FOX Premier Boxing Champions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142 FOX Professional Bowling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143 Global Rally Cross Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
144 Jeep World Adventure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145 Lucas Oil Challenge Cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146 Lucas Oil Late Model Dirt Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
147 Lucas Oil Off Road Racing Series Pro4 & Pro2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
148 Lucas Oil Pro Pulling League	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
149 Major League Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150 Moto America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
151 MotoGP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
152 New York City Marathon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
153 Overwatch League	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
154 Premier Lacrosse League	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155 Red Bull Signature Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
156 Showtime Boxing on CBS Presented by Premier Boxing Champions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
157 Summer X Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
158 Tour de France	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
159 U.S. Gymnastics Championships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160 U.S. Olympic Trials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
161 U.S. Open Polo Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
162 U.S. Swimming Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
163 USSA Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
164 The VEX Robotics World Championship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
165 Winter Classic (NBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
166 Winter X Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
167 World Cup Soccer - Men's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
168 World Cup Soccer - Women's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
169 World Gymnastics Championships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170 World SBK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171 World Swimming Championships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
172 WrestleMania	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
02 ABC American Music Awards	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
04 ABC Barbara Walters Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 ABC 20/20 Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 Academy of Country Music Awards	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
08 American Masters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 American Ninja Warrior All Star Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Big Brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Billboard Music Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Billboard Music Awards Pre-Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 A Capitol Fourth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Carol Burnett 50th Anniversary Special	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 CBS Kennedy Center Honors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 CBS Thanksgiving Day Parade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Charlie Brown Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Christmas in Rockefeller Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 A Christmas Story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 CMA Country Christmas	<input type="checkbox"/>	<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.)

68R

Watched Past 12 months

Where Watched

	Yes	Where Watched		
		Your Own Home	Someone Else's Home	Somewhere Else
ENTERTAINMENT/NEWS SPECIALS (Continued)				
21 CMA Music Festival Television Special	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Cosmos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Daytime Emmy Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Dick Clark's New Years Rockin' Eve with Ryan Seacrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Dick Van Dyke Special	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 ESPY Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Frosty the Snowman Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Golden Globe Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Grammy Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Grammy Awards Red Carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 A Grammy Salute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 The Great American Baking Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 Great Christmas Light Fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Great Performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 A Home for the Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 iHeartRadio Music Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 I Love Lucy Christmas Special	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 Independent Lens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 Jimmy Kimmel Live After The Academy Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 Jimmy Kimmel Live ... Game Night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 Ken Burns Films	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 The Kennedy Center Mark Twain Prize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43 Late Late Show Carpool Karaoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44 Live From Lincoln Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45 Macy's Fourth of July Fireworks Spectacular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46 Macy's Thanksgiving Day Parade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47 Mary Tyler Moore - Love Around Special	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48 Michael Jackson's Halloween	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 Miss America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 Miss Universe Pageant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 Miss USA Pageant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52 National Dog Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53 National Memorial Day Concert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54 NBC's New Year's Eve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55 New Year's Eve Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56 Oscar's Red Carpet Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57 Olaf's Frozen Adventure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58 POV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59 Prep & Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60 Primetime Emmy Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61 Primetime News Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62 Red Nose Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63 Rent: Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64 Robbie the Reindeer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65 Rudolph the Red-Nosed Reindeer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66 Rudolph's Shiny New Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67 Saturday Night Live Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68 Secrets of the Dead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69 Shrek the Halls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70 Soul Train Music Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71 The Story of Santa Claus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72 Super Bowl's Greatest Commercials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73 Teen Choice Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74 The Ten Commandments (1956)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75 A Toast to 2019	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76 Tony Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77 Tournament of Roses Parade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78 Toy Story of Terror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79 Toy Story That Time Forgot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80 Walt Disney Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81 We Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82 Westminster Dog Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	5	1	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	
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	Formula 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03	Fútbol Central	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	La Jugada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Liga Mexicana 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06	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"/>	
07	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"/>	
08	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"/>	
		6	X	1	2	3	4	8	9	0	5	4	

SEASONAL SPORTS		Yes	Full	Most	Some	Your Own Home	Someone Else's Home	Hotel/Motel	Bar Restaurant	Some-where Else
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	Combate Americas	<input type="checkbox"/>	<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	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"/>
04	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"/>
05	Copa América 2020	<input type="checkbox"/>	<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	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"/>
07	La Liga Premier	<input type="checkbox"/>	<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	La Liga Premier 3er Tiempo	<input type="checkbox"/>	<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	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"/>
10	Que Momento	<input type="checkbox"/>	<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	Rumbo al Mundial	<input type="checkbox"/>	<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	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"/>
13	Titulares y Mas Olimpico	<input type="checkbox"/>	<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	Tokyo 2020 Olympics	<input type="checkbox"/>	<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	TYM SONA MIXTA	<input type="checkbox"/>	<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	UEFA 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"/>
17	UEFA Europa 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"/>
18	UEFA Nations 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"/>
19	USA vs Mexico Friendlies	<input type="checkbox"/>	<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

SOAP OPERAS/ NOVELAS		1. Did you watch any program when it was shown on television in the past 12 months?	Watched Past 12 months
DAYTIME		Yes	
01	TELEMUNDO: (Dueños del Paraiso, Señora Acero, La Ley del Corazon)	<input type="checkbox"/>	<input type="checkbox"/>
02	UNIMAS: (En Tierra Salvajes, Pasion y Poder, Que Pobres Tan Ricos)	<input type="checkbox"/>	<input type="checkbox"/>
03	UNIVISION: (Hijas de La Luna y La Familia...Cambió, Que Te Perdone Dios...Yo No)	<input type="checkbox"/>	<input type="checkbox"/>
PRIME TIME			
04	TELEMUNDO: (Exatlon Estados Unidos, La Doña, Operacion Pacifico, Minuto Para Ganar, 100 Dias Para Enamorarnos, Enemigo Intimo, Oscuro Como la Noche)	<input type="checkbox"/>	<input type="checkbox"/>
05	UNIMAS: (Enamorandonos, Esta Historia Me Suena, Resistire)	<input type="checkbox"/>	<input type="checkbox"/>
06	UNIVISION: (Amor Eterno, El Dragon, La Rosa de Guadalupe, Ringo, Rubi)	<input type="checkbox"/>	<input type="checkbox"/>
			6

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		Yes	Where Watched
01	Cine Especial	<input type="checkbox"/>	Your Own Home <input type="checkbox"/> Someone Else's Home <input type="checkbox"/> Some-where Else <input type="checkbox"/>
02	Detrás de la Fama	<input type="checkbox"/>	Your Own Home <input type="checkbox"/> Someone Else's Home <input type="checkbox"/> Some-where Else <input type="checkbox"/>
03	Feliz Año Nuevo	<input type="checkbox"/>	Your Own Home <input type="checkbox"/> Someone Else's Home <input type="checkbox"/> Some-where Else <input type="checkbox"/>
04	El Desfile de las Rosas	<input type="checkbox"/>	Your Own Home <input type="checkbox"/> Someone Else's Home <input type="checkbox"/> Some-where Else <input type="checkbox"/>
05	El Grito de México	<input type="checkbox"/>	Your Own Home <input type="checkbox"/> Someone Else's Home <input type="checkbox"/> Some-where Else <input type="checkbox"/>
06	La Alfombra de Premios Billboard de la Musica Latina	<input type="checkbox"/>	Your Own Home <input type="checkbox"/> Someone Else's Home <input type="checkbox"/> Some-where Else <input type="checkbox"/>
07	Las Mañanitas a la Virgen de Guadalupe	<input type="checkbox"/>	Your Own Home <input type="checkbox"/> Someone Else's Home <input type="checkbox"/> Some-where Else <input type="checkbox"/>
08	Latin AMA's	<input type="checkbox"/>	Your Own Home <input type="checkbox"/> Someone Else's Home <input type="checkbox"/> Some-where Else <input type="checkbox"/>
09	Latin Billboard Music Awards	<input type="checkbox"/>	Your Own Home <input type="checkbox"/> Someone Else's Home <input type="checkbox"/> Some-where Else <input type="checkbox"/>
10	Latin Grammy Awards	<input type="checkbox"/>	Your Own Home <input type="checkbox"/> Someone Else's Home <input type="checkbox"/> Some-where Else <input type="checkbox"/>
11	Premio Lo Nuestro	<input type="checkbox"/>	Your Own Home <input type="checkbox"/> Someone Else's Home <input type="checkbox"/> Some-where Else <input type="checkbox"/>
12	Premios Bandamax	<input type="checkbox"/>	Your Own Home <input type="checkbox"/> Someone Else's Home <input type="checkbox"/> Some-where Else <input type="checkbox"/>
13	Premios Billboard: Acceso VIP	<input type="checkbox"/>	Your Own Home <input type="checkbox"/> Someone Else's Home <input type="checkbox"/> Some-where Else <input type="checkbox"/>
14	Premios Juventud	<input type="checkbox"/>	Your Own Home <input type="checkbox"/> Someone Else's Home <input type="checkbox"/> Some-where Else <input type="checkbox"/>
15	Premios "TV y Novelas"	<input type="checkbox"/>	Your Own Home <input type="checkbox"/> Someone Else's Home <input type="checkbox"/> Some-where Else <input type="checkbox"/>
16	Premios Univision Deportes	<input type="checkbox"/>	Your Own Home <input type="checkbox"/> Someone Else's Home <input type="checkbox"/> Some-where Else <input type="checkbox"/>
17	Teletón USA	<input type="checkbox"/>	Your Own Home <input type="checkbox"/> Someone Else's Home <input type="checkbox"/> Some-where Else <input type="checkbox"/>
		6	5 1 4

TELEVISION NETWORKS

66Y

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?

Network

01	A&E	<input type="checkbox"/>	<input type="checkbox"/>
02	ABC	<input type="checkbox"/>	<input type="checkbox"/>
03	Adult Swim	<input type="checkbox"/>	<input type="checkbox"/>
04	AMC	<input type="checkbox"/>	<input type="checkbox"/>
05	American Heroes Channel	<input type="checkbox"/>	<input type="checkbox"/>
06	Animal Planet	<input type="checkbox"/>	<input type="checkbox"/>
07	ASPiRE	<input type="checkbox"/>	<input type="checkbox"/>
08	AXS TV	<input type="checkbox"/>	<input type="checkbox"/>
09	Azteca	<input type="checkbox"/>	<input type="checkbox"/>
10	BabyFirst	<input type="checkbox"/>	<input type="checkbox"/>
11	BBC America	<input type="checkbox"/>	<input type="checkbox"/>
12	BBC World News	<input type="checkbox"/>	<input type="checkbox"/>
13	beIN Sports	<input type="checkbox"/>	<input type="checkbox"/>
14	beIN Sports en Español	<input type="checkbox"/>	<input type="checkbox"/>
15	BET (Black Entertainment TV)	<input type="checkbox"/>	<input type="checkbox"/>
16	BET Her	<input type="checkbox"/>	<input type="checkbox"/>
17	Bloomberg Television	<input type="checkbox"/>	<input type="checkbox"/>
18	Bounce	<input type="checkbox"/>	<input type="checkbox"/>
19	BRAVO	<input type="checkbox"/>	<input type="checkbox"/>
20	Cartoon Network	<input type="checkbox"/>	<input type="checkbox"/>
21	CBS	<input type="checkbox"/>	<input type="checkbox"/>
22	CBS Sports Network	<input type="checkbox"/>	<input type="checkbox"/>
23	Cinemax	<input type="checkbox"/>	<input type="checkbox"/>
24	CMT (Country Music Television)	<input type="checkbox"/>	<input type="checkbox"/>
25	CNBC	<input type="checkbox"/>	<input type="checkbox"/>
26	CNN	<input type="checkbox"/>	<input type="checkbox"/>
27	CNN en Español	<input type="checkbox"/>	<input type="checkbox"/>
28	Comedy Central	<input type="checkbox"/>	<input type="checkbox"/>
29	Comet	<input type="checkbox"/>	<input type="checkbox"/>
30	Cooking Channel	<input type="checkbox"/>	<input type="checkbox"/>
31	COZI TV	<input type="checkbox"/>	<input type="checkbox"/>
32	CW	<input type="checkbox"/>	<input type="checkbox"/>
33	Destination America	<input type="checkbox"/>	<input type="checkbox"/>
34	Discovery Channel	<input type="checkbox"/>	<input type="checkbox"/>
35	Discovery en Español	<input type="checkbox"/>	<input type="checkbox"/>
36	Discovery Family	<input type="checkbox"/>	<input type="checkbox"/>
37	Discovery Life Channel	<input type="checkbox"/>	<input type="checkbox"/>
38	Disney Channel	<input type="checkbox"/>	<input type="checkbox"/>
39	Disney Junior	<input type="checkbox"/>	<input type="checkbox"/>
40	Disney XD	<input type="checkbox"/>	<input type="checkbox"/>
41	DIY Network	<input type="checkbox"/>	<input type="checkbox"/>
42	E! (Entertainment Television)	<input type="checkbox"/>	<input type="checkbox"/>
43	El Rey	<input type="checkbox"/>	<input type="checkbox"/>
44	EPIX	<input type="checkbox"/>	<input type="checkbox"/>
45	ESPN	<input type="checkbox"/>	<input type="checkbox"/>
46	ESPN2	<input type="checkbox"/>	<input type="checkbox"/>
47	ESPNU	<input type="checkbox"/>	<input type="checkbox"/>
48	ESPN News	<input type="checkbox"/>	<input type="checkbox"/>
49	ESPN SEC	<input type="checkbox"/>	<input type="checkbox"/>
50	Estrella TV	<input type="checkbox"/>	<input type="checkbox"/>
51	Flix	<input type="checkbox"/>	<input type="checkbox"/>
52	FM	<input type="checkbox"/>	<input type="checkbox"/>
53	Food Network	<input type="checkbox"/>	<input type="checkbox"/>
54	FOX	<input type="checkbox"/>	<input type="checkbox"/>
55	Fox Business Network	<input type="checkbox"/>	<input type="checkbox"/>
56	Fox Deportes	<input type="checkbox"/>	<input type="checkbox"/>
57	Fox News Channel	<input type="checkbox"/>	<input type="checkbox"/>
58	Fox Sports 1	<input type="checkbox"/>	<input type="checkbox"/>
59	Fox Sports 2	<input type="checkbox"/>	<input type="checkbox"/>
60	Freeform	<input type="checkbox"/>	<input type="checkbox"/>
61	Fuse	<input type="checkbox"/>	<input type="checkbox"/>
62	FX	<input type="checkbox"/>	<input type="checkbox"/>
63	FXM (FX Movie Channel)	<input type="checkbox"/>	<input type="checkbox"/>
64	FXX	<input type="checkbox"/>	<input type="checkbox"/>
65	FYI	<input type="checkbox"/>	<input type="checkbox"/>
66	Galavision	<input type="checkbox"/>	<input type="checkbox"/>
67	Golf Channel	<input type="checkbox"/>	<input type="checkbox"/>
68	GAC (Great American Country)	<input type="checkbox"/>	<input type="checkbox"/>
69	GSN (Game Show Network)	<input type="checkbox"/>	<input type="checkbox"/>
70	Hallmark Channel	<input type="checkbox"/>	<input type="checkbox"/>

1

2

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?

71	Hallmark Drama	<input type="checkbox"/>	<input type="checkbox"/>
72	Hallmark Movies & Mysteries	<input type="checkbox"/>	<input type="checkbox"/>
73	History Channel	<input type="checkbox"/>	<input type="checkbox"/>
74	HBO	<input type="checkbox"/>	<input type="checkbox"/>
75	HGTV (Home & Garden Television)	<input type="checkbox"/>	<input type="checkbox"/>
76	HLN	<input type="checkbox"/>	<input type="checkbox"/>
77	HSN (Home Shopping Network)	<input type="checkbox"/>	<input type="checkbox"/>
78	IFC TV	<input type="checkbox"/>	<input type="checkbox"/>
79	INSP	<input type="checkbox"/>	<input type="checkbox"/>
80	Investigation Discovery	<input type="checkbox"/>	<input type="checkbox"/>
81	ION	<input type="checkbox"/>	<input type="checkbox"/>
82	LAFF	<input type="checkbox"/>	<input type="checkbox"/>
83	Lifetime	<input type="checkbox"/>	<input type="checkbox"/>
84	Lifetime Movies	<input type="checkbox"/>	<input type="checkbox"/>
85	Logo	<input type="checkbox"/>	<input type="checkbox"/>
86	MAVTV	<input type="checkbox"/>	<input type="checkbox"/>
87	MeTV	<input type="checkbox"/>	<input type="checkbox"/>
88	MLB Network	<input type="checkbox"/>	<input type="checkbox"/>
89	MotorTrend Network	<input type="checkbox"/>	<input type="checkbox"/>
90	MSNBC	<input type="checkbox"/>	<input type="checkbox"/>
91	The Movie Channel	<input type="checkbox"/>	<input type="checkbox"/>
92	MTV (Music Television)	<input type="checkbox"/>	<input type="checkbox"/>
93	MTV Classic	<input type="checkbox"/>	<input type="checkbox"/>
94	MTV 2	<input type="checkbox"/>	<input type="checkbox"/>
95	MTV Live	<input type="checkbox"/>	<input type="checkbox"/>
96	Music Choice	<input type="checkbox"/>	<input type="checkbox"/>
97	Nat Geo Wild	<input type="checkbox"/>	<input type="checkbox"/>
98	National Geographic Channel	<input type="checkbox"/>	<input type="checkbox"/>
99	NBA TV	<input type="checkbox"/>	<input type="checkbox"/>
100	NBC	<input type="checkbox"/>	<input type="checkbox"/>
101	NBC Sports Network	<input type="checkbox"/>	<input type="checkbox"/>
102	NFL Network	<input type="checkbox"/>	<input type="checkbox"/>
103	NHL Network	<input type="checkbox"/>	<input type="checkbox"/>
104	Nick at Nite	<input type="checkbox"/>	<input type="checkbox"/>
105	Nick Jr.	<input type="checkbox"/>	<input type="checkbox"/>
106	Nickelodeon	<input type="checkbox"/>	<input type="checkbox"/>
107	Outdoor Channel	<input type="checkbox"/>	<input type="checkbox"/>
108	Ovation TV	<input type="checkbox"/>	<input type="checkbox"/>
109	OWN (Oprah Winfrey Network)	<input type="checkbox"/>	<input type="checkbox"/>
110	Oxygen	<input type="checkbox"/>	<input type="checkbox"/>
111	Paramount Network	<input type="checkbox"/>	<input type="checkbox"/>
112	PBS	<input type="checkbox"/>	<input type="checkbox"/>
113	PBS KIDS	<input type="checkbox"/>	<input type="checkbox"/>
114	POP	<input type="checkbox"/>	<input type="checkbox"/>
115	QVC	<input type="checkbox"/>	<input type="checkbox"/>
116	Reelz Channel	<input type="checkbox"/>	<input type="checkbox"/>
117	RFD-TV (Rural Free Delivery TV)	<input type="checkbox"/>	<input type="checkbox"/>
118	SCI	<input type="checkbox"/>	<input type="checkbox"/>
119	Showtime	<input type="checkbox"/>	<input type="checkbox"/>
120	Smithsonian Channel	<input type="checkbox"/>	<input type="checkbox"/>
121	Sportsman Channel	<input type="checkbox"/>	<input type="checkbox"/>
122	Starz	<input type="checkbox"/>	<input type="checkbox"/>
123	Starz Encore	<input type="checkbox"/>	<input type="checkbox"/>
124	SundanceTV	<input type="checkbox"/>	<input type="checkbox"/>
125	SYFY	<input type="checkbox"/>	<input type="checkbox"/>
126	TBS	<input type="checkbox"/>	<input type="checkbox"/>
127	TeenNick	<input type="checkbox"/>	<input type="checkbox"/>
128	Telemundo	<input type="checkbox"/>	<input type="checkbox"/>
129	Tennis Channel	<input type="checkbox"/>	<input type="checkbox"/>
130	TLC	<input type="checkbox"/>	<input type="checkbox"/>
131	TNT	<input type="checkbox"/>	<input type="checkbox"/>
132	Travel Channel	<input type="checkbox"/>	<input type="checkbox"/>
133	truTV	<input type="checkbox"/>	<input type="checkbox"/>
134	TCM (Turner Classic Movies)	<input type="checkbox"/>	<input type="checkbox"/>
135	TV Land	<input type="checkbox"/>	<input type="checkbox"/>
136	TV Land Classic	<input type="checkbox"/>	<input type="checkbox"/>
137	TV One	<input type="checkbox"/>	<input type="checkbox"/>
138	Unimas	<input type="checkbox"/>	<input type="checkbox"/>
139	Universal Kids	<input type="checkbox"/>	<input type="checkbox"/>
140	Universo	<input type="checkbox"/>	<input type="checkbox"/>
141	Univision	<input type="checkbox"/>	<input type="checkbox"/>
142	Univision Deportes Network (UDN)	<input type="checkbox"/>	<input type="checkbox"/>
143	UP TV	<input type="checkbox"/>	<input type="checkbox"/>
144	USA Network	<input type="checkbox"/>	<input type="checkbox"/>
145	Vh1	<input type="checkbox"/>	<input type="checkbox"/>
146	Viceland	<input type="checkbox"/>	<input type="checkbox"/>
147	The Weather Channel	<input type="checkbox"/>	<input type="checkbox"/>
148	WE tv	<input type="checkbox"/>	<input type="checkbox"/>
149	WGN America	<input type="checkbox"/>	<input type="checkbox"/>

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
 Cineplex 4
 Marcus 5
 National Amusements 6
 Regal Cinemas 7
 Other theater 8

In the last 12 months did you attend a movie ...
 In 3D 9
 In an Imax theater 0

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	Downloaded or Streamed from the Internet, past 6 months
		Rented past 6 months	Purchased past 6 months		
1917	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
21 Bridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
47 Meters Down: Uncaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
A Beautiful Day in the Neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
A Dog's Journey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Abominable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Ad Astra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
The Addams Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Aladdin (2019)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Alita: Battle Angel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Angel Has Fallen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
The Angry Birds Movie 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Annabelle Comes Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
The Art of Racing in the Rain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Avengers: Endgame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
Black and Blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Bombshell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
Booksmart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Breakthrough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19
Brightburn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
Captain Marvel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
Child's Play (2019)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23
Cold Pursuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
Countdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26
The Curse of La Llorona	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 27
Dark Phoenix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 28
Doctor Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 29
Dolittle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30
Dora and the Lost City of Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 31
Downton Abbey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 32
Dumbo (2019)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 33
Escape Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34
Fast & Furious Presents: Hobbes & Shaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35

Continued in next Column

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	Downloaded or Streamed from the Internet, past 6 months
		Rented past 6 months	Purchased past 6 months		
Fighting with My Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36
Five Feet Apart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37
Ford v Ferrari	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38
Frozen II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39
Gemini Man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40
Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 41
Godzilla: King of the Monsters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42
Good Boys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43
Happy Death Day 2U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44
Harriet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45
How to Train Your Dragon: The Hidden World	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46
The Hustle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47
Hustlers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48
The Intruder (2019)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49
Isn't It Romantic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 50
It Chapter Two	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 51
John Wick: Chapter 3 - Parabellum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 52
Joker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 53
Judy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 54
Jumanji: The Next Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 55
Just Mercy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 56
Knives Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 57
Last Christmas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 58
The LEGO Movie 2: The Second Part	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 59
Like a Boss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 60
The Lion King (2019)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 61
Little	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 62
Little Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 63
Long Shot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 64
Ma (2019)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 65
Maleficent: Mistress of Evil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 66
Men in Black International	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 67
Midsommar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 68
Midway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 69
Once Upon a Time in Hollywood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 70
Overcomer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 71
Parasite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 72
The Peanut Butter Falcon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 73
Pet Semetary (2019)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 74
Playing with Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 75
Pokemon Detective Pikachu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 76
Queen & Slim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 77
Rambo: Last Blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 78
Ready or Not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 79
Rocketman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 80
Scary Stories to Tell in the Dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 81
The Secret Life of Pets 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 82
Shaft (2019)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 83
Shazam!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 84
Spider-Man: Far from Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 85
Spies in Disguise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 86
Star Wars: The Rise of Skywalker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 87
Stuber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 88
Terminator: Dark Fate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 89
Toy Story 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 90
Tyler Perry's A Madea Family Funeral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 91
Uglydolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 92
Underwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 93
Unplanned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 94
The Upside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 95
Us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 96
What Men Want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 97
Wonder Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 98
Yesterday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 99
Zombieland: Double Tap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 100

1 2 3 4 5

YOUR INTENTIONS

69K

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

	Very Likely	Somewhat Likely	Not Very Likely	Not at all Likely
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
Auto insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Invest in stocks, bonds, or mutual funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
Travel: Vacation within the U.S.:				
Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Florida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
Theme Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
Cruise: (for more than 1 day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Travel: Vacation abroad:				
Europe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
Mexico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21
South America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23
Vehicle:				
Buy a new vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
Buy a used or pre-owned vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25
Lease a vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26
Buy/lease vehicle type:				
2-door car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 27
4-door car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 28
Van/Mini-van	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 29
Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30
Sport Utility Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 31
Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 32
Hybrid/Alternative Fuel Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 33
Buy electronics:				
E-reader (e.g. Amazon Kindle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34
Tablet (e.g. Apple iPad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35
Smartwatch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36
Home theater system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37
Large flat screen/HDTV (27" - 42")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38
Giant flat screen/HDTV (43" or more)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39
Digital video camera/Digital camera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40
Desktop computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 41
Laptop computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42
Satellite Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43
Smartphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44
Smart Speaker (e.g. Amazon Echo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45
"SmartHome" hub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46
Lifestyle (you personally):				
Get engaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47
Become a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48
Become a grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49
Have a child go away to college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 50
Have a child graduate from college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 51
Have a child get married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 52
Retire from full-time work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 53
Rollover from pension/IRA/401(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 54
Collect lump-sum from pension/IRA/401(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 55
Start or buy a new business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 56
Start or return to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 57
Change jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 58
Get a dog or cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 59
	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

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

MEDIA

69X **For each of the following statements, please check off which media you think it describes — TV, radio, mobile internet, internet on computer, 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 six.**

	TV	RADIO	MOBILE INTERNET	INTERNET ON COMPUTER	MAGAZINES	NEWSPAPERS
1. A good source of learning	<input type="checkbox"/>	<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"/>	<input type="checkbox"/> 02
3. Makes me think	<input type="checkbox"/>	<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"/>	<input type="checkbox"/> 04
5. A good escape	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/> 07
8. Gives me good ideas	<input type="checkbox"/>	<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"/>	<input type="checkbox"/> 09

69Y-0

The one I trust the most (pick one). . . . TV 1 Radio 2 Mobile Internet 3 Internet on Computer 4 Magazines 5 Newspapers 6

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	
1. I try to eat dinner with my family almost every night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01
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"/>	02
3. I strive to achieve a high social status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03
4. The government should pay more attention to environmental issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04
5. I like to shower my loved ones with gifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05
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"/>	06
7. Given the choice, I would be my own boss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07
8. Prayer is a part of my daily life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08
9. Marriage should only be legal between a man and a woman.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09
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"/>	10
11. I don't mind giving up my personal time for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
12. Risk-taking is exciting to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
13. I am very interested in the fine arts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
14. I purchase products to help organize my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
15. Religion should be the pillar of our society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
16. I often find myself in a leadership position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
17. I like to live a lifestyle that impresses others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
18. Spending time with my family is my top priority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
19. I work primarily for the salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19
20. I prefer a set routine in my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
21. Global warming is a serious threat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
22. I enjoy showing off my home to guests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22
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"/>	23
24. I like to learn about foreign cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
25. Keeping a neat, organized home is a top priority for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25
26. I feel I am more environmentally conscious than most people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26
27. Even if things look messy, I know where everything is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27
28. I consider myself sophisticated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28
29. I must admit, I work most weekends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29
30. Children have a right to be spoiled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
31. I attend religious services regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31
32. My philosophy is "Life should be as much fun as possible."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32
33. I am typically willing to pay more for high-quality items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33
34. I'd rather prepare a meal than eat in a restaurant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34
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"/>	35
36. I consider myself a spiritual person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36
37. My friends are the most important thing in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37
38. I often feel like my life is slipping out of control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38
39. I enjoy being the center of attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39
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"/>	40
41. I seek out variety in my everyday life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41
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"/>	42
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"/>	43
44. I consider myself to be very sociable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44
45. People who are worried about the environment are overreacting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45
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"/>	46
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"/>	47
48. I would continue working even if I won the lottery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48
49. I make sure I take time for myself each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49
50. Juggling family and work demands is very stressful for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
51. I see myself as somewhat of a loner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51
52. My home is an expression of my personal style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52
53. I consider myself outspoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53
54. I enjoy maintaining traditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54
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"/>	55
56. I love keeping up with celebrity news and gossip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56
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"/>	57
58. Pets deserve to be pampered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58
59. I choose to have a small group of friends rather than a large group of acquaintances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59
60. I avoid confrontation whenever possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60
61. I consider my work to be a career, not just a job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61
62. I am willing to take charge to get things done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62
63. I can tell my home is clean by the way it smells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63
64. I like to buy gifts as a way of expressing gratitude.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64

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 go for a drive by myself to gain a sense of freedom.	<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. A car is nothing more than a basic means of 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 am interested in what goes on under the hood of a car.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
22. 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"/>	22
23. I want the cheapest and easiest to maintain vehicle I can find.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23
24. 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"/>	24
25. People often ask my advice when it comes to automobiles.	<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 like to try local cuisine when I travel.	<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. Whenever possible, I choose owner-rental options (like Airbnb) over hotels/motels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09
10. I'm OK with vacationing on my own.	<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 prefer doing other activities instead of sightseeing when I'm on vacation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
14. I seek out destinations that are less commonly visited.	<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. I tend to prioritize spending my money on travel over other purchases.	<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. I'm willing to pay more for a food product that treats animals ethically and humanely	<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
35. Food is a comfort to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35
36. I often use recipes when preparing a meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36
37. I'm always on the lookout for quick and easy meal options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37
38. I like to see healthier options at fast food restaurants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38
39. I use food to bring family together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39
40. I am loyal to my food brands and stick with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
41. I enjoy celebrating special occasions at home with family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41
42. I rely on mobile coupons for deals while food shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42
43. I snack often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43
44. I like to try new recipes when I entertain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44

GENERAL ATTITUDES (Hispanic/Latino respondents only)	69T	DISAGREE		AGREE	
		Completely	Somewhat	Somewhat	Completely
		1	2	3	4
1. It is important for Hispanic parents to teach Spanish to their children to help maintain Hispanic culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01
2. In my home, speaking Spanish is a priority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02
3. When a product or service is advertised in Spanish, I am more likely to pay attention to the advertisement and remember it later	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03
4. I keep objects in my home that remind me of my Hispanic heritage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04
5. Advertisements in Spanish are the best source of information when I'm purchasing products or services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05
6. Family reunions are important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06
7. I believe that companies who advertise in Spanish respect my culture and want my business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07
8. I like traditional Hispanic/Spanish foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08
9. I am more likely to be loyal to a company that makes an effort to advertise in Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09
10. I tend to buy more Hispanic/Spanish foods and products than I do American foods and products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
11. I stay up-to-date with the latest in Latin music, news and sports from Hispanic countries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
12. I am more likely to visit a website if I know it is available in Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
13. I enjoy sharing my Hispanic/Latino heritage with other Hispanic/Latinos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
14. I tend to make more Hispanic friends than non-Hispanic friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
15. I stay up-to-date on the latest in American music, news and sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
16. Being part of American culture is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
17. In my home, speaking English is a priority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
18. I'd like to feel more "Hispanic" and closer to my roots.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
19. I'd like to feel more "American" and closer to American culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19

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	A. You Personally		B. How much Interest do you have?		
	Have seen in last 6 months	Have seen in last 30 days	Considerable Interest	Some Interest	Not Much Interest
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 at an airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Ads on phone booths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Ads at sports or entertainment events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Ads on postcards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
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"/> 10
Ads on posters at movie theaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
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"/> 12
Ads on shopping carts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
Ads in stores (not video ads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Ads in shopping malls (not video ads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
Video Ads in grocery stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Video Ads in drug stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
Video Ads in convenience stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Video Ads in large discount/department stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19
Video Ads in warehouse/club stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
Video Ads in other stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21
Video Ads in shopping malls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
Video Ads in shopping mall food courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23
Video Ads in bars/pubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
Video Ads in fast food or family restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25
Video Ads in coffee shops, cafes or delis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26
Video Ads in gyms/health clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 27
Video Ads in medical offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 28
Video Ads in airports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 29
Video Ads in taxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30
Video Ads at gas stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 31
Video Ads in office building lobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 32
Video Ads in office building elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 33
Video Ads in movie theater lobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34
Infomercials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35
Offers or Ads sent to your home by mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36
Product placement in video games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37
Product placement in TV shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38
Product placement in movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39
	1	2	3	4	5

LANGUAGE PREFERRED (Hispanic/Latino respondents only)

When you do the activities below, in which language do you prefer to do each type of activity?
 (Choose one language option, below, for each activity.)

69V	Only in Spanish	Mostly in Spanish, but some in English	Mostly in English, but some in Spanish	Only in English	In some other language
Speak at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Speak outside of home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Read books, magazines, or newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Watch TV programs or other video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Listen to or hear radio stations or other audio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Visit or use websites or apps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Use social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
	1	2	3	4	5

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.

69W	DISAGREE		AGREE		
	Completely	Somewhat	Somewhat	Completely	
	1	2	3	4	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35

FINANCE

69J	DISAGREE		AGREE		
	Completely	Somewhat	Somewhat	Completely	
	1	2	3	4	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25

WATCHING TV

Do you watch TV programs in the following ways more often, the same amount, or less often than you did 12 months ago?

66T

	More often than last year	Same amount as last year	Less often than last year	Don't watch this way
On a TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
On a desktop computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
On a laptop computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
On a tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
On a smartphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
At the time of airing (live)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Using a DVR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Using VOD (Video-On-Demand)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
"Binge-watching" (3 or more episodes in a sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Through my TV service provider's website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Through my TV service provider's app	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Through a TV network's website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Through a TV network's app	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
Through a streaming TV service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14

How important are each of the following to you when watching TV programs?

66U

	Very Important	Somewhat Important	Not Very Important	Not Important at all
Screen size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Little/no commercials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Watching "on the go"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Watching whenever I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Easy access/log-in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Watching with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
"Binge-watching"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Wide variety of programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
On a network I like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Access to older episodes or seasons of a show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Access to series no longer on the air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Watching an episode live when it first airs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Talking about shows with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13

Which of the following ways do you typically learn about new TV programs to watch?

66V-0

Family and friends (via social networking posts/blogs)	<input type="checkbox"/> 1	Advertising/promotions	<input type="checkbox"/> 6
Family and friends (other ways/"word of mouth")	<input type="checkbox"/> 2	TV service provider's website/app	<input type="checkbox"/> 7
"Liking" or "following" a network's social networking site	<input type="checkbox"/> 3	TV network's website/app	<input type="checkbox"/> 8
Reading or watching reviews	<input type="checkbox"/> 4	Recommendations from a streaming service's website/app	<input type="checkbox"/> 9
"Channel-surfing"	<input type="checkbox"/> 5		

MORE TV WATCHING

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.

66W

	DISAGREE Completely	Somewhat	AGREE Somewhat	Completely
1. I will often turn to my favorite TV channels, just to see what's on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
2. I turn on TV only to watch my favorite shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
3. I subscribe to online streaming TV services just for the original programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
4. Subscribing to streaming services is totally worth the money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
5. There are many ways to watch TV nowadays, so there's always something for me to watch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
6. I watch more TV now overall than I did one year ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
7. TV is more interesting now than ever before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
8. I use social media to talk about shows I watch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
9. The quality of TV programming has improved in the last few years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
10. "Binge watching" episodes of a TV program is a great way to watch a series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
11. There are shows that I want to watch, but I just don't have time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
12. I like to "save up" episodes of my favorite shows to watch more than one in a sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
13. I would consider dropping my cable subscription if I could view my favorite programs online for less money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
14. I would watch TV programs on my cell phone more often, if the screen size was bigger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
15. I only watch TV when I know I can skip commercials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
16. I often talk about TV shows with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
17. I like watching shows that everyone's talking about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
18. It's important for me to watch TV programs when they first air so I don't accidentally hear any "spoilers"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
19. I'm more likely to buy products or services advertised on networks/streaming services I like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19
20. I pay more attention to commercials on networks/streaming services I like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
21. I often feel like I'm overwhelmed with choice when it comes to watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21
22. My family often watches different programs on different "screens," but in the same room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
23. I like watching TV together with my friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23

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 1	B. My family/ friends often ask for and trust my advice on this topic 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
	1	2

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	Family/ Friends 1	Neighbors/ Colleagues 2	People you Don't Necessarily Know (in stores, online, etc.) 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 each night?	_____ 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
Pumpernickel	<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
Butternut	<input type="checkbox"/>	26
Colonial	<input type="checkbox"/>	27
Country Hearth	<input type="checkbox"/>	28
Dave's Killer Bread	<input type="checkbox"/>	29
D'Italiano	<input type="checkbox"/>	30
Flatout	<input type="checkbox"/>	31
Francisco	<input type="checkbox"/>	32
Freihofer's	<input type="checkbox"/>	33
Holsum	<input type="checkbox"/>	34
Home Pride	<input type="checkbox"/>	35
King's Hawaiian	<input type="checkbox"/>	36
Maier's	<input type="checkbox"/>	37
Merita	<input type="checkbox"/>	38
Mrs Baird's	<input type="checkbox"/>	39
Nature's Harvest	<input type="checkbox"/>	40
Nature's Own	<input type="checkbox"/>	41
Oroweat	<input type="checkbox"/>	42
Pepperidge Farm		
Farmhouse	<input type="checkbox"/>	43
Other Pepperidge Farm	<input type="checkbox"/>	44
Sara Lee Artesano	<input type="checkbox"/>	45
Sara Lee Delightful	<input type="checkbox"/>	46
Sara Lee Soft & Smooth	<input type="checkbox"/>	47
Other Sara Lee	<input type="checkbox"/>	48
Stonefire	<input type="checkbox"/>	49
Stroehmann	<input type="checkbox"/>	50
Sunbeam	<input type="checkbox"/>	51
Sun-Maid Raisin Bread	<input type="checkbox"/>	52
Thomas' Swirl	<input type="checkbox"/>	53
Wonder	<input type="checkbox"/>	54
Generic (No Label)	<input type="checkbox"/>	55
Store's Own Brand (Packaged)	<input type="checkbox"/>	56
Store's Own Bakery Style	<input type="checkbox"/>	57
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
Oroweat	<input type="checkbox"/>	04
Thomas'	<input type="checkbox"/>	05
Store's Own Brand	<input type="checkbox"/>	06
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:		
Bagel-fuls	<input type="checkbox"/>	01
Lender's Bagels	<input type="checkbox"/>	02
Lender's New York Style	<input type="checkbox"/>	03
Pepperidge Farm	<input type="checkbox"/>	04
Sara Lee Bagels	<input type="checkbox"/>	05
Thomas' Bagels	<input type="checkbox"/>	06
Thomas' Bagel Thins	<input type="checkbox"/>	07
Thomas' Mini Bagels	<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
Green Giant Cauliflower Pizza Crust	<input type="checkbox"/>	06
Jiffy Pizza Crust Mix	<input type="checkbox"/>	07
Mama Mary's	<input type="checkbox"/>	08
Pillsbury Pizza Crust	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
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:		
Cole's	<input type="checkbox"/>	09
Furlani	<input type="checkbox"/>	10
Nestlé Toll House Refrigerated Cookie Dough	<input type="checkbox"/>	11
New York Texas Toast	<input type="checkbox"/>	12
Pepperidge Farm Garlic Bread	<input type="checkbox"/>	13
Pepperidge Farm Puff Pastry	<input type="checkbox"/>	14
Pepperidge Farm Texas Toast	<input type="checkbox"/>	15
Other Pepperidge Farm	<input type="checkbox"/>	16
Pillsbury Cinnamon Rolls with Icing	<input type="checkbox"/>	17
Pillsbury Cookie Dough	<input type="checkbox"/>	18
Pillsbury Crescent Rolls	<input type="checkbox"/>	19
Pillsbury French Bread	<input type="checkbox"/>	20
Pillsbury Grands! Biscuits	<input type="checkbox"/>	21
Pillsbury Ready to Bake!	<input type="checkbox"/>	22
Pillsbury Breadsticks	<input type="checkbox"/>	23
Other Pillsbury Biscuits	<input type="checkbox"/>	24
Other Pillsbury Dinner Rolls	<input type="checkbox"/>	25
Other Pillsbury Sweet Rolls	<input type="checkbox"/>	26
Rhodes Frozen Bread Dough	<input type="checkbox"/>	27
Rhodes Frozen Roll Dough	<input type="checkbox"/>	28
Sister Schubert's	<input type="checkbox"/>	29
Store's Own Brand	<input type="checkbox"/>	30
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
Sandwich Thin/Flat Rolls	<input type="checkbox"/>	10
Scones	<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	<input type="checkbox"/>	01
Hain	<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
Florida Crystals	<input type="checkbox"/>	12
GW	<input type="checkbox"/>	13
Imperial	<input type="checkbox"/>	14
Sugar In The Raw	<input type="checkbox"/>	15
Zulka	<input type="checkbox"/>	16
Generic (No Label)	<input type="checkbox"/>	17
Store's Own Brand	<input type="checkbox"/>	18
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/ SPREADS	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

MARGARINE/ SPREADS	Your Household:	
	Used in last 6 months	Pounds/ last 30 days
723-0		
BRANDS:		
Blue Bonnet Light	<input type="checkbox"/>	13
Blue Bonnet (Regular)	<input type="checkbox"/>	14
Brummel & Brown	<input type="checkbox"/>	15
Country Crock Churn Style	<input type="checkbox"/>	16
Country Crock Light	<input type="checkbox"/>	17
Country Crock (Regular)	<input type="checkbox"/>	18
Other Country Crock	<input type="checkbox"/>	19
Earth Balance	<input type="checkbox"/>	20
Fleischmann's	<input type="checkbox"/>	21
I Can't Believe It's Not Butter! Light	<input type="checkbox"/>	22
I Can't Believe It's Not Butter! (Regular)	<input type="checkbox"/>	23
Imperial	<input type="checkbox"/>	24
Land O'Lakes Fresh Buttery Taste	<input type="checkbox"/>	25
Land O'Lakes (Regular)	<input type="checkbox"/>	26
Olivio Spread	<input type="checkbox"/>	27
Parkay Light	<input type="checkbox"/>	28
Parkay (Regular)	<input type="checkbox"/>	29
Promise Light	<input type="checkbox"/>	30
Promise (Regular)	<input type="checkbox"/>	31
Smart Balance	<input type="checkbox"/>	32
Store's Own Brand	<input type="checkbox"/>	33
OTHER (Write In)	<input type="checkbox"/>	999

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

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
Eggland's Best Egg Whites	<input type="checkbox"/>	06
Store's Own Brand	<input type="checkbox"/>	07
OTHER (Write In)	<input type="checkbox"/>	999

EGG ALTERNATIVES	Your Household:	
	Used in last 6 months	Packages/ last 30 days
726		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Breakstone's	<input type="checkbox"/>	01
Challenge	<input type="checkbox"/>	02
Country Crock Plant Butter	<input type="checkbox"/>	03
Country Crock Spreadable Butter	<input type="checkbox"/>	04
Crystal Farms	<input type="checkbox"/>	05
Darigold	<input type="checkbox"/>	06
Hotel Bar	<input type="checkbox"/>	07
Keller's	<input type="checkbox"/>	08
Kerrygold	<input type="checkbox"/>	09
Land O'Lakes Light	<input type="checkbox"/>	10
Land O'Lakes (Regular)	<input type="checkbox"/>	11
Land O'Lakes Spreadable Butter with Canola Oil	<input type="checkbox"/>	12
Organic Valley	<input type="checkbox"/>	13
Smart Balance Butter & Canola Oil Blend	<input type="checkbox"/>	14
Tillamook	<input type="checkbox"/>	15
Store's Own Brand	<input type="checkbox"/>	16
OTHER (Write In)	<input type="checkbox"/>	999

BUTTER	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
Bob's Red Mill	<input type="checkbox"/>	08
Gold Medal	<input type="checkbox"/>	09
Hodgson Mill	<input type="checkbox"/>	10
King Arthur	<input type="checkbox"/>	11
Martha White	<input type="checkbox"/>	12
Maseca	<input type="checkbox"/>	13
Pillsbury Best	<input type="checkbox"/>	14
Quaker	<input type="checkbox"/>	15
White Lily	<input type="checkbox"/>	16
Wondra	<input type="checkbox"/>	17
Store's Own Brand	<input type="checkbox"/>	18
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
Bob's Red Mill	<input type="checkbox"/>	08
Gold Medal	<input type="checkbox"/>	09
Hodgson Mill	<input type="checkbox"/>	10
King Arthur	<input type="checkbox"/>	11
Martha White	<input type="checkbox"/>	12
Maseca	<input type="checkbox"/>	13
Pillsbury Best	<input type="checkbox"/>	14
Quaker	<input type="checkbox"/>	15
White Lily	<input type="checkbox"/>	16
Wondra	<input type="checkbox"/>	17
Store's Own Brand	<input type="checkbox"/>	18
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	<input type="checkbox"/>	05
Pam Baking	<input type="checkbox"/>	06
Pam Butter Flavor	<input type="checkbox"/>	07
Pam Grilling	<input type="checkbox"/>	08
Pam Olive Oil	<input type="checkbox"/>	09
Pam Regular (Original)	<input type="checkbox"/>	10
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:		
Argo	<input type="checkbox"/>	03
Arm & Hammer	<input type="checkbox"/>	04
Calumet	<input type="checkbox"/>	05
Clabber Girl	<input type="checkbox"/>	06
Davis	<input type="checkbox"/>	07
Rumford	<input type="checkbox"/>	08
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
Daisy Light	<input type="checkbox"/>	08
Dean's DairyPure	<input type="checkbox"/>	09
Friendship	<input type="checkbox"/>	10
Hood	<input type="checkbox"/>	11
Kemps	<input type="checkbox"/>	12
Knudsen	<input type="checkbox"/>	13
Simply Kraft	<input type="checkbox"/>	14
Store's Own Brand	<input type="checkbox"/>	15
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
Omega-3	<input type="checkbox"/>	06
Lactose Free	<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
Fat Free/Skim	<input type="checkbox"/>	11
1% Low Fat	<input type="checkbox"/>	12
2% Reduced Fat	<input type="checkbox"/>	13
Buttermilk	<input type="checkbox"/>	14
Half & Half	<input type="checkbox"/>	15
BRANDS:		
A2	<input type="checkbox"/>	16
DairyPure	<input type="checkbox"/>	17
Fairlife	<input type="checkbox"/>	18
Horizon Organic	<input type="checkbox"/>	19
Lactaid	<input type="checkbox"/>	20
Organic Valley	<input type="checkbox"/>	21
TruMoo	<input type="checkbox"/>	22
Store's Own Brand	<input type="checkbox"/>	23
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
Dunkin' Donuts	<input type="checkbox"/>	05
International Delight	<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:		
Chobani	<input type="checkbox"/>	10
DanActive	<input type="checkbox"/>	11
Dannon Activia	<input type="checkbox"/>	12
Dannon Activia Greek	<input type="checkbox"/>	13
Dannon All Natural	<input type="checkbox"/>	14
Dannon Danimals	<input type="checkbox"/>	15
Dannon Fruit on the Bottom	<input type="checkbox"/>	16
Dannon Light & Fit	<input type="checkbox"/>	17
Dannon Light & Fit Greek	<input type="checkbox"/>	18
Fage	<input type="checkbox"/>	19
Horizon Organic	<input type="checkbox"/>	20
La Yogurt	<input type="checkbox"/>	21
Mountain High	<input type="checkbox"/>	22
Müller	<input type="checkbox"/>	23
Oikos (Dannon)	<input type="checkbox"/>	24
Oui by Yoplait	<input type="checkbox"/>	25
Stonyfield	<input type="checkbox"/>	26
Stonyfield Greek	<input type="checkbox"/>	27
Trix	<input type="checkbox"/>	28
Voskos	<input type="checkbox"/>	29
YoCrunch	<input type="checkbox"/>	30
Yoplait Go-Gurt	<input type="checkbox"/>	31
Yoplait Greek	<input type="checkbox"/>	32
Yoplait Light	<input type="checkbox"/>	33
Yoplait Original	<input type="checkbox"/>	34
Yoplait Whips!	<input type="checkbox"/>	35
Store's Own Brand	<input type="checkbox"/>	36
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
Kemps	<input type="checkbox"/>	06
Nestlé Outshine	<input type="checkbox"/>	07
Turkey Hill	<input type="checkbox"/>	08
Yasso	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
OTHER (Write In)	<input type="checkbox"/>	999

ICE CREAM, GELATO & 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
Gelato	<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
Breyers	<input type="checkbox"/>	11
Dean's	<input type="checkbox"/>	12
Dove	<input type="checkbox"/>	13
Dreyer's	<input type="checkbox"/>	14
Dreyer's Slow Churned	<input type="checkbox"/>	15
Edy's	<input type="checkbox"/>	16
Edy's Slow Churned	<input type="checkbox"/>	17
Friendly's	<input type="checkbox"/>	18
Häagen-Dazs	<input type="checkbox"/>	19
Halo Top	<input type="checkbox"/>	20
Kemps	<input type="checkbox"/>	21
Lactaid	<input type="checkbox"/>	22
Mayfield	<input type="checkbox"/>	23
Talenti	<input type="checkbox"/>	24
Tillamook	<input type="checkbox"/>	25
Turkey Hill	<input type="checkbox"/>	26
Store's Own Brand	<input type="checkbox"/>	27
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
Dream Whip	<input type="checkbox"/>	08
Reddi-wip Original	<input type="checkbox"/>	09
Reddi-wip Extra Creamy	<input type="checkbox"/>	10
Reddi-wip Fat Free	<input type="checkbox"/>	11
Other Reddi-wip	<input type="checkbox"/>	12
Store's Own Brand	<input type="checkbox"/>	13
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:		
Blue Diamond Almonds	<input type="checkbox"/>	03
Diamond	<input type="checkbox"/>	04
Fisher	<input type="checkbox"/>	05
Planters	<input type="checkbox"/>	06
Store's Own Brand	<input type="checkbox"/>	07
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:		
Blue Bunny	<input type="checkbox"/>	05
Breyers	<input type="checkbox"/>	06
Creamsicle	<input type="checkbox"/>	07
Dean's	<input type="checkbox"/>	08
Dove Bar	<input type="checkbox"/>	09
Eskimo Pie	<input type="checkbox"/>	10
Friendly's	<input type="checkbox"/>	11
Good Humor Bar	<input type="checkbox"/>	12
Häagen-Dazs Bar	<input type="checkbox"/>	13
Klondike Bars	<input type="checkbox"/>	14
M & M's	<input type="checkbox"/>	15
Magnum	<input type="checkbox"/>	16
Milky Way Ice Cream Bar	<input type="checkbox"/>	17
Nestlé Crunch Bar	<input type="checkbox"/>	18
Nestlé Dibs	<input type="checkbox"/>	19
Nestlé Drumstick Cones	<input type="checkbox"/>	20
Skinny Cow	<input type="checkbox"/>	21
Snickers Ice Cream Bar	<input type="checkbox"/>	22
Weight Watchers Bars	<input type="checkbox"/>	23
Weight Watchers Sandwiches	<input type="checkbox"/>	24
Store's Own Brand	<input type="checkbox"/>	25
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:		
Bomb Pop	<input type="checkbox"/>	01
Dole Dippers	<input type="checkbox"/>	02
Fla • Vor • Ice	<input type="checkbox"/>	03
FrozFruit	<input type="checkbox"/>	04
Fruittare	<input type="checkbox"/>	05
Fudgsicle	<input type="checkbox"/>	06
Fudgsicle—No Sugar Added	<input type="checkbox"/>	07
Luigi's	<input type="checkbox"/>	08
Minute Maid	<input type="checkbox"/>	09
Nestlé Outshine Fruit Bars	<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

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

FROZEN/REFRIGERATED DESSERTS	Your Household:	
	Used in last 6 months	Packages/last 30 days
745		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Banquet Pies	<input type="checkbox"/>	01
Bertolli	<input type="checkbox"/>	02
Edwards Pies	<input type="checkbox"/>	03
Eli's Cheesecake	<input type="checkbox"/>	04
Marie Callender's Pies	<input type="checkbox"/>	05
Mrs. Smith's Cobblers	<input type="checkbox"/>	06
Mrs. Smith's (Other Pies)	<input type="checkbox"/>	07
Pepperidge Farm 3-Layer Cake	<input type="checkbox"/>	08
Pepperidge Farm Turnovers	<input type="checkbox"/>	09
Pepperidge Farm (Other Desserts)	<input type="checkbox"/>	10
Philadelphia Cheesecake Cups	<input type="checkbox"/>	11
Sara Lee Cheesecake	<input type="checkbox"/>	12
Sara Lee Coffee 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
Store's Own Brand	<input type="checkbox"/>	17
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

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
Heath	<input type="checkbox"/>	11
Hershey's	<input type="checkbox"/>	12
M & M's Mini Baking Bits	<input type="checkbox"/>	13
Nestlé Toll House	<input type="checkbox"/>	14
Reese's	<input type="checkbox"/>	15
Store's Own Brand	<input type="checkbox"/>	16
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
Bisquick	<input type="checkbox"/>	03
Bisquick Heart Smart	<input type="checkbox"/>	04
Duncan Hines Simple Mornings Blueberry Muffins	<input type="checkbox"/>	05
Other Duncan Hines Simple Mornings Muffins	<input type="checkbox"/>	06
Fleischmann's Simply Homemade	<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 Quick Bread	<input type="checkbox"/>	13
Store's Own Brand	<input type="checkbox"/>	14
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 Brownies	<input type="checkbox"/>	03
Other Duncan Hines	<input type="checkbox"/>	04
Ghirardelli Brownies	<input type="checkbox"/>	05
Pillsbury Cookie Mix	<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

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

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	<input type="checkbox"/>	01
Betty Crocker Pound Cake	<input type="checkbox"/>	02
Betty Crocker Super Moist	<input type="checkbox"/>	03
Duncan Hines Angel Food	<input type="checkbox"/>	04
Duncan Hines Classic Mixes	<input type="checkbox"/>	05
Other Duncan Hines Cake	<input type="checkbox"/>	06
Jell-O No Bake Cheesecake	<input type="checkbox"/>	07
Jiffy	<input type="checkbox"/>	08
Pillsbury Funfetti	<input type="checkbox"/>	09
Pillsbury Moist Supreme	<input type="checkbox"/>	10
Pillsbury Sugar Free	<input type="checkbox"/>	11
Store's Own Brand	<input type="checkbox"/>	12
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 Ready Crust	<input type="checkbox"/>	05
Nabisco	<input type="checkbox"/>	06
Pillsbury	<input type="checkbox"/>	07
Store's Own Brand	<input type="checkbox"/>	08
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
Pillsbury Creamy Supreme	<input type="checkbox"/>	08
Pillsbury Funfetti	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
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
Badia	<input type="checkbox"/>	03
Durkee	<input type="checkbox"/>	04
Goya Adobo	<input type="checkbox"/>	05
Other Goya Spices	<input type="checkbox"/>	06
Herb-Ox	<input type="checkbox"/>	07
Hidden Valley	<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
Tajín	<input type="checkbox"/>	17
Tone's	<input type="checkbox"/>	18
Weber	<input type="checkbox"/>	19
Wylers	<input type="checkbox"/>	20
Store's Own Brand	<input type="checkbox"/>	21
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:		
Duncan Hines Comstock	<input type="checkbox"/>	09
Jell-O Pudding	<input type="checkbox"/>	10
Jell-O Pudding (Fat/Sugar Free)	<input type="checkbox"/>	11
Jell-O Pudding Snacks	<input type="checkbox"/>	12
Jell-O Pudding Snacks (Fat Free)	<input type="checkbox"/>	13
Jell-O Pudding Snacks (Sugar Free)	<input type="checkbox"/>	14
Kozy Shack Pudding	<input type="checkbox"/>	15
Libby's 100% Pure Pumpkin	<input type="checkbox"/>	16
Lucky Leaf	<input type="checkbox"/>	17
Minute Tapioca	<input type="checkbox"/>	18
Mousse Temptations by Jell-O	<input type="checkbox"/>	19
My-T-Fine	<input type="checkbox"/>	20
Royal	<input type="checkbox"/>	21
Snack Pack	<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

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
Watkins	<input type="checkbox"/>	04
Generic (No Label)	<input type="checkbox"/>	05
Store's Own Brand	<input type="checkbox"/>	06
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:	<input type="checkbox"/>	00
TYPES:		
Butter	<input type="checkbox"/>	01
Chocolate Chip	<input type="checkbox"/>	02
Chocolate Covered	<input type="checkbox"/>	03
Figbars	<input type="checkbox"/>	04
Fudge	<input type="checkbox"/>	05
Oatmeal	<input type="checkbox"/>	06
Peanut Butter	<input type="checkbox"/>	07
Sandwich	<input type="checkbox"/>	08
Shortbread	<input type="checkbox"/>	09
Other	<input type="checkbox"/>	10
KINDS:		
Regular	<input type="checkbox"/>	11
Low Fat	<input type="checkbox"/>	12
Fat Free	<input type="checkbox"/>	13
Sugar Free	<input type="checkbox"/>	14
PACKAGE SIZE:		
100 Calorie Pack	<input type="checkbox"/>	15
Other Package Size	<input type="checkbox"/>	16
BRANDS:		
Archway	<input type="checkbox"/>	17
Entenmann's	<input type="checkbox"/>	18
Famous Amos	<input type="checkbox"/>	19
Kashi	<input type="checkbox"/>	20
Keebler Chips Deluxe	<input type="checkbox"/>	21
Keebler E. L. Fudge Sandwich	<input type="checkbox"/>	22
Keebler Fudge Sticks	<input type="checkbox"/>	23
Keebler Fudge Stripes	<input type="checkbox"/>	24
Keebler Sandies	<input type="checkbox"/>	25
Keebler Simply Made	<input type="checkbox"/>	26
Other Keebler	<input type="checkbox"/>	27
Little Debbie Nutty Buddy	<input type="checkbox"/>	28
Little Debbie Oatmeal Creme Pies	<input type="checkbox"/>	29
Other Little Debbie	<input type="checkbox"/>	30
Mother's	<input type="checkbox"/>	31
Murray	<input type="checkbox"/>	32
Nabisco BelVita	<input type="checkbox"/>	33
Nabisco Chips Ahoy!	<input type="checkbox"/>	34
Nabisco Chunky Chips Ahoy!	<input type="checkbox"/>	35
Nabisco Newtons	<input type="checkbox"/>	36
Nabisco Nilla Wafers	<input type="checkbox"/>	37
Nabisco Nutter Butter	<input type="checkbox"/>	38
Nabisco Oreo	<input type="checkbox"/>	39
Nabisco Double Stuf Oreo	<input type="checkbox"/>	40
Nabisco Teddy Grahams	<input type="checkbox"/>	41
Other Nabisco	<input type="checkbox"/>	42
Pepperidge Farm Farmhouse	<input type="checkbox"/>	43
Pepperidge Farm Milano	<input type="checkbox"/>	44
Other Pepperidge Farm	<input type="checkbox"/>	45
Quaker	<input type="checkbox"/>	46
Stella D'oro	<input type="checkbox"/>	47
Store's Own Brand	<input type="checkbox"/>	48
OTHER (Write In)	<input type="checkbox"/>	999

READY TO EAT MUFFINS	Your Household:	
	Used in last 6 months	Packages/ Boxes last 30 days
765		
TOTAL:	<input type="checkbox"/>	00
PACKAGE SIZE:		
100 Calorie Pack	<input type="checkbox"/>	01
Other Package Size	<input type="checkbox"/>	02
BRANDS:		
Entenmann's	<input type="checkbox"/>	03
Hostess	<input type="checkbox"/>	04
Little Debbie	<input type="checkbox"/>	05
Otis Spunkmeyer	<input type="checkbox"/>	06
Bakery	<input type="checkbox"/>	07
Store's Own Bakery	<input type="checkbox"/>	08
OTHER (Write In)	<input type="checkbox"/>	999

GELATIN AND GELATIN DESSERTS	Your Household:	
	Used in last 6 months	Packages/ last 30 days
759		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Refrigerated/Ready to Eat	<input type="checkbox"/>	01
Powder/Mix	<input type="checkbox"/>	02
BRANDS:		
Jell-O Gelatin	<input type="checkbox"/>	03
Jell-O Gelatin Snacks	<input type="checkbox"/>	04
Jell-O Gelatin Sugar Free Snacks	<input type="checkbox"/>	05
Jell-O Sugar Free Gelatin	<input type="checkbox"/>	06
Knox	<input type="checkbox"/>	07
Royal	<input type="checkbox"/>	08
Store's Own Brand	<input type="checkbox"/>	09
OTHER (Write In)	<input type="checkbox"/>	999

SNACK CAKES	Your Household:	
	Used in last 6 months	Boxes or Packages/ last 30 days
753		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Lowfat/Fat Free	<input type="checkbox"/>	01
Regular	<input type="checkbox"/>	02
PACKAGE SIZE:		
100 Calorie Pack	<input type="checkbox"/>	03
Other Package Size	<input type="checkbox"/>	04
BRANDS:		
Drake's	<input type="checkbox"/>	05
Entenmann's	<input type="checkbox"/>	06
Hostess CupCakes	<input type="checkbox"/>	07
Hostess Twinkies	<input type="checkbox"/>	08
Other Hostess	<input type="checkbox"/>	09
Little Debbie	<input type="checkbox"/>	10
Marinela	<input type="checkbox"/>	11
MoonPie	<input type="checkbox"/>	12
Mrs. Freshley's	<input type="checkbox"/>	13
Sara Lee	<input type="checkbox"/>	14
Tastykake	<input type="checkbox"/>	15
Weight Watchers	<input type="checkbox"/>	16
OTHER (Write In)	<input type="checkbox"/>	999

TOASTER PRODUCTS	Your Household:	
	Used in last 6 months	Packages last 30 days
761		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Kellogg's Pop-Tarts	<input type="checkbox"/>	01
Pillsbury Toaster Scrambles	<input type="checkbox"/>	02
Pillsbury Toaster Strudel	<input type="checkbox"/>	03
Toast'em Pop-ups	<input type="checkbox"/>	04
Store's Own Brand	<input type="checkbox"/>	05
OTHER (Write In)	<input type="checkbox"/>	999

READY TO EAT DOUGHNUTS	Your Household:	
	Used in last 6 months	Packages/ Boxes last 30 days
758		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Dunkin' Donuts	<input type="checkbox"/>	01
Entenmann's	<input type="checkbox"/>	02
Hostess	<input type="checkbox"/>	03
Krispy Kreme	<input type="checkbox"/>	04
Little Debbie	<input type="checkbox"/>	05
Tastykake	<input type="checkbox"/>	06
Fresh Doughnut Shop	<input type="checkbox"/>	07
Bakery	<input type="checkbox"/>	08
Store's Own Bakery	<input type="checkbox"/>	09
OTHER (Write In)	<input type="checkbox"/>	999

BREAKFAST/ CEREAL/ GRANOLA BARS	Your Household:	
	Used in last 6 months	Bars/ last 30 days
763		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Cascadian Farm Bars	<input type="checkbox"/>	01
Entenmann's Cereal Bar	<input type="checkbox"/>	02
Fiber One Chewy Bars	<input type="checkbox"/>	03
General Mills Milk 'n Cereal Bars	<input type="checkbox"/>	04
Jif Power Ups	<input type="checkbox"/>	05
Kashi Bars	<input type="checkbox"/>	06
Kellogg's Nutri-Grain Bar	<input type="checkbox"/>	07
Kellogg's Rice Krispies Treats	<input type="checkbox"/>	08
Kellogg's Special K Bar	<input type="checkbox"/>	09
Kellogg's Special K Granola Bites	<input type="checkbox"/>	10
KIND Bars	<input type="checkbox"/>	11
Little Debbie	<input type="checkbox"/>	12
Nature Valley Granola Bars	<input type="checkbox"/>	13
Nature's Path	<input type="checkbox"/>	14
Quaker Baked Bars	<input type="checkbox"/>	15
Quaker Chewy Granola Bar	<input type="checkbox"/>	16
Other Quaker	<input type="checkbox"/>	17
Sunbelt Fruit & Grain Bars	<input type="checkbox"/>	18
Sunbelt Granola Bars	<input type="checkbox"/>	19
Store's Own Brand	<input type="checkbox"/>	20
OTHER (Write In)	<input type="checkbox"/>	999

FRUIT SNACKS	Your Household:	
	Used in last 6 months	Snacks/ last 30 days
995		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Annie's	<input type="checkbox"/>	01
Betty Crocker Fruit By The Foot	<input type="checkbox"/>	02
Betty Crocker Fruit Roll-Ups	<input type="checkbox"/>	03
Betty Crocker Fruit Gushers	<input type="checkbox"/>	04
Other Betty Crocker	<input type="checkbox"/>	05
Brach's Fruit Snacks	<input type="checkbox"/>	06
Dole Real Fruit Bites	<input type="checkbox"/>	07
Kellogg's Fruity Snacks	<input type="checkbox"/>	08
Mott's Medleys	<input type="checkbox"/>	09
Ocean Spray Craisins	<input type="checkbox"/>	10
Sun-Maid Raisins	<input type="checkbox"/>	11
Sunsweet Fruit Snacks	<input type="checkbox"/>	12
Welch's Fruit Snacks	<input type="checkbox"/>	13
Store's Own Brand	<input type="checkbox"/>	14
OTHER (Write In)	<input type="checkbox"/>	999

READY TO EAT SWEET ROLLS & PASTRIES	Your Household:	
	Used in last 6 months	Packages/ Boxes last 30 days
770		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Cinnamon Rolls	<input type="checkbox"/>	01
Coffee Cake	<input type="checkbox"/>	02
Cupcakes	<input type="checkbox"/>	03
Danish Rolls	<input type="checkbox"/>	04
Honey Buns	<input type="checkbox"/>	05
Pies	<input type="checkbox"/>	06
Turnovers	<input type="checkbox"/>	07
BRANDS:		
Entenmann's	<input type="checkbox"/>	08
Hostess	<input type="checkbox"/>	09
Little Debbie	<input type="checkbox"/>	10
Mrs. Freshley's	<input type="checkbox"/>	11
Tastykake	<input type="checkbox"/>	12
Store's Own Brand	<input type="checkbox"/>	13
OTHER (Write In)	<input type="checkbox"/>	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
Chocolate Cheerios	<input type="checkbox"/>	09
Frosted Cheerios	<input type="checkbox"/>	10
Fruity Cheerios	<input type="checkbox"/>	11
Honey Nut Cheerios	<input type="checkbox"/>	12
Multi Grain Cheerios	<input type="checkbox"/>	13
Corn Chex	<input type="checkbox"/>	14
Honey Nut Chex	<input type="checkbox"/>	15
Rice Chex	<input type="checkbox"/>	16
Wheat Chex	<input type="checkbox"/>	17
Cinnamon Toast Crunch	<input type="checkbox"/>	18
Cocoa Puffs	<input type="checkbox"/>	19
Cookie Crisp	<input type="checkbox"/>	20
Count Chocula	<input type="checkbox"/>	21
Fiber One	<input type="checkbox"/>	22
Golden Grahams	<input type="checkbox"/>	23
Hi! Happy Inside	<input type="checkbox"/>	24
Kashi GO Crisp	<input type="checkbox"/>	25
Kashi GO Crunch	<input type="checkbox"/>	26
Kashi Heart to Heart	<input type="checkbox"/>	27
Other Kashi	<input type="checkbox"/>	28
Kellogg's All-Bran	<input type="checkbox"/>	29
Kellogg's All-Bran Complete	<input type="checkbox"/>	30
Kellogg's Apple Jacks	<input type="checkbox"/>	31
Kellogg's Cocoa Krispies	<input type="checkbox"/>	32
Kellogg's Corn Flakes	<input type="checkbox"/>	33
Kellogg's Corn Pops	<input type="checkbox"/>	34
Kellogg's Cracklin' Oat Bran	<input type="checkbox"/>	35
Kellogg's Crispix	<input type="checkbox"/>	36
Kellogg's Froot Loops	<input type="checkbox"/>	37
Kellogg's Frosted Flakes	<input type="checkbox"/>	38
Kellogg's Frosted Mini-Wheats	<input type="checkbox"/>	39
Kellogg's Honey Smacks	<input type="checkbox"/>	40
Kellogg's Krave	<input type="checkbox"/>	41
Kellogg's Marshmallow Froot Loops	<input type="checkbox"/>	42
Kellogg's Raisin Bran	<input type="checkbox"/>	43
Kellogg's Raisin Bran Crunch	<input type="checkbox"/>	44
Kellogg's Raisin Bran w/Cranberries	<input type="checkbox"/>	45
Kellogg's Rice Krispies	<input type="checkbox"/>	46
Kellogg's Rice Krispies Treats Cereal	<input type="checkbox"/>	47
Kellogg's Smart Start	<input type="checkbox"/>	48
Kellogg's Special K	<input type="checkbox"/>	49
Kellogg's Special K Chocolatey Delight	<input type="checkbox"/>	50
Kellogg's Special K Nourish	<input type="checkbox"/>	51
Kellogg's Special K Red Berries	<input type="checkbox"/>	52
Kellogg's Special K Vanilla Almond	<input type="checkbox"/>	53
Kellogg's Special K Protein	<input type="checkbox"/>	54
Other Kellogg's	<input type="checkbox"/>	55
Kix	<input type="checkbox"/>	56
Life	<input type="checkbox"/>	57
Life Cinnamon	<input type="checkbox"/>	58
Lucky Charms	<input type="checkbox"/>	59
Malt-O-Meal	<input type="checkbox"/>	60

Continued in next Column

BREAKFAST CEREALS (Cold) (Continued)	Your Household:	
	Used in last 6 months	Individual portions/ last 7 days
Oatmeal Crisp Crunchy		
Almond	<input type="checkbox"/>	61
Post Grape-Nuts	<input type="checkbox"/>	62
Post Grape-Nuts Flakes	<input type="checkbox"/>	63
Post Great Grains	<input type="checkbox"/>	64
Post Honey Bunches of Oats	<input type="checkbox"/>	65
Post Honey Bunches of Oats w/Strawberries	<input type="checkbox"/>	66
Post Honeycomb	<input type="checkbox"/>	67
Post Pebbles (Cocoa)	<input type="checkbox"/>	68
Post Pebbles (Fruity)	<input type="checkbox"/>	69
Post Raisin Bran	<input type="checkbox"/>	70
Post Original Big Biscuit Shredded Wheat	<input type="checkbox"/>	71
Post Spoon Size Shredded Wheat	<input type="checkbox"/>	72
Post Shredded Wheat 'n Bran	<input type="checkbox"/>	73
Other Post	<input type="checkbox"/>	74
Quaker Puffed Rice	<input type="checkbox"/>	75
Quaker Puffed Wheat	<input type="checkbox"/>	76
Quaker Oatmeal Squares	<input type="checkbox"/>	77
Raisin Nut Bran	<input type="checkbox"/>	78
Reese's Puffs	<input type="checkbox"/>	79
Total	<input type="checkbox"/>	80
Total Raisin Bran	<input type="checkbox"/>	81
Trix	<input type="checkbox"/>	82
Wheaties	<input type="checkbox"/>	83
Store's Own Brand	<input type="checkbox"/>	84
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
Better Oats	<input type="checkbox"/>	02
Bob's Red Mill	<input type="checkbox"/>	03
Cream of Rice	<input type="checkbox"/>	04
Cream of Wheat Instant	<input type="checkbox"/>	05
Cream of Wheat Regular/Stovetop	<input type="checkbox"/>	06
Farina	<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 Real Medleys	<input type="checkbox"/>	12
Quaker Weight Control	<input type="checkbox"/>	13
Old Fashioned Quaker Oats	<input type="checkbox"/>	14
Quaker Instant Grits	<input type="checkbox"/>	15
Quaker Quick Grits	<input type="checkbox"/>	16
Store's Own Brand	<input type="checkbox"/>	17
OTHER (Write In)	<input type="checkbox"/>	999

FROZEN/ REFRIGERATED 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
Eggo Breakfast Sandwiches	<input type="checkbox"/>	03
Hot Pockets Breakfast	<input type="checkbox"/>	04
Jimmy Dean Biscuit Sandwiches	<input type="checkbox"/>	05
Jimmy Dean Breakfast Bowls	<input type="checkbox"/>	06
Jimmy Dean Delights	<input type="checkbox"/>	07
Jimmy Dean Skilllets	<input type="checkbox"/>	08
Other Jimmy Dean	<input type="checkbox"/>	09
Kellogg's Special K Flatbread Breakfast Sandwich	<input type="checkbox"/>	10
Ore-Ida Just Crack an Egg	<input type="checkbox"/>	11
The Pioneer Woman	<input type="checkbox"/>	12
Smart Ones	<input type="checkbox"/>	13
Tennessee Pride	<input type="checkbox"/>	14
Store's Own Brand	<input type="checkbox"/>	15
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
Whole Wheat	<input type="checkbox"/>	03
Regular	<input type="checkbox"/>	04
BRANDS:		
Eggo Blueberry	<input type="checkbox"/>	05
Eggo Cinnamon Toast	<input type="checkbox"/>	06
Eggo Homestyle Waffles	<input type="checkbox"/>	07
Eggo Nutri-Grain Waffles	<input type="checkbox"/>	08
Eggo Wafflers	<input type="checkbox"/>	09
Other Eggo Waffles	<input type="checkbox"/>	10
Kashi	<input type="checkbox"/>	11
Van's	<input type="checkbox"/>	12
Store's Own Brand	<input type="checkbox"/>	13
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:		
De Wafelbakkers	<input type="checkbox"/>	03
Eggo French Toaster Sticks	<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
Van's	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
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
Bisquick	<input type="checkbox"/>	05
Bisquick Heart Smart	<input type="checkbox"/>	06
Bisquick Shake 'n Pour	<input type="checkbox"/>	07
Hungry Jack	<input type="checkbox"/>	08
Jiffy	<input type="checkbox"/>	09
Kodiak Cakes	<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 & AGAVE	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
FORMS:		
Table Syrup	<input type="checkbox"/>	04
Molasses	<input type="checkbox"/>	05
Agave Nectar	<input type="checkbox"/>	06
BRANDS:		
Agave in the Raw	<input type="checkbox"/>	07
Aunt Jemima Lite	<input type="checkbox"/>	08
Aunt Jemima Original	<input type="checkbox"/>	09
Aunt Jemima Butter Lite	<input type="checkbox"/>	10
Aunt Jemima Butter Rich	<input type="checkbox"/>	11
Aunt Jemima Country Rich	<input type="checkbox"/>	12
Brer Rabbit Molasses	<input type="checkbox"/>	13
Cary's	<input type="checkbox"/>	14
Country Kitchen	<input type="checkbox"/>	15
Golden Griddle	<input type="checkbox"/>	16
Grandma's Molasses	<input type="checkbox"/>	17
Hungry Jack Lite	<input type="checkbox"/>	18
Hungry Jack Original	<input type="checkbox"/>	19
Hungry Jack Butter Flavored	<input type="checkbox"/>	20
Karo Pancake	<input type="checkbox"/>	21
Log Cabin Lite	<input type="checkbox"/>	22
Log Cabin Original	<input type="checkbox"/>	23
Other Log Cabin	<input type="checkbox"/>	24
Maple Grove Farms	<input type="checkbox"/>	25
Mrs. Butterworth's Lite	<input type="checkbox"/>	26
Mrs. Butterworth's Original	<input type="checkbox"/>	27
Mrs. Butterworth's Sugar Free	<input type="checkbox"/>	28
Vermont Maid	<input type="checkbox"/>	29
Store's Own Brand	<input type="checkbox"/>	30
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
Gunter's	<input type="checkbox"/>	03
Nature Nate's	<input type="checkbox"/>	04
Sue Bee	<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

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
Bonne Maman	<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
Jif Omega-3	<input type="checkbox"/>	07
Jif Whips	<input type="checkbox"/>	08
Simply Jif	<input type="checkbox"/>	09
Nutella	<input type="checkbox"/>	10
Peter Pan Regular	<input type="checkbox"/>	11
Reese's	<input type="checkbox"/>	12
Skippy Natural	<input type="checkbox"/>	13
Skippy Regular	<input type="checkbox"/>	14
Skippy Reduced Fat	<input type="checkbox"/>	15
Skippy Roasted Honey Nut	<input type="checkbox"/>	16
Smart Balance	<input type="checkbox"/>	17
Smucker's	<input type="checkbox"/>	18
Store's Own Brand	<input type="checkbox"/>	19
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
Gunter's	<input type="checkbox"/>	03
Nature Nate's	<input type="checkbox"/>	04
Sue Bee	<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

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
Boar's Head	<input type="checkbox"/>	15
Cedar's	<input type="checkbox"/>	16
Cheez Whiz	<input type="checkbox"/>	17
Dean's	<input type="checkbox"/>	18
Frito-Lay	<input type="checkbox"/>	19
Heluva Good!	<input type="checkbox"/>	20
Hidden Valley Ranch	<input type="checkbox"/>	21
Kraft	<input type="checkbox"/>	22
Lay's	<input type="checkbox"/>	23
Marzetti	<input type="checkbox"/>	24
Philadelphia Dips	<input type="checkbox"/>	25
Sabra	<input type="checkbox"/>	26
Tostitos	<input type="checkbox"/>	27
Tribe	<input type="checkbox"/>	28
Wholly Guacamole	<input type="checkbox"/>	29
Yucatan	<input type="checkbox"/>	30
Store's Own Brand	<input type="checkbox"/>	31
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 2% Milk Singles	<input type="checkbox"/>	19
Kraft Singles	<input type="checkbox"/>	20
Other Kraft	<input type="checkbox"/>	21
Land O'Lakes	<input type="checkbox"/>	22
Velveeta	<input type="checkbox"/>	23
Velveeta 2% Milk	<input type="checkbox"/>	24
Velveeta Mexican Mild	<input type="checkbox"/>	25
Store's Own Brand	<input type="checkbox"/>	26
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
Cheese Stick	<input type="checkbox"/>	06
TYPES:		
Fat Free	<input type="checkbox"/>	07
Low Fat/Low Cholesterol	<input type="checkbox"/>	08
Low Sodium	<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
Goat	<input type="checkbox"/>	17
Gouda	<input type="checkbox"/>	18
Havarti	<input type="checkbox"/>	19
Jarlsberg	<input type="checkbox"/>	20
Monterey Jack	<input type="checkbox"/>	21
Mozzarella	<input type="checkbox"/>	22
Muenster	<input type="checkbox"/>	23
Parmesan	<input type="checkbox"/>	24
Pepper Jack	<input type="checkbox"/>	25
Provolone	<input type="checkbox"/>	26
Ricotta	<input type="checkbox"/>	27
Romano	<input type="checkbox"/>	28
Swiss	<input type="checkbox"/>	29
Cheese Blends	<input type="checkbox"/>	30
BRANDS:		
Alpine Lace	<input type="checkbox"/>	31
Athenos	<input type="checkbox"/>	32
Babybel	<input type="checkbox"/>	33
BelGioioso	<input type="checkbox"/>	34
Borden	<input type="checkbox"/>	35
Boursin	<input type="checkbox"/>	36
Cabot	<input type="checkbox"/>	37
Cracker Barrel	<input type="checkbox"/>	38
Crystal Farms	<input type="checkbox"/>	39
Frigo	<input type="checkbox"/>	40
Galbani	<input type="checkbox"/>	41
Heluva Good!	<input type="checkbox"/>	42
Kraft	<input type="checkbox"/>	43
Land O'Lakes	<input type="checkbox"/>	44
The Laughing Cow	<input type="checkbox"/>	45
Polly-O	<input type="checkbox"/>	46
Président	<input type="checkbox"/>	47
Sargento	<input type="checkbox"/>	48
Stella	<input type="checkbox"/>	49
Tillamook	<input type="checkbox"/>	50
Store's Own Brand	<input type="checkbox"/>	51
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
Prairie Farms	<input type="checkbox"/>	11
Simply Kraft	<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:		
Arla	<input type="checkbox"/>	09
Philadelphia Regular	<input type="checkbox"/>	10
Philadelphia 1/3 Less Fat	<input type="checkbox"/>	11
Temp Tee	<input type="checkbox"/>	12
Weight Watchers	<input type="checkbox"/>	13
Store's Own Brand	<input type="checkbox"/>	14
OTHER (Write In)	<input type="checkbox"/>	999

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
Arla	<input type="checkbox"/>	09
Boursin Spreadable	<input type="checkbox"/>	10
Cheez Whiz	<input type="checkbox"/>	11
Easy Cheese	<input type="checkbox"/>	12
Kaukauna	<input type="checkbox"/>	13
Price*s	<input type="checkbox"/>	14
WisPride	<input type="checkbox"/>	15
Store's Own Brand	<input type="checkbox"/>	16
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:		
Annie's Bunnies	<input type="checkbox"/>	16
Austin Cracker Sandwiches	<input type="checkbox"/>	17
Blue Diamond Nut-Thins	<input type="checkbox"/>	18
Carr's	<input type="checkbox"/>	19
Combos (cracker varieties)	<input type="checkbox"/>	20
Kashi Crackers	<input type="checkbox"/>	21
Keebler Club	<input type="checkbox"/>	22
Keebler Club Multi-Grain	<input type="checkbox"/>	23
Keebler Graham's	<input type="checkbox"/>	24
Keebler Sandwich Crackers	<input type="checkbox"/>	25
Keebler Town House	<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
Lance Sandwich Crackers	<input type="checkbox"/>	30
Nabisco Cheese Nips	<input type="checkbox"/>	31
Nabisco Good Thins	<input type="checkbox"/>	32
Nabisco Honey Maid Graham's	<input type="checkbox"/>	33
Nabisco Premium Saltines	<input type="checkbox"/>	34
Nabisco Ritz	<input type="checkbox"/>	35
Nabisco Ritz Bits Cheese Sandwiches	<input type="checkbox"/>	36
Nabisco Ritz Bits Peanut Butter Sandwiches	<input type="checkbox"/>	37
Nabisco Ritz Fresh Stacks	<input type="checkbox"/>	38
Nabisco Triscuit	<input type="checkbox"/>	39
Nabisco Wheat Thins	<input type="checkbox"/>	40
Other Nabisco	<input type="checkbox"/>	41
Pepperidge Farm Crackers	<input type="checkbox"/>	42
Pepperidge Farm Goldfish	<input type="checkbox"/>	43
Pepperidge Farm Goldfish Graham's	<input type="checkbox"/>	44
Pepperidge Farm Flavor Blasted Goldfish	<input type="checkbox"/>	45
Snyder's of Hanover Wholey Cheese	<input type="checkbox"/>	46
Stoned Wheat Thins	<input type="checkbox"/>	47
Sunshine Cheez-It	<input type="checkbox"/>	48
Sunshine Krispy Saltines	<input type="checkbox"/>	49
Wasa	<input type="checkbox"/>	50
Store's Own Brand	<input type="checkbox"/>	51
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
Sourdough	<input type="checkbox"/>	04
BRANDS:		
Bachman	<input type="checkbox"/>	05
Combos (pretzel varieties)	<input type="checkbox"/>	06
Flipz	<input type="checkbox"/>	07
Pepperidge Farm Goldfish Pretzels	<input type="checkbox"/>	08
Pretzel Crisps	<input type="checkbox"/>	09
Rold Gold	<input type="checkbox"/>	10
Snyder's Pretzels	<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	<input type="checkbox"/>	14
Lay's	<input type="checkbox"/>	15
Lay's Baked	<input type="checkbox"/>	16
Lay's Kettle Cooked	<input type="checkbox"/>	17
Lay's Stax	<input type="checkbox"/>	18
Lay's Wavy	<input type="checkbox"/>	19
Other Lay's	<input type="checkbox"/>	20
Munchos	<input type="checkbox"/>	21
Popchips	<input type="checkbox"/>	22
Pringles Regular	<input type="checkbox"/>	23
Other Pringles	<input type="checkbox"/>	24
Ruffles Regular	<input type="checkbox"/>	25
Other Ruffles	<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
Angie's Boom Chicka Pop	<input type="checkbox"/>	05
Cracker Jack	<input type="checkbox"/>	06
Crunch 'n Munch	<input type="checkbox"/>	07
Fiddle Faddle	<input type="checkbox"/>	08
Jiffy Pop	<input type="checkbox"/>	09
Jolly Time	<input type="checkbox"/>	10
Newman's Own	<input type="checkbox"/>	11
Orville Redenbacher's Kettle Korn	<input type="checkbox"/>	12
Orville Redenbacher's Butter (Microwave)	<input type="checkbox"/>	13
Orville Redenbacher's SmartPop!	<input type="checkbox"/>	14
Other Orville Redenbacher's	<input type="checkbox"/>	15
Pop Secret	<input type="checkbox"/>	16
Pop Weaver	<input type="checkbox"/>	17
Popcorn, Indiana	<input type="checkbox"/>	18
Skinny Pop	<input type="checkbox"/>	19
Smartfood	<input type="checkbox"/>	20
Wise	<input type="checkbox"/>	21
Store's Own Brand	<input type="checkbox"/>	22
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:		
2-5 oz.	<input type="checkbox"/>	01
6-8 oz.	<input type="checkbox"/>	02
10-12 oz.	<input type="checkbox"/>	03
More than 12 oz.	<input type="checkbox"/>	04
Multi/Variety Pack	<input type="checkbox"/>	05
BRANDS:		
Bugles	<input type="checkbox"/>	06
Cheez Doodles	<input type="checkbox"/>	07
Cheetos	<input type="checkbox"/>	08
Cheetos Baked	<input type="checkbox"/>	09
Combos	<input type="checkbox"/>	10
Corn Nuts	<input type="checkbox"/>	11
Doritos Nacho Cheese	<input type="checkbox"/>	12
Doritos Cool Ranch	<input type="checkbox"/>	13
Other Doritos	<input type="checkbox"/>	14
Fritos Regular	<input type="checkbox"/>	15
Fritos Chili Cheese	<input type="checkbox"/>	16
Fritos Scoops!	<input type="checkbox"/>	17
Other Fritos	<input type="checkbox"/>	18
Funyuns	<input type="checkbox"/>	19
Mission Tortilla Chips	<input type="checkbox"/>	20
On the Border	<input type="checkbox"/>	21
Pirate's Booty	<input type="checkbox"/>	22
Santitas	<input type="checkbox"/>	23
Stacy's Pita Chips	<input type="checkbox"/>	24
SunChips	<input type="checkbox"/>	25
Takis	<input type="checkbox"/>	26
Tostitos Oven Baked	<input type="checkbox"/>	27
Tostitos Crispy Rounds	<input type="checkbox"/>	28
Tostitos Restaurant Style	<input type="checkbox"/>	29
Tostitos Scoops!	<input type="checkbox"/>	30
Other Tostitos	<input type="checkbox"/>	31
Utz	<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 Homestyle	<input type="checkbox"/>	08
Campbell's Slow Kettle	<input type="checkbox"/>	09
Campbell's Soup on the Go	<input type="checkbox"/>	10
Other Campbell's Ready to Serve	<input type="checkbox"/>	11
Campbell's Condensed Chicken Noodle Soup	<input type="checkbox"/>	12
Campbell's Condensed Cream of Mushroom	<input type="checkbox"/>	13
Campbell's Condensed Tomato Soup	<input type="checkbox"/>	14
Other Campbell's Condensed Soup	<input type="checkbox"/>	15
Campbell's Healthy Request	<input type="checkbox"/>	16
College Inn Broth	<input type="checkbox"/>	17
Healthy Choice	<input type="checkbox"/>	18
Kitchen Basics	<input type="checkbox"/>	19
O That's Good!	<input type="checkbox"/>	20
Pacific	<input type="checkbox"/>	21
Progresso	<input type="checkbox"/>	22
Progresso Light	<input type="checkbox"/>	23
Progresso Rich & Hearty	<input type="checkbox"/>	24
Swanson Broth	<input type="checkbox"/>	25
Wolfgang Puck	<input type="checkbox"/>	26
Store's Own Brand	<input type="checkbox"/>	27
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:		
Bear Creek Soup Mix	<input type="checkbox"/>	01
Better Than Bouillon	<input type="checkbox"/>	02
Goya Bouillon	<input type="checkbox"/>	03
Herb-Ox Bouillon	<input type="checkbox"/>	04
Knorr Bouillon	<input type="checkbox"/>	05
Knorr Recipe Mix	<input type="checkbox"/>	06
Lipton Cup-a-Soup	<input type="checkbox"/>	07
Lipton Recipe Secrets	<input type="checkbox"/>	08
Lipton Soup Secrets	<input type="checkbox"/>	09
Maggi	<input type="checkbox"/>	10
Maruchan Instant Lunch	<input type="checkbox"/>	11
Maruchan Ramen Soup	<input type="checkbox"/>	12
Mrs. Grass Soup & Recipe Mix	<input type="checkbox"/>	13
Nissin Cup Noodles	<input type="checkbox"/>	14
Nissin Top Ramen	<input type="checkbox"/>	15
Nongshim Bowl Noodle Soup	<input type="checkbox"/>	16
Wyler's Bouillon	<input type="checkbox"/>	17
Store's Own Brand	<input type="checkbox"/>	18
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
Classico	<input type="checkbox"/>	03
Prego Pizza 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
El Monterey	<input type="checkbox"/>	22
Goya	<input type="checkbox"/>	23
Guerrero	<input type="checkbox"/>	24
José Olé	<input type="checkbox"/>	25
La Banderita	<input type="checkbox"/>	26
Las Palmas	<input type="checkbox"/>	27
Lawry's	<input type="checkbox"/>	28
McCormick	<input type="checkbox"/>	29
Mission	<input type="checkbox"/>	30
Old El Paso	<input type="checkbox"/>	31
Ortega	<input type="checkbox"/>	32
Rosarita	<input type="checkbox"/>	33
Taco Bell	<input type="checkbox"/>	34
Store's Own Brand	<input type="checkbox"/>	35
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
Taco Bell	<input type="checkbox"/>	08
Tostitos	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
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
Sriracha Sauce	<input type="checkbox"/>	07
Steak Sauce	<input type="checkbox"/>	08
Tartar Sauce	<input type="checkbox"/>	09
Teriyaki Sauce	<input type="checkbox"/>	10
Worcestershire Sauce	<input type="checkbox"/>	11
Other	<input type="checkbox"/>	12
BRANDS:		
A.1. Bold & Spicy	<input type="checkbox"/>	13
A.1. Marinade	<input type="checkbox"/>	14
A.1. Original Sauce	<input type="checkbox"/>	15
Bull's-Eye Barbecue Sauce	<input type="checkbox"/>	16
Cattlemen's Barbecue Sauce	<input type="checkbox"/>	17
Cholula	<input type="checkbox"/>	18
Frank's RedHot Sauce	<input type="checkbox"/>	19
French's	<input type="checkbox"/>	20
Heinz 57 Sauce	<input type="checkbox"/>	21
Other Heinz	<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 & Spicy	<input type="checkbox"/>	29
Other Kraft	<input type="checkbox"/>	30
Lawry's Marinade	<input type="checkbox"/>	31
Lea & Perrins Worcestershire	<input type="checkbox"/>	32
Louisiana Hot Sauce	<input type="checkbox"/>	33
McCormick Grill Mates	<input type="checkbox"/>	34
Open Pit Barbecue Sauce	<input type="checkbox"/>	35
The Pioneer Woman BBQ Sauce	<input type="checkbox"/>	36
Soy Vay	<input type="checkbox"/>	37
Stubb's	<input type="checkbox"/>	38
Sweet Baby Ray's Barbecue Sauce	<input type="checkbox"/>	39
Tabasco Sauce (McIlhenny)	<input type="checkbox"/>	40
Texas Pete	<input type="checkbox"/>	41
Store's Own Brand	<input type="checkbox"/>	42
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
Goya Beans in Sauce	<input type="checkbox"/>	08
Hanover Baked Beans	<input type="checkbox"/>	09
Heinz Vegetarian Beans	<input type="checkbox"/>	10
Ranch Style Beans	<input type="checkbox"/>	11
Showboat Pork & Beans	<input type="checkbox"/>	12
Van Camp's Baked Beans	<input type="checkbox"/>	13
Van Camp's Beanee Weenee	<input type="checkbox"/>	14
Van Camp's Pork & Beans	<input type="checkbox"/>	15
Store's Own Brand	<input type="checkbox"/>	16
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
Nalley	<input type="checkbox"/>	07
Stagg	<input type="checkbox"/>	08
Wolf Brand Chili	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
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
Polar	<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

KETCHUP/CATSUP	Your Household:	
	Used in last 6 months	Bottles or jars/last 30 days
844		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
French's	<input type="checkbox"/>	01
Heinz	<input type="checkbox"/>	02
Hunt's	<input type="checkbox"/>	03
Store's Own Brand	<input type="checkbox"/>	04
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
Red Gold	<input type="checkbox"/>	12
Redpack	<input type="checkbox"/>	13
Ro*Tel	<input type="checkbox"/>	14
S&W	<input type="checkbox"/>	15
Tutorosso	<input type="checkbox"/>	16
Store's Own Brand	<input type="checkbox"/>	17
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
Giorgio	<input type="checkbox"/>	15
Glory	<input type="checkbox"/>	16
Goya	<input type="checkbox"/>	17
Green Giant	<input type="checkbox"/>	18
Hanover	<input type="checkbox"/>	19
Le Sueur	<input type="checkbox"/>	20
Libby's	<input type="checkbox"/>	21
Pennsylvania Dutchman	<input type="checkbox"/>	22
Stokely's	<input type="checkbox"/>	23
S&W	<input type="checkbox"/>	24
Veg-All	<input type="checkbox"/>	25
Store's Own Brand	<input type="checkbox"/>	26
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
The Pioneer Woman	<input type="checkbox"/>	15
Prego Chunky Garden	<input type="checkbox"/>	16
Prego Meat Sauce	<input type="checkbox"/>	17
Prego Traditional	<input type="checkbox"/>	18
Other Prego	<input type="checkbox"/>	19
Primal Kitchen	<input type="checkbox"/>	20
Ragú Cheese Creations	<input type="checkbox"/>	21
Ragú Chunky	<input type="checkbox"/>	22
Ragú Homestyle	<input type="checkbox"/>	23
Ragú Old World Style	<input type="checkbox"/>	24
Ragú Organic	<input type="checkbox"/>	25
Ragú Simply	<input type="checkbox"/>	26
Other Ragú	<input type="checkbox"/>	27
Store's Own Brand	<input type="checkbox"/>	28
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
Genova	<input type="checkbox"/>	11
StarKist	<input type="checkbox"/>	12
Store's Own Brand	<input type="checkbox"/>	13
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
Gluten Free	<input type="checkbox"/>	09
Other	<input type="checkbox"/>	10
BRANDS:		
American Beauty	<input type="checkbox"/>	11
Barilla	<input type="checkbox"/>	12
Barilla Protein Plus	<input type="checkbox"/>	13
Buitoni	<input type="checkbox"/>	14
Celentano	<input type="checkbox"/>	15
Creamette	<input type="checkbox"/>	16
De Cecco	<input type="checkbox"/>	17
Dreamfields	<input type="checkbox"/>	18
Giovanni Rana	<input type="checkbox"/>	19
Golden Grain	<input type="checkbox"/>	20
Light 'n Fluffy	<input type="checkbox"/>	21
Mueller's	<input type="checkbox"/>	22
No Yolks	<input type="checkbox"/>	23
Pennsylvania Dutch	<input type="checkbox"/>	24
Prince	<input type="checkbox"/>	25
Ronzoni	<input type="checkbox"/>	26
Rosetto	<input type="checkbox"/>	27
San Giorgio	<input type="checkbox"/>	28
Skinner	<input type="checkbox"/>	29
Stouffer's	<input type="checkbox"/>	30
Wacky Mac	<input type="checkbox"/>	31
Store's Own Brand	<input type="checkbox"/>	32
.....	<input type="checkbox"/>	999
OTHER (Write In)		

LUNCH OR SNACK 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
Hillshire Snacking	<input type="checkbox"/>	03
Hormel Natural Choice	<input type="checkbox"/>	04
Launch Box	<input type="checkbox"/>	05
Lunchables (Oscar Mayer)	<input type="checkbox"/>	06
Lunchables Uploaded (Oscar Mayer)	<input type="checkbox"/>	07
Oscar Mayer Natural Meat & Cheese Plate	<input type="checkbox"/>	08
Oscar Mayer P3	<input type="checkbox"/>	09
Oscar Mayer Sandwich	<input type="checkbox"/>	10
Philadelphia Bagel Chips & Dip	<input type="checkbox"/>	11
Sargento Balanced Breaks	<input type="checkbox"/>	12
StarKist Lunch To-Go	<input type="checkbox"/>	13
Store's Own Brand	<input type="checkbox"/>	14
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
Banza Mac & Cheese	<input type="checkbox"/>	04
Barilla Italian Entrées	<input type="checkbox"/>	05
Betty Crocker Suddenly Pasta Salad	<input type="checkbox"/>	06
Bob Evans Macaroni & Cheese	<input type="checkbox"/>	07
Cracker Barrel Macaroni & Cheese	<input type="checkbox"/>	08
Chef Boyardee Microwavable Meals	<input type="checkbox"/>	09
Homestyle Bakes	<input type="checkbox"/>	10
Hormel Compleats	<input type="checkbox"/>	11
Knorr Pasta Sides	<input type="checkbox"/>	12
Kraft Deluxe Macaroni & Cheese	<input type="checkbox"/>	13
Kraft Macaroni & Cheese	<input type="checkbox"/>	14
Kraft Macaroni & Cheese (Kid's Shapes)	<input type="checkbox"/>	15
Kraft Macaroni & Cheese (Microwaveable Cups)	<input type="checkbox"/>	16
Other Kraft Macaroni & Cheese	<input type="checkbox"/>	17
Kraft Pasta Salad	<input type="checkbox"/>	18
La Choy	<input type="checkbox"/>	19
Nissin Chow Mein	<input type="checkbox"/>	20
Pasta Roni	<input type="checkbox"/>	21
Velveeta Shells & Cheese	<input type="checkbox"/>	22
Store's Own Brand Mac & Cheese	<input type="checkbox"/>	23
Other Store's Own Brand	<input type="checkbox"/>	24
.....	<input type="checkbox"/>	999
OTHER (Write In)			

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 Unflavored Mashed Potatoes	<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 Cheesy Potatoes	<input type="checkbox"/>	14
Store's Own Brand	<input type="checkbox"/>	15
.....	<input type="checkbox"/>	999
OTHER (Write In)			

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
Food Network Kitchen Inspirations	<input type="checkbox"/>	05
Hamburger Helper	<input type="checkbox"/>	06
Heinz Sloppy Joe Sauce	<input type="checkbox"/>	07
Manwich	<input type="checkbox"/>	08
Not-So-Sloppy-Joe Sloppy Joe Sauce	<input type="checkbox"/>	09
Old El Paso	<input type="checkbox"/>	10
Tuna Helper	<input type="checkbox"/>	11
Velveeta Cheesy Skillets	<input type="checkbox"/>	12
Store's Own Brand	<input type="checkbox"/>	13
.....	<input type="checkbox"/>	999
OTHER (Write In)			

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
Betty Crocker Stuffing	<input type="checkbox"/>	10
Brownberry	<input type="checkbox"/>	11
Mrs. Cubbison's	<input type="checkbox"/>	12
Pepperidge Farm Stuffing	<input type="checkbox"/>	13
Stove Top	<input type="checkbox"/>	14
Store's Own Brand	<input type="checkbox"/>	15
.....	<input type="checkbox"/>	999
OTHER (Write In)			

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
Hidden Valley Simply Dinners	<input type="checkbox"/>	05
House Autry	<input type="checkbox"/>	06
Kellogg's Corn Flake Crumbs	<input type="checkbox"/>	07
Kikkoman	<input type="checkbox"/>	08
Louisiana Fish Fry	<input type="checkbox"/>	09
Oven Fry	<input type="checkbox"/>	10
Progresso	<input type="checkbox"/>	11
Shake 'N Bake Original for Chicken	<input type="checkbox"/>	12
Shake 'N Bake Original for Pork	<input type="checkbox"/>	13
Other Shake 'N Bake	<input type="checkbox"/>	14
Zatarain's	<input type="checkbox"/>	15
Store's Own Brand	<input type="checkbox"/>	16
.....	<input type="checkbox"/>	999
OTHER (Write In)			

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:			
Blue Ribbon	<input type="checkbox"/>	06
Canilla	<input type="checkbox"/>	07
Carolina	<input type="checkbox"/>	08
Goya	<input type="checkbox"/>	09
Lundberg	<input type="checkbox"/>	10
Mahatma Brown	<input type="checkbox"/>	11
Mahatma White	<input type="checkbox"/>	12
Other Mahatma	<input type="checkbox"/>	13
Minute Instant Brown	<input type="checkbox"/>	14
Minute Original	<input type="checkbox"/>	15
Minute Multi-Grain Medley	<input type="checkbox"/>	16
Minute Premium	<input type="checkbox"/>	17
Riceland	<input type="checkbox"/>	18
Royal	<input type="checkbox"/>	19
Success Boil-in-Bag	<input type="checkbox"/>	20
Texmati	<input type="checkbox"/>	21
Uncle Ben's Boil-in-Bag	<input type="checkbox"/>	22
Uncle Ben's Instant Brown Rice	<input type="checkbox"/>	23
Uncle Ben's Whole Grain Brown Rice	<input type="checkbox"/>	24
Uncle Ben's Original Converted	<input type="checkbox"/>	25
Store's Own Brand	<input type="checkbox"/>	26
.....	<input type="checkbox"/>	999
OTHER (Write In)			

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
Minute Ready to Serve	<input type="checkbox"/>	04
Near East	<input type="checkbox"/>	05
Rice-A-Roni	<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
Vigo	<input type="checkbox"/>	10
Zatarain's	<input type="checkbox"/>	11
Store's Own Brand	<input type="checkbox"/>	12
.....	<input type="checkbox"/>	999
OTHER (Write In)			

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
Birds Eye	<input type="checkbox"/>	05
Bob Evans	<input type="checkbox"/>	06
Hormel	<input type="checkbox"/>	07
McCain French Fries	<input type="checkbox"/>	08
Other McCain	<input type="checkbox"/>	09
Ore-Ida Easy Fries	<input type="checkbox"/>	10
Ore-Ida Frozen French Fries	<input type="checkbox"/>	11
Ore-Ida Frozen Hash Browns	<input type="checkbox"/>	12
Ore-Ida Frozen Tater Tots	<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

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
Green Giant	<input type="checkbox"/>	10
Goya	<input type="checkbox"/>	11
Hanover	<input type="checkbox"/>	12
Libby's	<input type="checkbox"/>	13
Pictsweet Farms	<input type="checkbox"/>	14
Store's Own Brand	<input type="checkbox"/>	15
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
Gravy Master	<input type="checkbox"/>	06
Heinz	<input type="checkbox"/>	07
Knorr	<input type="checkbox"/>	08
Lawry's	<input type="checkbox"/>	09
McCormick	<input type="checkbox"/>	10
Pioneer	<input type="checkbox"/>	11
Southeastern Mills	<input type="checkbox"/>	12
Store's Own Brand	<input type="checkbox"/>	13
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
Atkins	<input type="checkbox"/>	06
Banquet	<input type="checkbox"/>	07
Gorton's	<input type="checkbox"/>	08
Healthy Choice	<input type="checkbox"/>	09
Hot Pockets	<input type="checkbox"/>	10
Lean Cuisine Entrees	<input type="checkbox"/>	11
Lean Pockets	<input type="checkbox"/>	12
Marie Callender's	<input type="checkbox"/>	13
Michelina's	<input type="checkbox"/>	14
On-Cor	<input type="checkbox"/>	15
Smart Ones	<input type="checkbox"/>	16
Smucker's Uncrustables	<input type="checkbox"/>	17
Stouffer's Entrees	<input type="checkbox"/>	18
Swanson Pot Pies	<input type="checkbox"/>	19
Tyson	<input type="checkbox"/>	20
Store's Own Brand	<input type="checkbox"/>	21
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
Other DiGiorno	<input type="checkbox"/>	05
Ellio's	<input type="checkbox"/>	06
Freschetta	<input type="checkbox"/>	07
Home Run Inn	<input type="checkbox"/>	08
Jack's	<input type="checkbox"/>	09
Lean Cuisine	<input type="checkbox"/>	10
Newman's Own	<input type="checkbox"/>	11
O That's Good!	<input type="checkbox"/>	12
Palermo's	<input type="checkbox"/>	13
Red Baron Deep Dish Singles	<input type="checkbox"/>	14
Red Baron Classic Crust	<input type="checkbox"/>	15
Screamin' Sicilian	<input type="checkbox"/>	16
Stouffer's French Bread Pizza	<input type="checkbox"/>	17
Tombstone Original	<input type="checkbox"/>	18
Tony's	<input type="checkbox"/>	19
Totino's Party Pizza	<input type="checkbox"/>	20
Store's Own Brand	<input type="checkbox"/>	21
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:		
Beyond Meat	<input type="checkbox"/>	01
Boca Burger	<input type="checkbox"/>	02
Gardein	<input type="checkbox"/>	03
Gardenburger	<input type="checkbox"/>	04
Lightlife	<input type="checkbox"/>	05
Morningstar Farms	<input type="checkbox"/>	06
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:		
Amy's	<input type="checkbox"/>	05
Banquet	<input type="checkbox"/>	06
Bertolli	<input type="checkbox"/>	07
Birds Eye Voila!	<input type="checkbox"/>	08
Boston Market Frozen Meal	<input type="checkbox"/>	09
Buitoni	<input type="checkbox"/>	10
Devour	<input type="checkbox"/>	11
Healthy Choice Complete Meals	<input type="checkbox"/>	12
Hungry-Man	<input type="checkbox"/>	13
Kid Cuisine	<input type="checkbox"/>	14
Lean Cuisine	<input type="checkbox"/>	15
Marie Callender's	<input type="checkbox"/>	16
Michelina's	<input type="checkbox"/>	17
Smart Ones	<input type="checkbox"/>	18
Stouffer's Dinners	<input type="checkbox"/>	19
Store's Own Brand	<input type="checkbox"/>	20
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:		
Bagel Bites	<input type="checkbox"/>	01
Farm Rich Cheese Sticks	<input type="checkbox"/>	02
Other Farm Rich Snacks	<input type="checkbox"/>	03
Pagoda	<input type="checkbox"/>	04
Poppers	<input type="checkbox"/>	05
SuperPretzel	<input type="checkbox"/>	06
TGI Friday's	<input type="checkbox"/>	07
Totino's Pizza Rolls	<input type="checkbox"/>	08
White Castle Hamburgers	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
OTHER (Write In)	<input type="checkbox"/>	999

REFRIGERATED MEALS, ENTREES, SNACKS & SIDES	Your Household:	
	Used in last 6 months	Packages/ last 30 days
825		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Hormel Macaroni & Cheese	<input type="checkbox"/>	01
Other Hormel Side Dishes (non-potato)	<input type="checkbox"/>	02
Hormel Entrees	<input type="checkbox"/>	03
Jack Daniel's	<input type="checkbox"/>	04
John Soules Foods	<input type="checkbox"/>	05
Lloyd's Barbecue	<input type="checkbox"/>	06
O That's Good!	<input type="checkbox"/>	07
Perdue	<input type="checkbox"/>	08
Tyson	<input type="checkbox"/>	09
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:

Gorton's _____ 12

Louis Kemp _____ 13

Mrs. Paul's _____ 14

SeaPak _____ 15

Van de Kamp's _____ 16

Store's Own Brand _____ 17

_____ _____ 999

OTHER (Write In)

**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

Nature Raised Farms _____ 26

Perdue _____ 27

Pilgrim's _____ 28

Sanderson Farms _____ 29

Shady Brook Farms _____ 30

TenderBird _____ 31

Tyson _____ 32

Store's Own Brand _____ 33

_____ _____ 999

OTHER (Write In)

**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

Foster Farms _____ 05

Perdue Nuggets _____ 06

Tyson Any'tizers _____ 07

Tyson Breast Patties _____ 08

Tyson Nuggets _____ 09

Other Tyson _____ 10

Weaver _____ 11

_____ _____ 999

OTHER (Write In)

**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

_____ _____ 999

OTHER (Write In)

**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

_____ _____ 999

OTHER (Write In)

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

Farmland _____ 06

Hillshire Farm _____ 07

HoneyBaked _____ 08

Hormel _____ 09

Hormel Cure 81 _____ 10

Smithfield _____ 11

_____ _____ 999

OTHER (Write In)

**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:

Applegate _____ 07

Armour _____ 08

Bar S _____ 09

Butterball Turkey Bacon _____ 10

Corn King _____ 11

Eckrich _____ 12

Farmer John _____ 13

Farmland _____ 14

Gwaltney _____ 15

Hormel Black Label _____ 16

Hormel Natural Choice _____ 17

Other Hormel Bacon _____ 18

Jennie-O Turkey Bacon _____ 19

Jimmy Dean _____ 20

Oscar Mayer _____ 21

Plumrose _____ 22

Smithfield _____ 23

Thorn Apple Valley _____ 24

Tyson _____ 25

Wright _____ 26

Store's Own Brand _____ 27

_____ _____ 999

OTHER (Write In)

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

_____ _____ 999

OTHER (Write In)

CANNED CHICKEN

Your Household:
Used in last 6 months | Cans/ last 30 days

807

TOTAL: _____ 00

BRANDS:

Hormel _____ 01

Swanson _____ 02

Valley Fresh _____ 03

Store's Own Brand _____ 04

_____ _____ 999

OTHER (Write In)

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

_____ _____ 999

OTHER (Write In)

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:

Applegate _____ 09

Ball Park _____ 10

Bar S _____ 11

Bryan _____ 12

Eckrich _____ 13

Farmer John _____ 14

Gwaltney _____ 15

Hebrew National _____ 16

Hillshire Farms _____ 17

Jennie-O Turkey Franks _____ 18

John Morrell _____ 19

Kahn's _____ 20

Nathan's _____ 21

Oscar Mayer (Regular) _____ 22

Oscar Mayer Selects _____ 23

Store's Own Brand _____ 24

_____ 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:

Aidells _____ 09

Al Fresco _____ 10

Armour _____ 11

Banquet Brown 'N Serve _____ 12

Bar S _____ 13

Bob Evans _____ 14

Bryan _____ 15

Butterball _____ 16

Eckrich _____ 17

Farmer John _____ 18

Farmland _____ 19

Hillshire Farm _____ 20

Hormel Little Sizzlers _____ 21

Jennie-O Turkey Sausage _____ 22

Jimmy Dean _____ 23

John Morrell _____ 24

Johnsonville _____ 25

Jones Dairy Farm _____ 26

Oscar Mayer _____ 27

Owens _____ 28

Premio _____ 29

Tennessee Pride _____ 30

Store's Own Brand _____ 31

_____ 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:

Applegate Naturals _____ 17

Armour _____ 18

Bar S _____ 19

Boar's Head _____ 20

Bryan _____ 21

Buddig _____ 22

Butterball _____ 23

Dietz & Watson _____ 24

Eckrich _____ 25

Farmland _____ 26

Gwaltney _____ 27

Healthy Ones _____ 28

Hillshire Farm/Deli Select _____ 29

Hormel _____ 30

Hormel Natural Choice _____ 31

Jennie-O _____ 32

Land O'Frost _____ 33

Oscar Mayer Deli Fresh _____ 34

Oscar Mayer Naturals _____ 35

Other Oscar Mayer _____ 36

Sara Lee _____ 37

Store's Own Brand _____ 38

_____ 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

Koops _____ 16

Plochman's Premium _____ 17

Store's Own Brand _____ 18

_____ 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

Krave _____ 07

Oberto _____ 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

Marukan _____ 08

Nakano _____ 09

Pompeian _____ 10

Progresso _____ 11

Regina _____ 12

Star _____ 13

White House _____ 14

Store's Own Brand _____ 15

_____ 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 Blends	<input type="checkbox"/>	12
Crisco Pure Canola	<input type="checkbox"/>	13
Crisco Pure 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

MAYONNAISE AND MAYONNAISE TYPE SPREAD/ 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 w/ Olive Oil	<input type="checkbox"/>	08
Blue Plate	<input type="checkbox"/>	09
Duke's	<input type="checkbox"/>	10
Heinz Real Mayonnaise	<input type="checkbox"/>	11
Hellmann's Light	<input type="checkbox"/>	12
Hellmann's Real Mayonnaise	<input type="checkbox"/>	13
Hellmann's Low Fat	<input type="checkbox"/>	14
Hellmann's w/Olive Oil	<input type="checkbox"/>	15
Other Hellmann's	<input type="checkbox"/>	16
Kraft Real Mayonnaise	<input type="checkbox"/>	17
Kraft Fat Free Mayonnaise	<input type="checkbox"/>	18
Kraft Light Mayonnaise	<input type="checkbox"/>	19
Kraft Miracle Whip Fat Free	<input type="checkbox"/>	20
Kraft Miracle Whip Light	<input type="checkbox"/>	21
Kraft Miracle Whip (Regular)	<input type="checkbox"/>	22
Other Kraft	<input type="checkbox"/>	23
Store's Own Brand	<input type="checkbox"/>	24
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
Greek Yogurt	<input type="checkbox"/>	13
Italian/Creamy Italian	<input type="checkbox"/>	14
Oil & Vinegar	<input type="checkbox"/>	15
Ranch	<input type="checkbox"/>	16
Roquefort/Blue Cheese	<input type="checkbox"/>	17
1000 Island/Russian	<input type="checkbox"/>	18
Vinaigrette	<input type="checkbox"/>	19
Other	<input type="checkbox"/>	20
BRANDS:		
Bitten	<input type="checkbox"/>	21
Briannas	<input type="checkbox"/>	22
Food Network Kitchen Inspirations	<input type="checkbox"/>	23
Girard's	<input type="checkbox"/>	24
Good Seasons	<input type="checkbox"/>	25
Hidden Valley Ranch Dry Mix	<input type="checkbox"/>	26
Hidden Valley Ranch Bottled	<input type="checkbox"/>	27
Hidden Valley Ranch Fat Free Bottled	<input type="checkbox"/>	28
Hidden Valley Ranch Light Bottled	<input type="checkbox"/>	29
Hidden Valley Simply Ranch	<input type="checkbox"/>	30
Ken's	<input type="checkbox"/>	31
Kraft Free	<input type="checkbox"/>	32
Kraft Lite	<input type="checkbox"/>	33
Kraft (Regular)	<input type="checkbox"/>	34
Litehouse	<input type="checkbox"/>	35
Marie's	<input type="checkbox"/>	36
Marzetti	<input type="checkbox"/>	37
Newman's Own	<input type="checkbox"/>	38
Newman's Own Light	<input type="checkbox"/>	39
Western Salad Dressing	<input type="checkbox"/>	40
Wish-Bone Fat Free	<input type="checkbox"/>	41
Wish-Bone Light	<input type="checkbox"/>	42
Wish-Bone (Regular)	<input type="checkbox"/>	43
Store's Own Brand	<input type="checkbox"/>	44
OTHER (Write In)	<input type="checkbox"/>	999

SALAD TOPPINGS	Your Household:	
	Used in last 6 months	Bottles or packages/ last 30 days
853		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
French's French Fried Onions	<input type="checkbox"/>	01
Fresh Gourmet	<input type="checkbox"/>	02
Hidden Valley Salad Crispins	<input type="checkbox"/>	03
Hormel Real Bacon Bits	<input type="checkbox"/>	04
Hormel Real Bacon Pieces	<input type="checkbox"/>	05
McCormick Bac'n Pieces	<input type="checkbox"/>	06
Mrs. Cubbison's Croutons	<input type="checkbox"/>	07
New York Texas Toast Croutons	<input type="checkbox"/>	08
Oscar Mayer Real Bacon Bits	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
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
Taylor Farms	<input type="checkbox"/>	05
Store's Own Brand	<input type="checkbox"/>	06
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
Blueberries	<input type="checkbox"/>	08
Broccoli	<input type="checkbox"/>	09
Cabbage	<input type="checkbox"/>	10
Cantaloupes	<input type="checkbox"/>	11
Carrots	<input type="checkbox"/>	12
Cauliflower	<input type="checkbox"/>	13
Cherries	<input type="checkbox"/>	14
Corn	<input type="checkbox"/>	15
Cucumber	<input type="checkbox"/>	16
Grapefruit	<input type="checkbox"/>	17
Grapes	<input type="checkbox"/>	18
Green Beans	<input type="checkbox"/>	19
Kale	<input type="checkbox"/>	20
Kiwi	<input type="checkbox"/>	21
Lemons	<input type="checkbox"/>	22
Lettuce	<input type="checkbox"/>	23
Limes	<input type="checkbox"/>	24
Mushrooms	<input type="checkbox"/>	25
Onions	<input type="checkbox"/>	26
Oranges	<input type="checkbox"/>	27
Peaches	<input type="checkbox"/>	28
Pears	<input type="checkbox"/>	29
Peas	<input type="checkbox"/>	30
Peppers	<input type="checkbox"/>	31
Pineapples	<input type="checkbox"/>	32
Plums	<input type="checkbox"/>	33
Potatoes	<input type="checkbox"/>	34
Pumpkin	<input type="checkbox"/>	35
Raspberries	<input type="checkbox"/>	36
Spinach	<input type="checkbox"/>	37
Strawberries	<input type="checkbox"/>	38
Tomatoes	<input type="checkbox"/>	39
Watermelons	<input type="checkbox"/>	40
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	<input type="checkbox"/>	01
Old Orchard	<input type="checkbox"/>	02
Tropicana	<input type="checkbox"/>	03
Store's Own Brand	<input type="checkbox"/>	04
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 Pure Squeezed	<input type="checkbox"/>	14
Minute Maid (Regular)	<input type="checkbox"/>	15
Other Minute Maid	<input type="checkbox"/>	16
Simply Orange	<input type="checkbox"/>	17
Trop50	<input type="checkbox"/>	18
Tropicana Pure Premium No Pulp (Original)	<input type="checkbox"/>	19
Tropicana Pure Premium Lots of Pulp (Grovestand)	<input type="checkbox"/>	20
Tropicana Pure Premium Some Pulp (Homestyle)	<input type="checkbox"/>	21
Tropicana Pure Premium w/Calcium	<input type="checkbox"/>	22
Other Tropicana	<input type="checkbox"/>	23
Store's Own Brand	<input type="checkbox"/>	24
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
R.W. Knudsen	<input type="checkbox"/>	13
Simply Grapefruit	<input type="checkbox"/>	14
Tropicana Pure Premium Ruby Red	<input type="checkbox"/>	15
Other Tropicana	<input type="checkbox"/>	16
Store's Own Brand	<input type="checkbox"/>	17
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 (unsweetened)	<input type="checkbox"/>	11
Propel	<input type="checkbox"/>	12
Tang	<input type="checkbox"/>	13
Wylers Light	<input type="checkbox"/>	14
Store's Own Brand	<input type="checkbox"/>	15
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 Breakfast Essentials	<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
Coconut Water	<input type="checkbox"/>	13
Cranberry	<input type="checkbox"/>	14
Fruit Punch	<input type="checkbox"/>	15
Grape	<input type="checkbox"/>	16
Lemonade/Pink Lemonade	<input type="checkbox"/>	17
Lemon/Lime	<input type="checkbox"/>	18
Orange	<input type="checkbox"/>	19
Pineapple	<input type="checkbox"/>	20
Pomegranate	<input type="checkbox"/>	21
Juice Blends	<input type="checkbox"/>	22
Other	<input type="checkbox"/>	23
BRANDS:		
Apple & Eve	<input type="checkbox"/>	24
Bai	<input type="checkbox"/>	25
Bolthouse Farms	<input type="checkbox"/>	26
Capri Sun (Ready to Drink)	<input type="checkbox"/>	27
Crystal Light (liquid)	<input type="checkbox"/>	28
Dole Pineapple Juice	<input type="checkbox"/>	29
Dole Blended Juices	<input type="checkbox"/>	30
Fuze	<input type="checkbox"/>	31
Hawaiian Punch	<input type="checkbox"/>	32
Hi-C	<input type="checkbox"/>	33
Juicy Juice	<input type="checkbox"/>	34
Kool-Aid Bursts	<input type="checkbox"/>	35
Kool-Aid Jammers	<input type="checkbox"/>	36
Minute Maid	<input type="checkbox"/>	37
Minute Maid Coolers	<input type="checkbox"/>	38
Minute Maid Light	<input type="checkbox"/>	39
MiO Water Enhancer	<input type="checkbox"/>	40
Mott's	<input type="checkbox"/>	41
Naked	<input type="checkbox"/>	42
Newman's Own	<input type="checkbox"/>	43
Northland Cranberry	<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
R.W. Knudsen	<input type="checkbox"/>	53
Santa Cruz Organic	<input type="checkbox"/>	54
Simply Lemonade	<input type="checkbox"/>	55
Snapple	<input type="checkbox"/>	56
SunnyD	<input type="checkbox"/>	57
Sunsweet	<input type="checkbox"/>	58
Tree Top	<input type="checkbox"/>	59
Trop50	<input type="checkbox"/>	60
Tropicana	<input type="checkbox"/>	61
Tropicana Farmstand	<input type="checkbox"/>	62
Tropicana Twister	<input type="checkbox"/>	63
V8 Splash	<input type="checkbox"/>	64
V8 V-Fusion	<input type="checkbox"/>	65
Vita Coco	<input type="checkbox"/>	66
Welch's Grape	<input type="checkbox"/>	67
Other Welch's	<input type="checkbox"/>	68
Zico	<input type="checkbox"/>	69
Store's Own Brand	<input type="checkbox"/>	70
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
Land O'Lakes Cocoa Classics	<input type="checkbox"/>	08
Nestlé Hot Cocoa (Rich Chocolate)	<input type="checkbox"/>	09
Nestlé Hot Cocoa (w/mini-marshmallows)	<input type="checkbox"/>	10
Nestlé Fat Free Hot Cocoa	<input type="checkbox"/>	11
Other Nestlé Hot Cocoa	<input type="checkbox"/>	12
Hershey's Chocolate Syrup	<input type="checkbox"/>	13
Nesquik Chocolate	<input type="checkbox"/>	14
Nesquik Strawberry	<input type="checkbox"/>	15
Ovaltine (Rich Chocolate)	<input type="checkbox"/>	16
Other Ovaltine	<input type="checkbox"/>	17
Swiss Miss Milk Chocolate Hot Cocoa	<input type="checkbox"/>	18
Other Swiss Miss Hot Cocoa	<input type="checkbox"/>	19
Torani	<input type="checkbox"/>	20
Store's Own Brand	<input type="checkbox"/>	21
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's	<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 & OTHER PLANT/NUT MILKS (Almond, Rice, etc.)	Your Household:	
	Used in last 6 months	Glasses/ last 7 days
986		
TOTAL:	<input type="checkbox"/>	00
TYPES:		
Almond Milk	<input type="checkbox"/>	01
Coconut Milk	<input type="checkbox"/>	02
Rice Milk	<input type="checkbox"/>	03
Soy Milk	<input type="checkbox"/>	04
Other	<input type="checkbox"/>	05
KINDS:		
Regular	<input type="checkbox"/>	06
Chocolate	<input type="checkbox"/>	07
Vanilla	<input type="checkbox"/>	08
Other	<input type="checkbox"/>	09
BRANDS:		
Blue Diamond Almond Breeze	<input type="checkbox"/>	10
Califia Farms	<input type="checkbox"/>	11
EdenSoy	<input type="checkbox"/>	12
Pacific	<input type="checkbox"/>	13
Silk	<input type="checkbox"/>	14
Soy Dream	<input type="checkbox"/>	15
WestSoy	<input type="checkbox"/>	16
Store's Own Brand	<input type="checkbox"/>	17
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
Arizona	<input type="checkbox"/>	07
Crystal Light Iced Tea	<input type="checkbox"/>	08
Diet Snapple	<input type="checkbox"/>	09
Lipton Decaf Iced Tea Mix	<input type="checkbox"/>	10
Lipton Iced Tea Mix	<input type="checkbox"/>	11
Other Lipton	<input type="checkbox"/>	12
Nestea	<input type="checkbox"/>	13
Store's Own Brand	<input type="checkbox"/>	14
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
Single Serve Pod/K-Cup	<input type="checkbox"/>	10
BRANDS:		
Bigelow	<input type="checkbox"/>	11
Celestial Seasonings	<input type="checkbox"/>	12
Constant Comment	<input type="checkbox"/>	13
Good Earth	<input type="checkbox"/>	14
Lipton Cold Brew	<input type="checkbox"/>	15
Lipton Decaffeinated	<input type="checkbox"/>	16
Lipton Herbal	<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 COFFEE/ COFFEE DRINKS	Your Household:	
	Used in last 6 months	Cups or glasses/ last 7 days
878		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Dunkin' Donuts	<input type="checkbox"/>	01
International Delight	<input type="checkbox"/>	02
Skinny Cow	<input type="checkbox"/>	03
Starbucks Cold Brew	<input type="checkbox"/>	04
Starbucks DoubleShot	<input type="checkbox"/>	05
Starbucks Frappuccino	<input type="checkbox"/>	06
Other Starbucks	<input type="checkbox"/>	07
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/K-Cup	<input type="checkbox"/>	04
BRANDS:		
Barista Prima Coffeehouse	<input type="checkbox"/>	05
Café Bustelo	<input type="checkbox"/>	06
Chock Full O'Nuts (Regular)	<input type="checkbox"/>	07
Community	<input type="checkbox"/>	08
Dunkin' Donuts Ground	<input type="checkbox"/>	09
Eight O'Clock	<input type="checkbox"/>	10
Folgers Breakfast Blend	<input type="checkbox"/>	11
Folgers Classic Roast	<input type="checkbox"/>	12
Folgers Classic Roast (Decaf)	<input type="checkbox"/>	13
Folgers 100% Colombian	<input type="checkbox"/>	14
Folgers French Roast	<input type="checkbox"/>	15
Folgers Gourmet Selections	<input type="checkbox"/>	16
Folgers Special Roast	<input type="checkbox"/>	17
Other Folgers	<input type="checkbox"/>	18
Gevalia	<input type="checkbox"/>	19
Green Mountain	<input type="checkbox"/>	20
Hills Bros.	<input type="checkbox"/>	21
Lavazza	<input type="checkbox"/>	22
Maxwell House 100% Colombian	<input type="checkbox"/>	23
Maxwell House (Decaf)	<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
McDonald's McCafé	<input type="checkbox"/>	29
Melitta	<input type="checkbox"/>	30
Peet's	<input type="checkbox"/>	31
Seattle's Best	<input type="checkbox"/>	32
Starbucks	<input type="checkbox"/>	33
Yuban (Regular)	<input type="checkbox"/>	34
Gourmet/Coffee Bar Brand	<input type="checkbox"/>	35
Store's Own Brand (Regular)	<input type="checkbox"/>	36
Store's Own Brand (Decaf)	<input type="checkbox"/>	37
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:		
Dunkin' Donuts	<input type="checkbox"/>	05
Eight O'Clock	<input type="checkbox"/>	06
Gevalia	<input type="checkbox"/>	07
Green Mountain	<input type="checkbox"/>	08
Starbucks	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
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 Clásico	<input type="checkbox"/>	09
Nescafé Taster's Choice (Regular)	<input type="checkbox"/>	10
Nescafé Taster's Choice (Decaf)	<input type="checkbox"/>	11
Starbucks VIA	<input type="checkbox"/>	12
Store's Own Brand	<input type="checkbox"/>	13
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
Hills Bros. Cappuccino	<input type="checkbox"/>	06
Maxwell House International Café:		
Café Vienna	<input type="checkbox"/>	07
French Vanilla	<input type="checkbox"/>	08
Hazelnut	<input type="checkbox"/>	09
Suisse Mocha	<input type="checkbox"/>	10
Other	<input type="checkbox"/>	11
Nescafé Taster's Choice	<input type="checkbox"/>	12
Starbucks VIA	<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
Juice	<input type="checkbox"/>	Y
991-0		
Meat	<input type="checkbox"/>	1
Pasta	<input type="checkbox"/>	2
Peanut Butter	<input type="checkbox"/>	3
Poultry	<input type="checkbox"/>	4
Soup	<input type="checkbox"/>	5
Spaghetti/Pasta Sauce	<input type="checkbox"/>	6
Tea	<input type="checkbox"/>	7
OTHER (Write In)	<input type="checkbox"/>	8

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/entrees	<input type="checkbox"/>	13
Frozen side dishes	<input type="checkbox"/>	14
Refrigerated meals/sides	<input type="checkbox"/>	15
Pasta	<input type="checkbox"/>	16
Popcorn	<input type="checkbox"/>	17
Shelf Stable (Non-Refrigerated)	<input type="checkbox"/>	18
Soup	<input type="checkbox"/>	19
Take-out food	<input type="checkbox"/>	20
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?		
Yes	<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?		
Yes	<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?		
Yes	<input type="checkbox"/>	1
In the past 30 days, did you use a grocery store loyalty card?		
Yes	<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, last 12 months:		
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 on cell phone	<input type="checkbox"/>	X
Other Internet or E-mail	<input type="checkbox"/>	Y
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:		
(Write in number)		994-0

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 Freshmates		
Flushable Wipes	<input type="checkbox"/>	06
Charmin Ultra Gentle	<input type="checkbox"/>	07
Charmin Ultra Soft	<input type="checkbox"/>	08
Charmin Ultra Strong	<input type="checkbox"/>	09
Cottonelle Flushable Wipes	<input type="checkbox"/>	10
Cottonelle Ultra CleanCare	<input type="checkbox"/>	11
Cottonelle Ultra GentleCare	<input type="checkbox"/>	12
Marcal	<input type="checkbox"/>	13
Quilted Northern Ultra		
Soft & Strong	<input type="checkbox"/>	14
Quilted Northern Ultra Plush	<input type="checkbox"/>	15
Scott 1000	<input type="checkbox"/>	16
Scott ComfortPlus	<input type="checkbox"/>	17
Scott Tube-Free	<input type="checkbox"/>	18
Soft 'n Gentle	<input type="checkbox"/>	19
White Cloud	<input type="checkbox"/>	20
Store's Own Brand	<input type="checkbox"/>	21
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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 Regular	<input type="checkbox"/>	07
Kleenex Soothing Lotion	<input type="checkbox"/>	08
Kleenex Ultra Soft	<input type="checkbox"/>	09
Other Kleenex	<input type="checkbox"/>	10
Puffs Plus Lotion	<input type="checkbox"/>	11
Puffs Ultra Soft	<input type="checkbox"/>	12
Scotties	<input type="checkbox"/>	13
Store's Own Brand	<input type="checkbox"/>	14
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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 Essentials	<input type="checkbox"/>	04
Bounty Prints	<input type="checkbox"/>	05
Bounty Select-a-Size	<input type="checkbox"/>	06
Brawny	<input type="checkbox"/>	07
Fiora	<input type="checkbox"/>	08
Kleenex Hand Towels	<input type="checkbox"/>	09
Marcal	<input type="checkbox"/>	10
Mardi Gras	<input type="checkbox"/>	11
Scott	<input type="checkbox"/>	12
Scott Mega Roll	<input type="checkbox"/>	13
Sparkle	<input type="checkbox"/>	14
Viva	<input type="checkbox"/>	15
Store's Own Brand	<input type="checkbox"/>	16
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
Marcal	<input type="checkbox"/>	06
Mardi Gras	<input type="checkbox"/>	07
Soft & Silky	<input type="checkbox"/>	08
Vanity Fair	<input type="checkbox"/>	09
Store's Own Brand	<input type="checkbox"/>	10
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
.....	<input type="checkbox"/>	Y
OTHER (Write In)		

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
Pledge Wipes	<input type="checkbox"/>	06
Scrubbing Bubbles Wipes	<input type="checkbox"/>	07
Swiffer Sweeper Wet Cloths	<input type="checkbox"/>	08
Windex Wipes	<input type="checkbox"/>	09
.....	<input type="checkbox"/>	999
OTHER (Write In)		

DRY DISPOSABLE WIPES & DUSTERS	Your Household:	
	Used in last 6 months	Packs/last 30 days
893		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Clorox Dust Wipes	<input type="checkbox"/>	01
Easy Wipe Cloths	<input type="checkbox"/>	02
Endust Duster	<input type="checkbox"/>	03
Handi-Wipes	<input type="checkbox"/>	04
Swiffer Sweeper Dry Cloths	<input type="checkbox"/>	05
Swiffer Dusters	<input type="checkbox"/>	06
Swiffer 360° Dusters	<input type="checkbox"/>	07
Scotch Brite Cloths	<input type="checkbox"/>	08
.....	<input type="checkbox"/>	999
OTHER (Write In)		

DISPOSABLE CUPS	Your Household:	
	Used in last 6 months	Number used/last 30 days
894		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Chinet	<input type="checkbox"/>	01
Dixie	<input type="checkbox"/>	02
Hefty	<input type="checkbox"/>	03
Solo	<input type="checkbox"/>	04
Generic (No Label)	<input type="checkbox"/>	05
Store's Own Brand	<input type="checkbox"/>	06
.....	<input type="checkbox"/>	999
OTHER (Write In)		

DISPOSABLE PLATES	Your Household:	
	Used in last 12 months	Packages/last 30 days
895		
TOTAL:	<input type="checkbox"/>	00
BRANDS:		
Chinet	<input type="checkbox"/>	01
Dixie	<input type="checkbox"/>	02
Hefty	<input type="checkbox"/>	03
Solo	<input type="checkbox"/>	04
Vanity Fair	<input type="checkbox"/>	05
Generic (No Label)	<input type="checkbox"/>	06
Store's Own Brand	<input type="checkbox"/>	07
.....	<input type="checkbox"/>	999
OTHER (Write In)		

PLASTIC GARBAGE BAGS & TRASH CAN LINERS

Your Household:
Used in last 6 months | Bags/last 30 days

896

TOTAL: 00

TYPES:

Indoor Small Trash Bags (White) 01

Indoor Tall Kitchen Bags (White) 02

Outdoor Trash Bags (Dark) 03

KINDS:

Drawstring/Cinch 04

2 Flaps or Handle Tie 05

4 Flaps (Quick-Tie) 06

Twist-Tie 07

BRANDS:

Brawny Essentials 08

Color Scents 09

Glad Kitchen 10

Glad Kitchen Clorox 11

Glad Kitchen ForceFlex 12

Glad Kitchen w/Febreze 13

Glad Black (large) 14

Glad Black (large) ForceFlex 15

Glad Black (large) w/Febreze 16

Other Glad Trash Bags 17

Hefty Contractor 18

Hefty Drawstring 19

Hefty EasyFlaps 20

Hefty Ultra Strong 21

Other Hefty 22

Ruffies 23

Sure-Tuff 24

Store's Own Brand 25

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

Twist-Tie 09

BRANDS:

Baggies 10

Glad 11

Hefty Slider 12

Sure Fresh 13

Ziploc Sandwich Bags 14

Ziploc Freezer 15

Ziploc Storage 16

Ziploc Slider Bags 17

Ziploc Zip'n Steam 18

Other Ziploc 19

Store's Own Brand 20

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 ClingWrap 05

Glad Press'n Seal 06

Reynolds Kitchens Plastic Wrap 07

Saran Premium 08

Saran Cling Plus 09

Store's Own Brand 10

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

WAXED PAPER

Your Household:
Used in last 6 months | Times/last 30 days

898

TOTAL: 00

BRANDS:

Reynolds Cut-Rite 01

Waxtex 02

Store's Own Brand 03

OTHER (Write In) 999

PLASTIC/GLASS FOOD STORAGE CONTAINERS

Your Household:
Used in last 6 months | Number used/last 30 days

985

TOTAL: 00

BRANDS:

Betty Crocker 01

Glad OvenWare 02

GladWare 03

Pyrex 04

Rubbermaid Glass 05

Rubbermaid Plastic 06

Snapware 07

Sure Fresh 08

Tupperware 09

Ziploc Twist 'n Loc 10

Other Ziploc Containers 11

Store's Own Brand 12

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:

Brillo Sno Bol 01

Clorox 02

Clorox ToiletWand 03

Green Works 04

Kaboom 05

Lime-A-Way 06

Lysol Click Gel 07

Lysol Hydrogen Peroxide 08

Lysol No Mess Automatic 09

Other Lysol 10

Pine-Sol 11

Scotch-Brite Disposable Toilet Scrubbers 12

Scrubbing Bubbles Fresh Brush 13

Scrubbing Bubbles Toilet Cleaning Gel 14

Soft Scrub 4-in-1 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

Scrubbing Bubbles Drop-ins 05

2000 Flushes - Bleach 06

2000 Flushes - Blue Plus Bleach 07

2000 Flushes - Blue Plus Detergents 08

Ty-D-Bol 09

The Works 10

Store's Own Brand 11

OTHER (Write In) 999

DRAIN/SEPTIC TANK CLEANERS

Your Household:
Used in last 6 months | Containers/last 6 months

905

TOTAL: 00

BRANDS:

Doctor Drain Septic Treatment 01

Drano Dual Force Foamer 02

Drano Liquid Regular 03

Drano Max Gel 04

Other Drano 05

Liquid-Plumr Double Impact 06

Liquid-Plumr Foaming Clog Fighter 07

Liquid-Plumr Full Clog Destroyer 08

Liquid-Plumr Maintenance 09

Liquid-Plumr Urgent Clear 10

Other Liquid-Plumr 11

Rid-X Septic Treatment 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 Hand Renewal with Olay Beauty	<input type="checkbox"/>	03
Dawn Plat. Bleach Alt.	<input type="checkbox"/>	04
Dawn Plat. Erasing Foam ...	<input type="checkbox"/>	05
Dawn Plat. Power Clean	<input type="checkbox"/>	06
Dawn Ultra Antibacterial ...	<input type="checkbox"/>	07
Dawn Ultra Original	<input type="checkbox"/>	08
Other Dawn	<input type="checkbox"/>	09
Gain	<input type="checkbox"/>	10
Green Works	<input type="checkbox"/>	11
Ivory	<input type="checkbox"/>	12
Joy	<input type="checkbox"/>	13
Mrs. Meyer's Clean Day	<input type="checkbox"/>	14
Palmolive Antibacterial	<input type="checkbox"/>	15
Palmolive Original	<input type="checkbox"/>	16
Palmolive Oxy	<input type="checkbox"/>	17
Palmolive pure + clear	<input type="checkbox"/>	18
Palmolive Soft Touch	<input type="checkbox"/>	19
Other Palmolive	<input type="checkbox"/>	20
Seventh Generation	<input type="checkbox"/>	21
Sun	<input type="checkbox"/>	22
Sunlight	<input type="checkbox"/>	23
Store's Own Brand	<input type="checkbox"/>	24
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 ActionPacs	<input type="checkbox"/>	06
Cascade Complete	<input type="checkbox"/>	07
Cascade Platinum	<input type="checkbox"/>	08
Cascade Rinse Aid	<input type="checkbox"/>	09
Finish	<input type="checkbox"/>	10
Finish All-in-1 Gelpacs	<input type="checkbox"/>	11
Finish All-in-1 PowerBall ...	<input type="checkbox"/>	12
Finish Jet-Dry	<input type="checkbox"/>	13
Finish Quantum	<input type="checkbox"/>	14
Oxi Clean	<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:		
Gojo	<input type="checkbox"/>	01
Goop	<input type="checkbox"/>	02
Lava	<input type="checkbox"/>	03
Simple Green Hand Cleaner Gel	<input type="checkbox"/>	04
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 Bleach Foamer	<input type="checkbox"/>	09
Clorox Clean-Up	<input type="checkbox"/>	10
Clorox Disinfecting Bathroom Cleaner	<input type="checkbox"/>	11
CLR	<input type="checkbox"/>	12
Comet Bathroom Spray	<input type="checkbox"/>	13
Fabuloso	<input type="checkbox"/>	14
Formula 409	<input type="checkbox"/>	15
Greased Lightning	<input type="checkbox"/>	16
Green Works	<input type="checkbox"/>	17
Kaboom	<input type="checkbox"/>	18
LA's Totally Awesome	<input type="checkbox"/>	19
Lestoil	<input type="checkbox"/>	20
Lime-a-way	<input type="checkbox"/>	21
Lysol All Purpose Cleaner ..	<input type="checkbox"/>	22
Lysol Kitchen Cleaner	<input type="checkbox"/>	23
Lysol Bathroom Cleaner ...	<input type="checkbox"/>	24
Lysol Brand Disinfectant ...	<input type="checkbox"/>	25
Lysol Mold & Mildew Blaster	<input type="checkbox"/>	26
Lysol Clean & Fresh Multi-Surface Cleaner	<input type="checkbox"/>	27
Mean Green	<input type="checkbox"/>	28
Method All-Purpose	<input type="checkbox"/>	29
Mr. Clean Concentrated Cleaner	<input type="checkbox"/>	30
Mr. Clean Multi-Purpose Antibacterial Spray	<input type="checkbox"/>	31
Mr. Clean Multi-Purpose Liquid	<input type="checkbox"/>	32
Mr. Clean with Febreze	<input type="checkbox"/>	33
Mrs. Meyer's Clean Day	<input type="checkbox"/>	34
Murphy Oil Soap	<input type="checkbox"/>	35
OxiClean	<input type="checkbox"/>	36
Parsons Ammonia	<input type="checkbox"/>	37
Pine Glo	<input type="checkbox"/>	38
Pine-Sol	<input type="checkbox"/>	39
Pine-Sol Lavender	<input type="checkbox"/>	40
Pine-Sol Lemon	<input type="checkbox"/>	41
Pledge Multi Surface	<input type="checkbox"/>	42
Scrub Free	<input type="checkbox"/>	43
Scrubbing Bubbles Bathroom Cleaner	<input type="checkbox"/>	44
Scrubbing Bubbles Heavy Duty w/Fantastik	<input type="checkbox"/>	45
Simple Green	<input type="checkbox"/>	46
Soft Scrub Total	<input type="checkbox"/>	47
Spic & Span Liquid	<input type="checkbox"/>	48
Spic & Span Powder	<input type="checkbox"/>	49
Tilex Bathroom Cleaner	<input type="checkbox"/>	50
Tilex Mold & Mildew Remover	<input type="checkbox"/>	51
X-14	<input type="checkbox"/>	52
Store's Own Brand	<input type="checkbox"/>	53
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
Mr. Clean Magic Eraser	<input type="checkbox"/>	03
ocelo Scrub Sponge	<input type="checkbox"/>	04
Scotch-Brite Dobie	<input type="checkbox"/>	05
Scotch-Brite Non-Scratch ...	<input type="checkbox"/>	06
Scotch-Brite Scrub Sponge ..	<input type="checkbox"/>	07
S.O.S Regular	<input type="checkbox"/>	08
S.O.S Clean 'n Toss	<input type="checkbox"/>	09
S.O.S All Surface Scrubbing Sponge	<input type="checkbox"/>	10
Store's Own Brand	<input type="checkbox"/>	11
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:		
Mr. Clean Gloves	<input type="checkbox"/>	01
Playtex HandSaver Gloves ..	<input type="checkbox"/>	02
Playtex Living Gloves	<input type="checkbox"/>	03
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 All Purpose	<input type="checkbox"/>	06
Soft Scrub Multi Surface ...	<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 Glass + Surface ...	<input type="checkbox"/>	07
Sparkle	<input type="checkbox"/>	08
Sprayway	<input type="checkbox"/>	09
Regular (Blue) Windex	<input type="checkbox"/>	10
Windex Multi-Surface	<input type="checkbox"/>	11
Windex Multi-Surface (w/Vinegar)	<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 Enhancing Polish		
Lemon	<input type="checkbox"/>	10
Pledge Extra Moisturizing ..	<input type="checkbox"/>	11
Pledge Multi Surface	<input type="checkbox"/>	12
Pledge Restoring 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

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
Bona	<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
Quick Shine	<input type="checkbox"/>	12
Swiffer Bissell Steamboost ..	<input type="checkbox"/>	13
Swiffer Sweeper	<input type="checkbox"/>	14
Swiffer WetJet	<input type="checkbox"/>	15
OTHER (Write In)	<input type="checkbox"/>	999

ENVIRONMENTALLY FRIENDLY/"GREEN" PRODUCTS	Your Household:	
	Used in last 6 months	Containers/ 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:		
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

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 Deep Clean	<input type="checkbox"/>	08
Resolve Easy Clean	<input type="checkbox"/>	09
Resolve High Traffic	<input type="checkbox"/>	10
Resolve Pet Expert Stain & Odor Remover	<input type="checkbox"/>	11
Resolve Triple Oxi Advanced	<input type="checkbox"/>	12
Other Resolve	<input type="checkbox"/>	13
Spot Shot	<input type="checkbox"/>	14
Woolite	<input type="checkbox"/>	15
Store's Own Brand	<input type="checkbox"/>	16
OTHER (Write In)	<input type="checkbox"/>	999

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/Oil	<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
Wax Melts	<input type="checkbox"/>	09
BRANDS:		
Air Wick Freshmatic	<input type="checkbox"/>	10
Air Wick Regular Spray	<input type="checkbox"/>	11
Air Wick Scented Oil	<input type="checkbox"/>	12
Arm & Hammer Carpet Odor Eliminator	<input type="checkbox"/>	13
Arm & Hammer Carpet Deodorizer Pet Fresh	<input type="checkbox"/>	14
Bath & Body Works	<input type="checkbox"/>	15
Carpet Fresh	<input type="checkbox"/>	16
Febreze AIR	<input type="checkbox"/>	17
Febreze Candles	<input type="checkbox"/>	18
Febreze CAR	<input type="checkbox"/>	19
Febreze Fabric Refresher	<input type="checkbox"/>	20
Febreze Home Collection	<input type="checkbox"/>	21
Febreze One	<input type="checkbox"/>	22
Febreze PLUG	<input type="checkbox"/>	23
Febreze SmallSpaces	<input type="checkbox"/>	24
Glade Candle	<input type="checkbox"/>	25
Glade Plug-Ins	<input type="checkbox"/>	26
Glade Carpet & Room Refresher	<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
Renuzit Cones	<input type="checkbox"/>	33
Other Renuzit	<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

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
Pacs/Pods	<input type="checkbox"/>	04
KINDS:		
Ultra	<input type="checkbox"/>	05
Regular	<input type="checkbox"/>	06
TYPES:		
High Efficiency (HE)	<input type="checkbox"/>	07
Regular (Not HE)	<input type="checkbox"/>	08
BRANDS:		
Ajax	<input type="checkbox"/>	09
All Free Clear	<input type="checkbox"/>	10
All OXI	<input type="checkbox"/>	11
All Stainlifter	<input type="checkbox"/>	12
Arm & Hammer plus OxiClean	<input type="checkbox"/>	13
Arm & Hammer (Regular)	<input type="checkbox"/>	14
Arm & Hammer Sensitive Skin	<input type="checkbox"/>	15
Cheer	<input type="checkbox"/>	16
Dreft	<input type="checkbox"/>	17
Dynamo	<input type="checkbox"/>	18
Era	<input type="checkbox"/>	19
Fab	<input type="checkbox"/>	20
Gain	<input type="checkbox"/>	21
Gain Flings	<input type="checkbox"/>	22
Green Works	<input type="checkbox"/>	23
Method	<input type="checkbox"/>	24
OxiClean	<input type="checkbox"/>	25
Persil ProClean	<input type="checkbox"/>	26
Purex plus Clorox 2	<input type="checkbox"/>	27
Purex Regular	<input type="checkbox"/>	28
Seventh Generation	<input type="checkbox"/>	29
Sun	<input type="checkbox"/>	30
Tide Free & Gentle	<input type="checkbox"/>	31
Tide HE	<input type="checkbox"/>	32
Tide Liquid	<input type="checkbox"/>	33
Tide plus Coldwater Clean ..	<input type="checkbox"/>	34
Tide plus Downy	<input type="checkbox"/>	35
Tide plus Febreze	<input type="checkbox"/>	36
Tide Pods	<input type="checkbox"/>	37
Tide (Regular)	<input type="checkbox"/>	38
Wisk	<input type="checkbox"/>	39
Woolite Liquid	<input type="checkbox"/>	40
Xtra	<input type="checkbox"/>	41
Store's Own Brand	<input type="checkbox"/>	42
OTHER (Write In)	<input type="checkbox"/>	999
Do You Buy Refills?	922-0	
Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

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	<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

Pacs _____ 03

Powder _____ 04

Spray _____ 05

Stick _____ 06

Wipes _____ 07

BRANDS:

Biz _____ 08

Clorox Bleach Pen _____ 09

Clorox Oxi Magic _____ 10

Clorox 2 Stain Remover & Color Booster _____ 11

OxiClean White Revive _____ 12

Other OxiClean _____ 13

Resolve _____ 14

Shout _____ 15

Shout Color Catcher _____ 16

Spray 'n Wash _____ 17

Tide to Go _____ 18

Tide Ultra Stain Release _____ 19

Zout _____ 20

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 (Regular) _____ 05

Clorox (Scented) _____ 06

Clorox Splash-Less _____ 07

Clorox Ultimate Care _____ 08

Green Works _____ 09

LA's Totally Awesome Bleach _____ 10

Store's Own Brand _____ 11

OTHER (Write In) _____ 999

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

In-bottle 7

Other 8

BRANDS: 915-0

Brita 1

Filtrete 2

Pur 3

Whirlpool 4

ZeroWater 5

Other 6

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 Darks _____ 08

Store's Own Brand _____ 09

OTHER (Write In) _____ 999

FABRIC SOFTENERS/SCENT BOOSTERS

Your Household:
Used in last 6 months | Washloads/last 7 days

930

TOTAL: _____ 00

KINDS:

Sheets _____ 01

Liquid _____ 02

Dryer Bar _____ 03

Beads _____ 04

BRANDS:

Arm & Hammer _____ 05

Bounce Bursts _____ 06

Bounce Free & Gentle _____ 07

Bounce Fresh Linen _____ 08

Bounce Outdoor Fresh _____ 09

Bounce w/Febreze _____ 10

Other Bounce _____ 11

Breezo _____ 12

Cuddle Soft _____ 13

Downy April Fresh _____ 14

Downy Clean Breeze _____ 15

Downy Free & Gentle _____ 16

Downy Fresh Protect _____ 17

Downy Infusions _____ 18

Downy Mountain Spring _____ 19

Downy Unstopables _____ 20

Other Downy _____ 21

Final Touch _____ 22

Gain (Fabric Softener) _____ 23

Gain Fireworks _____ 24

Purex _____ 25

Snuggle Exhilarations _____ 26

Other Snuggle _____ 27

Suavitel _____ 28

Store's Own Brand _____ 29

OTHER (Write In) _____ 999

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

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 to 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 _____ 10

Cats 1 to under 2 Years Old _____ 11

Cats 2-6 Years Old _____ 12

Cats 7+ Years Old _____ 13

Number of Birds _____ 15

Number of Horses _____ 16

Number of Other Pets _____ 17

of times you or household member took pet to veterinarian, last 12 months:

Number of Times _____ 935-0

Does your household have pet insurance? 928-0

Yes 1

In the last 12 months, where did your household purchase ...

936

	Pet Food	Flea Control Products
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"/>
Internet/Online	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Amount spent, last 12 months on ... 925

Pet food \$ _____ 01
(Write in amount)

Vet care \$ _____ 02
(Write in amount)

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

Drops _____ 03

Powder _____ 04

Repellent _____ 05

Shampoo _____ 06

Spray _____ 07

Tablets _____ 08

BRANDS:

Adams _____ 09

Advantage II _____ 10

Advantage Multi _____ 11

Comfortis _____ 12

Frontline _____ 13

Hartz _____ 14

Heartgard Plus _____ 15

K9 Advantix _____ 16

NexGard _____ 17

PetArmor _____ 18

Revolution _____ 19

Sentinel _____ 20

Seresto _____ 21

Sergeants _____ 22

Trifexis _____ 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:		
Can.	<input type="checkbox"/>	01
Pouch	<input type="checkbox"/>	02
Plastic Container/Tub	<input type="checkbox"/>	03
BRANDS:		
Alpo	<input type="checkbox"/>	04
Beneful	<input type="checkbox"/>	05
Blue Buffalo	<input type="checkbox"/>	06
Cesar	<input type="checkbox"/>	07
Eukanuba	<input type="checkbox"/>	08
Freshpet	<input type="checkbox"/>	09
Hill's Science Diet	<input type="checkbox"/>	10
Iams	<input type="checkbox"/>	11
Kibbles 'n Bits	<input type="checkbox"/>	12
Merrick	<input type="checkbox"/>	13
Moist & Meaty	<input type="checkbox"/>	14
Natural Balance	<input type="checkbox"/>	15
Nutro	<input type="checkbox"/>	16
Ol' Roy	<input type="checkbox"/>	17
Pedigree	<input type="checkbox"/>	18
Pro Plan	<input type="checkbox"/>	19
Purina Beyond	<input type="checkbox"/>	20
Purina ONE	<input type="checkbox"/>	21
Rachael Ray Nutrish	<input type="checkbox"/>	22
Store's Own Brand	<input type="checkbox"/>	23
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 Buffalo	<input type="checkbox"/>	07
Cesar	<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
Natural Balance	<input type="checkbox"/>	13
Nature's Recipe	<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 Beyond	<input type="checkbox"/>	19
Purina Dog Chow	<input type="checkbox"/>	20
Purina ONE	<input type="checkbox"/>	21
Purina Puppy Chow	<input type="checkbox"/>	22
Rachael Ray Nutrish	<input type="checkbox"/>	23
Royal Canin	<input type="checkbox"/>	24
Wellness	<input type="checkbox"/>	25
Store's Own Brand	<input type="checkbox"/>	26
OTHER (Write In)	<input type="checkbox"/>	999

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
Beneful	<input type="checkbox"/>	03
Blue Buffalo	<input type="checkbox"/>	04
Blue Dog Bakery	<input type="checkbox"/>	05
Busy	<input type="checkbox"/>	06
Canine Carry Outs	<input type="checkbox"/>	07
Cesar Treats	<input type="checkbox"/>	08
Eukanuba	<input type="checkbox"/>	09
Greenies	<input type="checkbox"/>	10
Hill's Science Diet	<input type="checkbox"/>	11
Meaty Bone	<input type="checkbox"/>	12
Merrick	<input type="checkbox"/>	13
Milk-Bone Dog Biscuits	<input type="checkbox"/>	14
Milk-Bone Treats	<input type="checkbox"/>	15
Milo's Kitchen	<input type="checkbox"/>	16
Nature's Recipe	<input type="checkbox"/>	17
Nudges	<input type="checkbox"/>	18
Nutro	<input type="checkbox"/>	19
Ol' Roy	<input type="checkbox"/>	20
Old Mother Hubbard	<input type="checkbox"/>	21
Pedigree Dentastix	<input type="checkbox"/>	22
Pedigree Jumbone	<input type="checkbox"/>	23
The Pioneer Woman	<input type="checkbox"/>	24
Pup-Peroni	<input type="checkbox"/>	25
Purina DentaLife	<input type="checkbox"/>	26
Rachael Ray Nutrish	<input type="checkbox"/>	27
Snausages	<input type="checkbox"/>	28
T Bonz Dog Snacks	<input type="checkbox"/>	29
Waggin' Train	<input type="checkbox"/>	30
Wellness	<input type="checkbox"/>	31
Zuke's	<input type="checkbox"/>	32
Store's Own Brand	<input type="checkbox"/>	33
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:		
Clumping (Regular)	<input type="checkbox"/>	01
Clumping (Lightweight)	<input type="checkbox"/>	02
Non-Clumping	<input type="checkbox"/>	03
Crystals	<input type="checkbox"/>	04
KINDS:		
Natural	<input type="checkbox"/>	05
Regular (non-natural)	<input type="checkbox"/>	06
BRANDS:		
Arm & Hammer Slide	<input type="checkbox"/>	07
Other Arm & Hammer	<input type="checkbox"/>	08
Cat's Pride	<input type="checkbox"/>	09
Dr. Elsey's	<input type="checkbox"/>	10
Feline Pine	<input type="checkbox"/>	11
Fresh Step	<input type="checkbox"/>	12
Hartz	<input type="checkbox"/>	13
Naturally Fresh	<input type="checkbox"/>	14
PrettyLitter	<input type="checkbox"/>	15
Scoop Away	<input type="checkbox"/>	16
Special Kitty	<input type="checkbox"/>	17
Swheat Scoop	<input type="checkbox"/>	18
Tidy Cats	<input type="checkbox"/>	19
World's Best	<input type="checkbox"/>	20
Yesterday's News	<input type="checkbox"/>	21
Store's Own Brand	<input type="checkbox"/>	22
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	<input type="checkbox"/>	01
Tall Can	<input type="checkbox"/>	02
Pouch	<input type="checkbox"/>	03
Plastic Container/Tub	<input type="checkbox"/>	04
BRANDS:		
Blue Buffalo	<input type="checkbox"/>	05
Fancy Feast	<input type="checkbox"/>	06
Friskies	<input type="checkbox"/>	07
Hill's Science Diet	<input type="checkbox"/>	08
Iams	<input type="checkbox"/>	09
Meow Mix	<input type="checkbox"/>	10
Merrick	<input type="checkbox"/>	11
Natural Balance	<input type="checkbox"/>	12
9Lives	<input type="checkbox"/>	13
Pro Plan	<input type="checkbox"/>	14
Purina Beyond	<input type="checkbox"/>	15
Rachael Ray Nutrish	<input type="checkbox"/>	16
Sheba	<input type="checkbox"/>	17
Wellness	<input type="checkbox"/>	18
Whiskas	<input type="checkbox"/>	19
Store's Own Brand	<input type="checkbox"/>	20
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:		
Blue Buffalo	<input type="checkbox"/>	01
Fancy Feast Gourmet	<input type="checkbox"/>	02
Friskies	<input type="checkbox"/>	03
Goodlife	<input type="checkbox"/>	04
Hill's Science Diet	<input type="checkbox"/>	05
Iams	<input type="checkbox"/>	06
Kit & Kaboodle	<input type="checkbox"/>	07
Meow Mix	<input type="checkbox"/>	08
Merrick	<input type="checkbox"/>	09
9Lives	<input type="checkbox"/>	10
Nutro	<input type="checkbox"/>	11
Pro Plan	<input type="checkbox"/>	12
Purina Beyond	<input type="checkbox"/>	13
Purina Cat Chow	<input type="checkbox"/>	14
Purina Cat Chow Naturals	<input type="checkbox"/>	15
Purina Kitten Chow	<input type="checkbox"/>	16
Purina ONE	<input type="checkbox"/>	17
Rachael Ray Nutrish	<input type="checkbox"/>	18
Royal Canin	<input type="checkbox"/>	19
Wellness	<input type="checkbox"/>	20
Whiskas	<input type="checkbox"/>	21
Store's Own Brand	<input type="checkbox"/>	22
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:		
Blue Buffalo	<input type="checkbox"/>	01
Delectables	<input type="checkbox"/>	02
Fancy Feast	<input type="checkbox"/>	03
Friskies	<input type="checkbox"/>	04
Greenies	<input type="checkbox"/>	05
Meow Mix	<input type="checkbox"/>	06
Pounce	<input type="checkbox"/>	07
Sheba	<input type="checkbox"/>	08
Temptations	<input type="checkbox"/>	09
Whisker Lickin's	<input type="checkbox"/>	10
Store's Own Brand	<input type="checkbox"/>	11
OTHER (Write In)	<input type="checkbox"/>	999

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
Hardwood/Lump	<input type="checkbox"/>	03
KINDS:		
Mesquite	<input type="checkbox"/>	04
Hickory	<input type="checkbox"/>	05
Regular	<input type="checkbox"/>	06
BRANDS:		
Cowboy	<input type="checkbox"/>	07
Duraflame	<input type="checkbox"/>	08
Kingsford (Regular)	<input type="checkbox"/>	09
Kingsford Matchlight	<input type="checkbox"/>	10
Royal Oak	<input type="checkbox"/>	11
Store's Own Brand	<input type="checkbox"/>	12
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
Repel	<input type="checkbox"/>	19
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
Hot Shot	<input type="checkbox"/>	11
Ortho	<input type="checkbox"/>	12
Raid Wasp & Hornet Killer ..	<input type="checkbox"/>	13
Raid Yard Guard	<input type="checkbox"/>	14
Other Raid	<input type="checkbox"/>	15
Spectracide	<input type="checkbox"/>	16
Terro	<input type="checkbox"/>	17
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
Black Flag Ant & Roach	<input type="checkbox"/>	11
Black Flag Roach Motel	<input type="checkbox"/>	12
Other Black Flag	<input type="checkbox"/>	13
Combat Ant Killing Baits	<input type="checkbox"/>	14
Combat Roach Killing Baits	<input type="checkbox"/>	15
Other Combat Baits	<input type="checkbox"/>	16
Hot Shot	<input type="checkbox"/>	17
Ortho Home Defense Max	<input type="checkbox"/>	18
Other Ortho	<input type="checkbox"/>	19
Raid Ant & Roach Spray	<input type="checkbox"/>	20
Raid Ant Baits	<input type="checkbox"/>	21
Raid Flea Killer	<input type="checkbox"/>	22
Raid Indoor Fogger	<input type="checkbox"/>	23
Raid Roach Baits	<input type="checkbox"/>	24
Raid Max Bug Barrier	<input type="checkbox"/>	25
Other Raid	<input type="checkbox"/>	26
Spectracide	<input type="checkbox"/>	27
Terro	<input type="checkbox"/>	28
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
Schultz	<input type="checkbox"/>	02
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
"Smart"/Wi-Fi Connected	<input type="checkbox"/>	04
KINDS:		
Regular	<input type="checkbox"/>	05
Soft White	<input type="checkbox"/>	06
Three-Way	<input type="checkbox"/>	07
BRANDS:		
Cree	<input type="checkbox"/>	08
FEIT Electric	<input type="checkbox"/>	09
GE Energy Smart	<input type="checkbox"/>	10
GE Reveal	<input type="checkbox"/>	11
Other GE	<input type="checkbox"/>	12
LIFX	<input type="checkbox"/>	13
Philips	<input type="checkbox"/>	14
Sylvania	<input type="checkbox"/>	15
Westinghouse	<input type="checkbox"/>	16
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
955		
TOTAL:	<input type="checkbox"/>	00
Does your household use plastic products?		
956-0		
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:		
Kingsford	<input type="checkbox"/>	01
Royal Oak	<input type="checkbox"/>	02
Store's Own Brand	<input type="checkbox"/>	03
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
.....	<input type="checkbox"/>	999
OTHER (Write In)		

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
Snacks.....	<input type="checkbox"/>	05
BRANDS:		
Beech-Nut.....	<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
Plum Organics.....	<input type="checkbox"/>	11
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
Enfagrow.....	<input type="checkbox"/>	08
Gerber Good Start.....	<input type="checkbox"/>	09
Similac.....	<input type="checkbox"/>	10
Store's Own Brand.....	<input type="checkbox"/>	11
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
MAM.....	<input type="checkbox"/>	06
Munchkin Latch.....	<input type="checkbox"/>	07
NUK.....	<input type="checkbox"/>	08
Playtex.....	<input type="checkbox"/>	09
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 Orajel.....	<input type="checkbox"/>	01
Store's Own Brand.....	<input type="checkbox"/>	02
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 Dove.....	<input type="checkbox"/>	04
Baby Magic.....	<input type="checkbox"/>	05
Burt's Bees.....	<input type="checkbox"/>	06
Johnson's Baby Bar Soap.....	<input type="checkbox"/>	07
Johnson's Baby Bath.....	<input type="checkbox"/>	08
Johnson's Head-To-Toe Baby Wash.....	<input type="checkbox"/>	09
Other Johnson's Baby Wash.....	<input type="checkbox"/>	10
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:		
Aussie Kids.....	<input type="checkbox"/>	01
Aveeno.....	<input type="checkbox"/>	02
Baby Magic.....	<input type="checkbox"/>	03
Johnson's.....	<input type="checkbox"/>	04
L'Oréal Kids.....	<input type="checkbox"/>	05
Suave Kids.....	<input type="checkbox"/>	06
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
Store's Own Brand.....	<input type="checkbox"/>	05
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
Aquaphor Baby.....	<input type="checkbox"/>	02
Aveeno.....	<input type="checkbox"/>	03
Balmex.....	<input type="checkbox"/>	04
Boudreaux's Butt Paste.....	<input type="checkbox"/>	05
Burt's Bees.....	<input type="checkbox"/>	06
Desitin.....	<input type="checkbox"/>	07
Dr. Smith's.....	<input type="checkbox"/>	08
Triple Paste.....	<input type="checkbox"/>	09
Vaseline Petroleum Jelly.....	<input type="checkbox"/>	10
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 Dove.....	<input type="checkbox"/>	02
Baby Magic.....	<input type="checkbox"/>	03
Burt's Bees.....	<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 Movers Diaper Pants.....	<input type="checkbox"/>	03
Huggies Little Snugglers.....	<input type="checkbox"/>	04
Huggies Little Swimmers.....	<input type="checkbox"/>	05
Huggies Overnites.....	<input type="checkbox"/>	06
Huggies Pull-Ups.....	<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 Pure.....	<input type="checkbox"/>	13
Pampers Splashers.....	<input type="checkbox"/>	14
Pampers Swaddlers.....	<input type="checkbox"/>	15
Store's Own Brand.....	<input type="checkbox"/>	16
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:

Cottonelle _____ 01

Huggies Natural Care _____ 02

Huggies Refreshing Clean _____ 03

Other Huggies _____ 04

Kandoo _____ 05

Pampers Complete Clean _____ 06

Pampers Sensitive _____ 07

Other Pampers _____ 08

Wet Ones _____ 09

Store's Own Brand _____ 10

OTHER (Write In) _____ 999

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

OTHER (Write In) _____ 999

BABY FURNITURE & EQUIPMENT

Your Household:
Now owns | Bought in last 6 months

974

	1	2
Activity Mat <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01
Baby carrier (front or back) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02
Baby car bed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03
Baby car seat <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04
Bathing/dressing table <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
Baby bath tub <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
Baby mobiles <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
Baby monitor <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
Baby rattles <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
Bouncer seat <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Breast pump <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
Cloth Diapers <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
Crib mattress <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
High chair <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
Infant crib <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
Infant swing <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Jump seat <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
Juvenile bed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Nursing pillow <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19
Playpen <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
Stroller <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21
Stuffed toys <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
Toilet chair <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23
Walker <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
OTHER (Write In) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25

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

Infants' Advil _____ 02

Children's Motrin _____ 03

Children's Tylenol Drops/Liquid _____ 04

Infants' Tylenol _____ 05

PediaCare _____ 06

OTHER (Write In) _____ 999

CHILDREN'S COUGH SYRUP

Your Household:
Used in last 6 months | Times/last 30 days

976

TOTAL: _____ 00

BRANDS:

Children's Mucinex _____ 01

Delsym _____ 02

PediaCare _____ 03

Robitussin _____ 04

Triaminic _____ 05

OTHER (Write In) _____ 999

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 Allegra _____ 03

Children's Benadryl Allergy _____ 04

Children's Claritin _____ 05

Children's Flonase _____ 06

Children's Mucinex _____ 07

Children's Tylenol Cold+ _____ 08

Children's Xyzal _____ 09

Children's Zyrtec Allergy _____ 10

Dimetapp _____ 11

Hyland's 4Kids _____ 12

PediaCare _____ 13

Robitussin _____ 14

Similasan _____ 15

Triaminic _____ 16

Vicks Children's NyQuil _____ 17

OTHER (Write In) _____ 999

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

Disney Vitamins _____ 05

Flintstones Vitamins _____ 06

L'il Critters _____ 07

One-A-Day Kids _____ 08

Pediayte _____ 09

PediaSure _____ 10

Poly Vi Sol (drops) _____ 11

Store's Own Brand _____ 12

OTHER (Write In) _____ 999

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

**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 87**

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

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