

FEDERAL LAWS THAT MAY BE APPLICABLE TO INFORMATION COLLECTED BY DATA BROKERS

In its September 2013 Information Resellers Report, GAO found that no single comprehensive federal privacy law governs the collection, use, and sale of personal information maintained and sold by data brokers.¹ Instead, a “more narrowly tailored” set of laws concerning private sector use of consumer information exists which “apply for specific purposes, in certain situations, to certain sectors, or to certain types of entities.”² The Fair Credit Reporting Act (FCRA), the Gramm-Leach-Bliley Act (GLBA), Section 5 of the Federal Trade Commission Act (FTC Act), and to some extent the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Children’s Online Privacy Protection Act (COPPA) are the primary laws that govern the collection and use of consumer information. A brief summary of the applicable portions of each of these laws follows below.

I. Fair Credit Reporting Act

The Fair Credit Reporting Act (FCRA)³ imposes a number of obligations on consumer reporting agencies (CRAs), which are entities that assemble consumer information into “consumer reports” for use by issuers of credit and insurance, and by employers, landlords, and others in making eligibility decisions affecting consumers.⁴ Whether the obligations and protections of the FCRA apply to consumer data depends largely on the purpose for which the information is collected, and the intended and actual use of the information, rather than the origin or nature of the information itself. The FCRA does not apply to the collection and use of information for the purpose of marketing, except it allows marketing of pre-screened offers of credit and insurance where consumers are provided the opportunity to opt out of future such offers.⁵

¹ Government Accountability Office, *Information Resellers: Consumer Privacy Framework Needs to Reflect Changes in Technology and the Marketplace*, GAO-13-663 (Sept. 2013) (hereafter “GAO Information Reseller Report”).

² *Id.*

³ Pub. L. No. 91-508, Tit. VI, 84 Stat. 1114, 1128 (1970) (codified as amended at 15 U.S.C. §§ 1681-1681x).

⁴ 15 U.S.C. § 1681a.

⁵ 15 U.S.C. §1681b(e). Pre-screened offers of credit or insurance – sometimes called “pre-approved” offers – are sent to consumers unsolicited, usually by mail. They are based on information in consumers’ credit reports that indicates that the individuals receiving the offer meet the criteria set by the company making the offer. The FCRA limits the circumstances in which consumer reports can be used to make pre-screened offers, and provides that all such offers must include a notice of consumers’ right to stop receiving future pre-screened offers.

The FCRA requires that CRAs make reasonable efforts to assure the “maximum possible accuracy”⁶ of the information they provide to data users, and further requires they maintain procedures through which consumers can dispute and correct inaccurate information in their consumer reports.⁷ CRAs also must take reasonable measures to ensure that they provide credit reports only to those entities that have a statutorily-specified “permissible purpose” to receive them.⁸ The FTC has recently taken actions against a number of companies for allegedly violating the FCRA.⁹

II. Gramm Leach Bliley Act

The Gramm Leach Bliley Act (GLBA)¹⁰, also known as the Financial Services Modernization Act of 1999, imposes privacy and security obligations on nonpublic personal information that consumers provide to “financial institutions,” which GLBA defines as businesses that are engaged in “financial activities,” including traditional banking, lending, and insurance functions, as well as other activities such as providing investment advice, brokering loans, credit reporting, and real estate settlement services.¹¹ Financial institutions subject to GLBA must comply with two key provisions of the Act – the “Financial Privacy Rule,” and “Safeguards Rule.” The Financial Privacy Rule governs the collection and disclosure of

⁶ 15 U.S.C. § 1681e(b).

⁷ 15 U.S.C. § 1681i(a) – (d)

⁸ 15 U.S.C. § 1681b(a), (c). Permissible purposes under the FCRA include, but are not limited to, the use of a consumer report in connection with a determination of eligibility for credit, insurance, or a license; in connection with the review of an existing account; and for certain employment purposes. Other typical uses that are subject to FCRA protections include tenant screening, and check cashing services.

⁹ See, e.g., Press Release, “*Certegy Check Services to Pay \$3.5 Million for Alleged Violations of the Fair Credit Reporting Act and Furnisher Rule*,” Federal Trade Commission (Aug. 15, 2013) (available at www.ftc.gov/news-events/press-releases/2013/08/certegy-check-services-pay-35-million-alleged-violations-fair); Press Release “*Marketers of Criminal Background Screening Reports To Settle FTC Charges They Violated Fair Credit Reporting Act*” Federal Trade Commission, (Jan. 10, 2013) (available at www.ftc.gov/news-events/press-releases/2013/01/marketers-criminal-background-screening-reportsto-settle-ftc); Press Release, “*Spokeo to Pay \$800,000 to Settle FTC Charges Company Allegedly Marketed Information to Employers and Recruiters in Violation of FCRA*,” Federal Trade Commission, (June 7, 2012) (available at www.ftc.gov/news-events/press-releases/2012/06/spokeo-pay-800000-settle-ftc-charges-company-allegedly-marketed).

¹⁰ Pub. L. No. 106-102, 113 Stat. 1338 (1999) (codified as amended in scattered sections of 12 and 15 U.S.C.).

¹¹ 15 U.S.C. § 6809(3)(A).

consumers' personal information.¹² The "Safeguards Rule," requires that financial institutions design, implement and maintain safeguards to protect consumers' nonpublic information.¹³

The GLBA Privacy Rule generally prohibits covered financial institutions from disclosing nonpublic personal information about consumers to non-affiliated third parties without first providing consumers with notice and the opportunity to opt out of the disclosure.¹⁴ However, the GLBA provides a number of statutory exceptions under which disclosure is permitted without specific notice to the consumer, including consumer reporting (pursuant to the FCRA), fraud prevention, law enforcement and regulatory or self-regulatory purposes, compliance with judicial process, and public safety investigations.¹⁵

Entities that receive information under an exception to the GLBA are subject to reuse and re-disclosure restrictions, even if those entities are not themselves financial institutions.¹⁶ In particular, the recipients may only use and disclose the information "in the ordinary course of business to carry out the activity covered by the exception under which . . . the information [was received]."¹⁷ Thus, for example, if a data broker obtains "credit header information" – which includes a consumer's name, address, and social security number – from a financial institution pursuant to the GLBA exception "to protect against or prevent actual or potential fraud," then that data broker may not reuse and re-disclose that information for marketing purposes.

III. Federal Trade Commission Act

Section 5 of the Federal Trade Commission (FTC) Act provides the Commission with broad jurisdiction to regulate unfair or deceptive practices in competition and consumer protection.¹⁸ Section 5 forms the basis of the FTC's substantial body of law that covers advertising, marketing, certain financial practices, and privacy, among other areas. In the privacy space, section 5 applies to both deceptions and violations of written privacy policies and statements made to consumers about how they will safeguard or use consumer information.¹⁹ The Commission's Section 5 authority extends to the sale of data for marketing purposes.²⁰

¹² 15 U.S.C. § 6801(a).

¹³ 15 U.S.C. § 6801(b).

¹⁴ 15 U.S.C. § 6802(b).

¹⁵ 15 U.S.C. § 6802(e).

¹⁶ 16 C.F.R. Part 313.

¹⁷ 16 C.F.R. Part 313.11(a).

¹⁸ 15 U.S.C. § 45. Banks, savings and loans, credit unions, common carriers, and air carriers are exempt from the FTC's Section 5 jurisdiction.

¹⁹ See, e.g, Press Release, *Google Will Pay\$22.5 Million to Settle FTC Charges it Misrepresented Privacy Assurances to Users of Apple's Safari Internet Browser*, Federal Trade Commission (Aug.9 , 2012)

IV. Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA)²¹ protects certain personal health information from use and disclosure. HIPAA applies to individually identifiable health information²² held by “covered entities,” which include health insurers, health care providers – if they transmit any information in an electronic form for certain covered transactions – and health care clearinghouses, as well as their vendors, subcontractors, and business associates.²³ The HIPAA Privacy Rule governs the use and disclosure of personal health information and, with some exceptions, requires an individual’s written authorization prior to using consumers’ protected health information for marketing and sale.²⁴ However, HIPAA affords fairly narrow protections and its restrictions on sharing do not apply to health information held by non-covered entities, including data brokers.

(available at www.ftc.gov/news-events/press-releases/2012/08/google-will-pay-225-million-settle-ftc-charges-it-misrepresented); Press Release, *Online Data Broker Settles FTC Charges Privacy Policies were Deceptive*, (Sept. 22, 2010) (available at <http://www.ftc.gov/news-events/press-releases/2010/09/online-data-broker-settles-ftc-charges-privacy-pledges-were>) (charging that US Search, Inc.’s promises that they would prevent consumers’ personal information from appearing in their reverse lookup database in exchange for a \$10 fee were false); Press Release, *Agency Announces Settlement of Separate Actions Against Retailer TJX, and Data Brokers Reed Elsevier and Seisint for Failing to Provide Adequate Security for Consumers Data*, Federal Trade Commission (Mar. 27, 2008) (available at <http://www.ftc.gov/news-events/press-releases/2008/03/agency-announces-settlement-separate-actions-against-retailer-tjx>).

²⁰ In October of 2012, the FTC alleged that the credit reporting division of Equifax improperly sold more than 17,000 “prescreened” lists of consumers who were late on their mortgage payments to Direct Lending Source, Inc. and its affiliate companies. Direct Lending subsequently resold some of these lists to third parties, who used the lists to pitch loan modification and debt relief services to people in financial distress, including to companies that had been the subject of prior law enforcement investigations. See Press Release, *FTC Settlements Require Equifax to Forfeit Money Made by Allegedly Improperly Selling Information about Millions of Consumers Who Were Late on Their Mortgages*, Federal Trade Commission (Oct. 10, 2012) (available at <http://www.ftc.gov/news-events/press-releases/2012/10/ftc-settlements-require-equifax-forfeit-money-made-allegedly>). .

²¹ Pub. L. No. 104-191, 110 Stat. 1936 (1996) (codified as amended in scattered sections of 18, 26, 29, and 42 U.S.C.).

²² 45 C.F.R. Part 160.103. Individually identifiable health information is information which can be linked to a particular person. This information can relate to the individual’s past, present or future physical or mental health or condition, or, the past, present, or future payment for the provision of health care to the individual.

²³ 45 C.F.R. Part 160.103.

²⁴ Exceptions include refill reminders or otherwise communicate about a drug or biologic that is currently being prescribed for the individual, only if any financial remuneration received by the covered entity in exchange for making the communication is reasonably related to the covered entity’s cost of making the communication. 45 CFR 164.501

V. Children's Online Privacy Protection Act

The Children's Online Privacy Protection Act²⁵ (COPPA) applies to the online collection and use of personal information from children under age 13. Websites and online services, including mobile apps, covered by COPPA are required to post privacy policies, provide parents with direct notice of their information practices, and get verifiable consent from a parent or guardian before collecting personal information from children. Personal information is defined as information that would allow someone to identify or contact a child. It includes, among other things, name, physical or email address, geolocation, and "persistent identifier" which can be used to recognize a user over time and across different websites or online services.²⁶ The law specifies what information must be included in the notice provided to parents and how and when to acquire parental consent.²⁷

COPPA's restrictions and protections could apply to this investigation because websites have been identified as one of the sources from which data brokers obtain consumer information. COPPA does not restrict the collection of a child's information from the child's parent or other adult.

²⁵ 15 U.S.C. §§ 6501–6506 (Pub.L. 105–277, 112 Stat. 2581-728, enacted October 21, 1998).

²⁶ 16 C.F.R. Part 312.2.

²⁷ 16 C.F.R. Part 312.5.

Sample List of Targeting Products

Identifying Financially Vulnerable Populations

APPENDIX II

“Burdened by Debt:
Singles”

“Mid-Life Strugglers:
Families”

“Resilient Renters”

“Very Spartan”

“X-tra Needy”

“Zero Mobility”

“Hard Times”

“Enduring
Hardships”

“Humble
Beginnings”

“Struggling
Elders: Singles”

“Retiring on
Empty: Singles”

“Tough Start:
Young Single
Parents”

“Living on
Loans: Young
Urban Single
Parents”

“Credit
Crunched: City
Families”

“Meager Metro
Means”

“Relying on Aid:
Retired Singles”

“Rough
Retirement: Small
Town and Rural
Seniors”

“Financial
Challenges”

“Credit Reliant”

“Rocky Road”

“Very Elderly”
“Rolling the Dice”

“Fragile Families”

“Small Town
Shallow Pockets”

“Ethnic Second-
City Strugglers”

“Rural and Barely
Making It”

Sample List of Offline Elements Available for Online Advertising

APPENDIX III

| | | |
|--|--|--|
| Race Code | Age in Two-Year Range – Head of Household | Home Loan – Date, Amount Range, Type, Interest Rate Type, Transaction Type |
| Gender | Working Women | Home Purchase Year |
| Dwelling Type | Presence of Children | Home Property Type Detail |
| Method of Payment – Amex, MasterCard, Visa, Discover, Retail Card, House Charge, Other, Cash | Adult Age Ranges Present in Household | Home Market Value – Premier Ranges |
| Recent Home Buyer (6 Months) | Occupation, Head of Household, 2 nd Person in Household | Length of Residence – Ranges |
| Recent Mortgage Borrower | Number of Adults | Home Total Loan – Ranges |
| New Parent | Estimated Household Income | Home Lot Square Footage – Range |
| Vehicle – Intend to Purchase | Generations in Household | Home Year Built – Range |
| Pet Owner – Cat, Dog, Other | Senior Adult in Household | Home Square Footage – Range |
| Marital Status | Child Nearing High School Graduation in Household | Home Assessed Value – Range |
| Credit Card User | Reading – Religious/Inspirational Interest | Home Purchase Amount – Range |
| Number of Lines of Credit | Frequent Shoppers /Heavy Transactor | Recent Home Buyer |
| Net Worth | | Received New Credit Card Recently |
| Education | | Gambling - Casino |
| Dieting / Weight Loss | | |

Please have this questionnaire filled out by the main grocery shopper in your household.

Instructions

1. Read questions and answer for all household members
2. Skip questions that don't apply to your household
3. Mark a dark "X" in all applicable boxes

Our Privacy Promise: This is a voluntary survey sponsored by Shopper's Voice®, a leading provider of consumer marketing information. Shopper's Voice® is dedicated to ensuring that all your information you have chosen to provide us is managed responsibly with respect for your personal privacy. We use appropriate physical, technical and administrative procedures to safeguard the information we collect and maintain. Shopper's Voice® may share the information you provide us with our partner companies for marketing and research purposes. If you choose to participate, you must be legally an adult and 18 years of age or older. We encourage you to review our full privacy policy at www.shoppers-voice.com/privacy.html. If you have any privacy-related questions, email us at contactus@Shoppers-Voice.com.

Section 1: Household Purchases

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| <p>1 Storage Bags</p> <p>WE DO NOT BUY (Skip to next category)</p> <table border="0"> <tr> <td></td> <td>3 or More Times Per Month</td> <td>1 or 2 Times Per Month</td> </tr> <tr> <td>Glad.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hefty.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ziploc.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Store brand.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other brand.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | 3 or More Times Per Month | 1 or 2 Times Per Month | Glad..... | <input type="checkbox"/> | <input type="checkbox"/> | Hefty..... | <input type="checkbox"/> | <input type="checkbox"/> | Ziploc..... | <input type="checkbox"/> | <input type="checkbox"/> | Store brand..... | <input type="checkbox"/> | <input type="checkbox"/> | Other brand..... | <input type="checkbox"/> | <input type="checkbox"/> | <p>4 Purchase Decisions</p> <p>Which of the following are you willing to pay more for when choosing products? (Please "X" all that apply)</p> <p>Brand name..... <input type="checkbox"/></p> <p>Environmentally friendly..... <input type="checkbox"/></p> <p>Organic..... <input type="checkbox"/></p> <p>Recommended products..... <input type="checkbox"/></p> | <p>8 Do you buy these products?</p> <p>How often does your household buy the products listed below?</p> <table border="0"> <tr> <td></td> <td>3 or More Times Per Year</td> <td>1 or 2 Times Per Year</td> </tr> <tr> <td>Benefiber.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Metamucil.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>GoodNites.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Pull-Ups.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>UnderJams.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Disposable plastic containers.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>John Frieda hair care products.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Septic Tank Treatment.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | 3 or More Times Per Year | 1 or 2 Times Per Year | Benefiber..... | <input type="checkbox"/> | <input type="checkbox"/> | Metamucil..... | <input type="checkbox"/> | <input type="checkbox"/> | GoodNites..... | <input type="checkbox"/> | <input type="checkbox"/> | Pull-Ups..... | <input type="checkbox"/> | <input type="checkbox"/> | UnderJams..... | <input type="checkbox"/> | <input type="checkbox"/> | Disposable plastic containers..... | <input type="checkbox"/> | <input type="checkbox"/> | John Frieda hair care products..... | <input type="checkbox"/> | <input type="checkbox"/> | Septic Tank Treatment..... | <input type="checkbox"/> | <input type="checkbox"/> | <p>12 Food Products</p> <p>1) Does your household buy the following?</p> <table border="0"> <tr> <td></td> <td>Used Most Often</td> <td>Tried in Past 12 Months</td> </tr> <tr> <td>Boost.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ensure.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Coffee-mate.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>International Delight Creamer.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Taster's Choice.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Splenda.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>2) How many times per month does your household buy the following?</p> <table border="0"> <tr> <td></td> <td>3 or More Times Per Month</td> <td>1 or 2 Times Per Month</td> </tr> <tr> <td>Boboli pizza crust.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Boca burgers.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MorningStar Farms.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | Used Most Often | Tried in Past 12 Months | Boost..... | <input type="checkbox"/> | <input type="checkbox"/> | Ensure..... | <input type="checkbox"/> | <input type="checkbox"/> | Coffee-mate..... | <input type="checkbox"/> | <input type="checkbox"/> | International Delight Creamer..... | <input type="checkbox"/> | <input type="checkbox"/> | Taster's Choice..... | <input type="checkbox"/> | <input type="checkbox"/> | Splenda..... | <input type="checkbox"/> | <input type="checkbox"/> | | 3 or More Times Per Month | 1 or 2 Times Per Month | Boboli pizza crust..... | <input type="checkbox"/> | <input type="checkbox"/> | Boca burgers..... | <input type="checkbox"/> | <input type="checkbox"/> | MorningStar Farms..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Glad..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hefty..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Store brand..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other brand..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Metamucil..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GoodNites..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pull-Ups..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UnderJams..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disposable plastic containers..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| John Frieda hair care products..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Septic Tank Treatment..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Used Most Often | Tried in Past 12 Months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Boost..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ensure..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coffee-mate..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| International Delight Creamer..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Splenda..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 or More Times Per Month | 1 or 2 Times Per Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Boboli pizza crust..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Boca burgers..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MorningStar Farms..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2 Air Care</p> <p>WE DO NOT USE (Skip to next category)</p> <p>1) How many of the following types of air fresheners have household members bought in the past year?</p> <table border="0"> <tr> <td></td> <td>1 to 4</td> <td>5 to 9</td> <td>10 or more</td> </tr> <tr> <td>Aerosols/sprays.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Automatic spray.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Diffuser/flameless.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Electric scented oils.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Fabric refreshers.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Motion activated.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Scented candles.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Solids/gels/beads.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>2) Does your household buy these air care brands?</p> <table border="0"> <tr> <td></td> <td>Used Most Often</td> <td>Tried in Past 12 Months</td> </tr> <tr> <td>Air Wick.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Bath & Body Works.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Febreze.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Glade.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Renuzit.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yankee.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | 1 to 4 | 5 to 9 | 10 or more | Aerosols/sprays..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Automatic spray..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diffuser/flameless..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electric scented oils..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fabric refreshers..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Motion activated..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scented candles..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Solids/gels/beads..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Used Most Often | Tried in Past 12 Months | Air Wick..... | <input type="checkbox"/> | <input type="checkbox"/> | Bath & Body Works..... | <input type="checkbox"/> | <input type="checkbox"/> | Febreze..... | <input type="checkbox"/> | <input type="checkbox"/> | Glade..... | <input type="checkbox"/> | <input type="checkbox"/> | Renuzit..... | <input type="checkbox"/> | <input type="checkbox"/> | Yankee..... | <input type="checkbox"/> | <input type="checkbox"/> | Other..... | <input type="checkbox"/> | <input type="checkbox"/> | <p>5 Coupon Use</p> <p>1) How often does your household use "cents off" store coupons?</p> <p>More than once per week..... <input type="checkbox"/></p> <p>Once per week..... <input type="checkbox"/></p> <p>Less than once per week..... <input type="checkbox"/></p> <p>2) How would you like to receive coupons?</p> <p>Email/internet..... <input type="checkbox"/></p> <p>In-store..... <input type="checkbox"/></p> <p>Mail..... <input type="checkbox"/></p> <p>Mobile phone..... <input type="checkbox"/></p> <p>Newspaper..... <input type="checkbox"/></p> <p>No preference..... <input type="checkbox"/></p> | <p>9 Shopping</p> <p>Which stores do household members usually shop at?</p> <table border="0"> <tr> <td>Target.....</td> <td>Walmart.....</td> </tr> <tr> <td>CVS.....</td> <td>Walgreens.....</td> </tr> <tr> <td>Costco.....</td> <td>Sam's Club.....</td> </tr> <tr> <td>Dollar Store.....</td> <td>Lowe's.....</td> </tr> <tr> <td>Home Depot.....</td> <td>PETCO.....</td> </tr> <tr> <td>PetSmart.....</td> <td>Other.....</td> </tr> </table> | Target..... | Walmart..... | CVS..... | Walgreens..... | Costco..... | Sam's Club..... | Dollar Store..... | Lowe's..... | Home Depot..... | PETCO..... | PetSmart..... | Other..... | <p>BREAKFAST</p> <p>Cheerios..... <input type="checkbox"/></p> <p>Cinnamon Toast Crunch..... <input type="checkbox"/></p> <p>Eggo waffles or pancakes..... <input type="checkbox"/></p> <p>Froot Loops..... <input type="checkbox"/></p> <p>Frosted Flakes..... <input type="checkbox"/></p> <p>Frosted Mini-Wheats..... <input type="checkbox"/></p> <p>Kashi..... <input type="checkbox"/></p> <p>Lucky Charms..... <input type="checkbox"/></p> <p>Pop-Tarts..... <input type="checkbox"/></p> <p>Rice Krispies..... <input type="checkbox"/></p> <p>Special K..... <input type="checkbox"/></p> <p>Toaster Strudel..... <input type="checkbox"/></p> <p>COOKIES AND BARS</p> <p>Chips Ahoy cookies..... <input type="checkbox"/></p> <p>Keebler cookies..... <input type="checkbox"/></p> <p>Nilla wafers..... <input type="checkbox"/></p> <p>Nutri-Grain bars..... <input type="checkbox"/></p> <p>Oreo cookies..... <input type="checkbox"/></p> <p>CRACKERS</p> <p>Cheez-It..... <input type="checkbox"/></p> <p>Goldfish..... <input type="checkbox"/></p> <p>Keebler Town House..... <input type="checkbox"/></p> <p>Ritz..... <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 to 4 | 5 to 9 | 10 or more | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aerosols/sprays..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Automatic spray..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diffuser/flameless..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electric scented oils..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fabric refreshers..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motion activated..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Solids/gels/beads..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Used Most Often | Tried in Past 12 Months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Wick..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bath & Body Works..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Febreze..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Glade..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Renuzit..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yankee..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Target..... | Walmart..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CVS..... | Walgreens..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Costco..... | Sam's Club..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dollar Store..... | Lowe's..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Depot..... | PETCO..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PetSmart..... | Other..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3 Pets and Pet Products</p> <p>WE DO NOT HAVE (Skip to next category)</p> <p>1) How many cats or dogs does your household have?</p> <table border="0"> <tr> <td></td> <td>One</td> <td>2 or More</td> </tr> <tr> <td>Cat(s).....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dog(s).....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>2) How many dogs do you have in the following weight ranges?</p> <table border="0"> <tr> <td></td> <td>One</td> <td>2 or More</td> </tr> <tr> <td>Small - less than 25 lbs.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Medium - 25 to 50 lbs.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Large - more than 50 lbs.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>3) What type of pet products do you buy?</p> <table border="0"> <tr> <td></td> <td>Cat</td> <td>Dog</td> </tr> <tr> <td>Eukanuba.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Iams.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Natural Choice.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Purina.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Science Diet.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Treats.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Vitamins or supplements.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other brands.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | One | 2 or More | Cat(s)..... | <input type="checkbox"/> | <input type="checkbox"/> | Dog(s)..... | <input type="checkbox"/> | <input type="checkbox"/> | | One | 2 or More | Small - less than 25 lbs..... | <input type="checkbox"/> | <input type="checkbox"/> | Medium - 25 to 50 lbs..... | <input type="checkbox"/> | <input type="checkbox"/> | Large - more than 50 lbs..... | <input type="checkbox"/> | <input type="checkbox"/> | | Cat | Dog | Eukanuba..... | <input type="checkbox"/> | <input type="checkbox"/> | Iams..... | <input type="checkbox"/> | <input type="checkbox"/> | Natural Choice..... | <input type="checkbox"/> | <input type="checkbox"/> | Purina..... | <input type="checkbox"/> | <input type="checkbox"/> | Science Diet..... | <input type="checkbox"/> | <input type="checkbox"/> | Treats..... | <input type="checkbox"/> | <input type="checkbox"/> | Vitamins or supplements..... | <input type="checkbox"/> | <input type="checkbox"/> | Other brands..... | <input type="checkbox"/> | <input type="checkbox"/> | <p>6 Mail Order or Catalogs</p> <p>1) Has your household bought any of the following products by catalog or through the mail in the past 6 months?</p> <table border="0"> <tr> <td></td> <td>3 Times or More</td> <td>1 or 2 Times</td> </tr> <tr> <td>Apparel or clothing.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Books.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Children's products.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Collectibles.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cosmetics.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Food gifts or products.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gifts.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Home furnishings.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Jewelry.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Magazines.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Shoes.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Videos or DVDs.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Women's apparel size 22+.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other products.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>2) Does your household buy infomercial products?</p> <p>Yes..... <input type="checkbox"/> No..... <input type="checkbox"/></p> <p>3) Does your household shop online?</p> <p>Yes..... <input type="checkbox"/> No..... <input type="checkbox"/></p> | | 3 Times or More | 1 or 2 Times | Apparel or clothing..... | <input type="checkbox"/> | <input type="checkbox"/> | Books..... | <input type="checkbox"/> | <input type="checkbox"/> | Children's products..... | <input type="checkbox"/> | <input type="checkbox"/> | Collectibles..... | <input type="checkbox"/> | <input type="checkbox"/> | Cosmetics..... | <input type="checkbox"/> | <input type="checkbox"/> | Food gifts or products..... | <input type="checkbox"/> | <input type="checkbox"/> | Gifts..... | <input type="checkbox"/> | <input type="checkbox"/> | Home furnishings..... | <input type="checkbox"/> | <input type="checkbox"/> | Jewelry..... | <input type="checkbox"/> | <input type="checkbox"/> | Magazines..... | <input type="checkbox"/> | <input type="checkbox"/> | Shoes..... | <input type="checkbox"/> | <input type="checkbox"/> | Videos or DVDs..... | <input type="checkbox"/> | <input type="checkbox"/> | Women's apparel size 22+..... | <input type="checkbox"/> | <input type="checkbox"/> | Other products..... | <input type="checkbox"/> | <input type="checkbox"/> | <p>10 Housekeeping Products</p> <p>WE DO NOT USE (Skip to next category)</p> <p>1) When cleaning your home, how often are cleaning products (e.g. liquids, sprays, wipes) used?</p> <p>Daily..... <input type="checkbox"/></p> <p>Several times per week..... <input type="checkbox"/></p> <p>Once per week..... <input type="checkbox"/></p> <p>Once per month or less often..... <input type="checkbox"/></p> <p>2) Does your household use these cleaning products?</p> <table border="0"> <tr> <td></td> <td>Used Most Often</td> <td>Tried in Past 12 Months</td> </tr> <tr> <td>Clorox.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lysol.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mr. Clean.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Pledge.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Scrubbing Bubbles.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Swiffer.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | Used Most Often | Tried in Past 12 Months | Clorox..... | <input type="checkbox"/> | <input type="checkbox"/> | Lysol..... | <input type="checkbox"/> | <input type="checkbox"/> | Mr. Clean..... | <input type="checkbox"/> | <input type="checkbox"/> | Pledge..... | <input type="checkbox"/> | <input type="checkbox"/> | Scrubbing Bubbles..... | <input type="checkbox"/> | <input type="checkbox"/> | Swiffer..... | <input type="checkbox"/> | <input type="checkbox"/> | Other..... | <input type="checkbox"/> | <input type="checkbox"/> | <p>13 Grocery Products</p> <p>1) How many times per month does your household buy the following?</p> <table border="0"> <tr> <td></td> <td>3 or More Times Per Month</td> <td>1 or 2 Times Per Month</td> </tr> <tr> <td>Artificial sweeteners.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Bottled iced tea.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cheese slices.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Frozen fish (e.g. breaded, grilled).....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Frozen meat substitutes.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gourmet coffee.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Nutritional supplement drinks.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Snack or energy bars.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>2) How many boxes of cereal does your household buy per week?</p> <table border="0"> <tr> <td>5 or more.....</td> <td>1 or 2.....</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3 or 4.....</td> <td>None.....</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | 3 or More Times Per Month | 1 or 2 Times Per Month | Artificial sweeteners..... | <input type="checkbox"/> | <input type="checkbox"/> | Bottled iced tea..... | <input type="checkbox"/> | <input type="checkbox"/> | Cheese slices..... | <input type="checkbox"/> | <input type="checkbox"/> | Frozen fish (e.g. breaded, grilled)..... | <input type="checkbox"/> | <input type="checkbox"/> | Frozen meat substitutes..... | <input type="checkbox"/> | <input type="checkbox"/> | Gourmet coffee..... | <input type="checkbox"/> | <input type="checkbox"/> | Nutritional supplement drinks..... | <input type="checkbox"/> | <input type="checkbox"/> | Snack or energy bars..... | <input type="checkbox"/> | <input type="checkbox"/> | 5 or more..... | 1 or 2..... | <input type="checkbox"/> | <input type="checkbox"/> | 3 or 4..... | None..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | One | 2 or More | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cat(s)..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dog(s)..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | One | 2 or More | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Small - less than 25 lbs..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medium - 25 to 50 lbs..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large - more than 50 lbs..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cat | Dog | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eukanuba..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Iams..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Natural Choice..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purina..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Science Diet..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treats..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vitamins or supplements..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other brands..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 Times or More | 1 or 2 Times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apparel or clothing..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Books..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Children's products..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Collectibles..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cosmetics..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Gifts..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home furnishings..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Magazines..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Videos or DVDs..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Women's apparel size 22+..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other products..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Used Most Often | Tried in Past 12 Months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clorox..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lysol..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mr. Clean..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pledge..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scrubbing Bubbles..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Swiffer..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 or More Times Per Month | 1 or 2 Times Per Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Artificial sweeteners..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bottled iced tea..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cheese slices..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frozen fish (e.g. breaded, grilled)..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frozen meat substitutes..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gourmet coffee..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nutritional supplement drinks..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Snack or energy bars..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 or more..... | 1 or 2..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3 or 4..... | None..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>7 Wireless</p> <p>WE DO NOT USE (Skip to next category)</p> <p>PROVIDER</p> <table border="0"> <tr> <td>AT&T.....</td> <td>T-Mobile.....</td> </tr> <tr> <td>CellularOne.....</td> <td>Verizon.....</td> </tr> <tr> <td>Clearwire.....</td> <td>Other.....</td> </tr> <tr> <td>Sprint.....</td> <td>Prepaid service.....</td> </tr> </table> <p>CELL PHONE</p> <table border="0"> <tr> <td>Android.....</td> <td>iPhone.....</td> </tr> <tr> <td>BlackBerry.....</td> <td>Other.....</td> </tr> </table> | | AT&T..... | T-Mobile..... | CellularOne..... | Verizon..... | Clearwire..... | Other..... | Sprint..... | Prepaid service..... | Android..... | iPhone..... | BlackBerry..... | Other..... | <p>11 Home Electronics</p> <p>What does your household own or plan to buy in the next 12 months?</p> <table border="0"> <tr> <td></td> <td>Currently Own</td> <td>Plan to Buy</td> </tr> <tr> <td>Blu-ray player.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cellular phone.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Compact disc player (CD).....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>DVD player.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>- high definition.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>High definition TV (HDTV).....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Keurig coffee maker.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Tassimo coffee maker.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Printer for home computer.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Internet service.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | Currently Own | Plan to Buy | Blu-ray player..... | <input type="checkbox"/> | <input type="checkbox"/> | Cellular phone..... | <input type="checkbox"/> | <input type="checkbox"/> | Compact disc player (CD)..... | <input type="checkbox"/> | <input type="checkbox"/> | DVD player..... | <input type="checkbox"/> | <input type="checkbox"/> | - high definition..... | <input type="checkbox"/> | <input type="checkbox"/> | High definition TV (HDTV)..... | <input type="checkbox"/> | <input type="checkbox"/> | Keurig coffee maker..... | <input type="checkbox"/> | <input type="checkbox"/> | Tassimo coffee maker..... | <input type="checkbox"/> | <input type="checkbox"/> | Printer for home computer..... | <input type="checkbox"/> | <input type="checkbox"/> | Internet service..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AT&T..... | T-Mobile..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CellularOne..... | Verizon..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clearwire..... | Other..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sprint..... | Prepaid service..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Android..... | iPhone..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BlackBerry..... | Other..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Currently Own | Plan to Buy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blu-ray player..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cellular phone..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Compact disc player (CD)..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DVD player..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - high definition..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High definition TV (HDTV)..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Keurig coffee maker..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tassimo coffee maker..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Printer for home computer..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Internet service..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Section 2: Health & Wellness

| | | | | | | | | | | | | |
|--|--|---|---|--|--|---|--|---|---|--|-------------------------|---------------------|
| <h3>1 Nutrition & Diet</h3> <p>Do any household members plan their diet for any of the following reasons?</p> <p>Calcium <input type="checkbox"/> Lose weight <input type="checkbox"/></p> <p>Cholesterol <input type="checkbox"/> Natural fiber <input type="checkbox"/></p> <p>Diabetes <input type="checkbox"/> Probiotics <input type="checkbox"/></p> <p>Gain weight <input type="checkbox"/> Sodium <input type="checkbox"/></p> <p>Reduce meat consumption <input type="checkbox"/></p> <p>Natural and organic foods <input type="checkbox"/></p> <p>SUPPLEMENTS</p> <p>Calcium <input type="checkbox"/></p> <p>Omega-3's or fish oil <input type="checkbox"/></p> <p>Fiber <input type="checkbox"/> Protein <input type="checkbox"/></p> <p>Herbal remedies <input type="checkbox"/> Vitamins <input type="checkbox"/></p> | <h3>5 Adult Cold & Sinus Decongestant</h3> <p><input type="checkbox"/> WE DO NOT BUY (Skip to next category)</p> <p>1) How many packages of the following does your household buy in one year?</p> <p style="text-align: center;">2 or More 1 Packages Package</p> <p>NASAL SPRAYS</p> <p>Afrin <input type="checkbox"/></p> <p>Mucinex - Full Force <input type="checkbox"/></p> <p style="padding-left: 20px;">- Moisture Smart <input type="checkbox"/></p> <p>Vicks Sinex <input type="checkbox"/></p> <p>Store brand <input type="checkbox"/></p> <p>Other non-prescription <input type="checkbox"/></p> <p>Other prescription <input type="checkbox"/></p> <p>ORAL DECONGESTANTS</p> <p>Mucinex D <input type="checkbox"/></p> <p>Sudafed or Sudafed PE <input type="checkbox"/></p> <p>Vicks DayQuil/NyQuil - Cold <input type="checkbox"/></p> <p style="padding-left: 20px;">- Sinex <input type="checkbox"/></p> <p>Other non-prescription <input type="checkbox"/></p> <p>Other prescription <input type="checkbox"/></p> <p>2) Has your household purchased any of the following nasal sprays in 2008 - 2009?</p> <p style="text-align: center;">Yes No</p> <p>Afrin <input type="checkbox"/></p> <p>Store brand <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> | <h3>9 Heartburn</h3> <p><input type="checkbox"/> WE DO NOT HAVE (Skip to next category)</p> <table border="0"> <tr> <td></td> <td>Used Most Often</td> <td>Tried in Past 12 Months</td> </tr> </table> <p>Pepcid <input type="checkbox"/></p> <p>Pepto-Bismol or Mylanta <input type="checkbox"/></p> <p>Prevacid or Prilosec <input type="checkbox"/></p> <p>Roloids or Tums <input type="checkbox"/></p> <p>Zantac <input type="checkbox"/></p> <p>Other non-prescription <input type="checkbox"/></p> <p>Other prescription <input type="checkbox"/></p> | | Used Most Often | Tried in Past 12 Months | <h3>14 Nighttime Sleeplessness</h3> <p><input type="checkbox"/> WE DO NOT HAVE (Skip to next category)</p> <table border="0"> <tr> <td></td> <td>Used Most Often</td> <td>Tried in Past 12 Months</td> </tr> </table> <p>Advil PM <input type="checkbox"/></p> <p>Excedrin PM <input type="checkbox"/></p> <p>Tylenol PM <input type="checkbox"/></p> <p>Other non-prescription <input type="checkbox"/></p> <p>Ambien <input type="checkbox"/></p> <p>Lunesta <input type="checkbox"/></p> <p>Other prescription <input type="checkbox"/></p> <p>Do not treat <input type="checkbox"/></p> | | Used Most Often | Tried in Past 12 Months | | | |
| | Used Most Often | Tried in Past 12 Months | | | | | | | | | | |
| | Used Most Often | Tried in Past 12 Months | | | | | | | | | | |
| <h3>2 Hair Care</h3> <p><input type="checkbox"/> WE DO NOT USE (Skip to next category)</p> <p>1) Do any household members color their hair at home?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2) Do any household members use hair care products to straighten, smooth or treat frizzy hair two or more times per week?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3) If yes, are they willing to spend \$6 or more on a hair care product to straighten or treat frizzy hair?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <h3>6 Adult Pain Relievers</h3> <p><input type="checkbox"/> WE DO NOT BUY (Skip to next category)</p> <table border="0"> <tr> <td></td> <td>Used Most Often</td> <td>Tried in Past 12 Months</td> </tr> </table> <p>Advil <input type="checkbox"/></p> <p>Aleve <input type="checkbox"/></p> <p>Bayer Aspirin <input type="checkbox"/></p> <p>Excedrin <input type="checkbox"/></p> <p>Motrin <input type="checkbox"/></p> <p>Tylenol <input type="checkbox"/></p> <p>Store brand pain relievers <input type="checkbox"/></p> <p>Topical pain relievers <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Are pain relievers used for the following?</p> <p>Back pain <input type="checkbox"/> Joint pain <input type="checkbox"/></p> <p>Body pain <input type="checkbox"/> Headaches <input type="checkbox"/></p> | | Used Most Often | Tried in Past 12 Months | <h3>10 Diabetes</h3> <p><input type="checkbox"/> WE DO NOT HAVE (Skip to next category)</p> <p>Do any household members have diabetes? If so, what type and how is it treated?</p> <table border="0"> <tr> <td></td> <td>Others in You Household</td> <td>Others in Household</td> </tr> </table> <p>Type 1 <input type="checkbox"/></p> <p>Type 2 <input type="checkbox"/></p> <p>Not certain <input type="checkbox"/></p> <p>TREATMENT METHODS</p> <p>Glucose monitor <input type="checkbox"/></p> <p>Insulin - injection <input type="checkbox"/></p> <p style="padding-left: 20px;">- pump <input type="checkbox"/></p> <p>Oral medication <input type="checkbox"/></p> <p>Diet or exercise <input type="checkbox"/></p> | | Others in You Household | Others in Household | <h3>15 Family Health</h3> <p>Do any members of your household have the following?</p> <table border="0"> <tr> <td></td> <td>Others in You Household</td> <td>Others in Household</td> </tr> </table> <p>Acne <input type="checkbox"/></p> <p>Allergies <input type="checkbox"/></p> <p>Alzheimer's <input type="checkbox"/></p> <p>Anxiety <input type="checkbox"/></p> <p>Arthritis - common (osteo) <input type="checkbox"/></p> <p style="padding-left: 20px;">- rheumatoid <input type="checkbox"/></p> <p>Asthma <input type="checkbox"/></p> <p>Back pain <input type="checkbox"/></p> <p>Bladder leakage - light <input type="checkbox"/></p> <p style="padding-left: 20px;">- heavy <input type="checkbox"/></p> <p>Overactive bladder <input type="checkbox"/></p> <p>Breast cancer <input type="checkbox"/></p> <p>COPD or Emphysema <input type="checkbox"/></p> <p style="padding-left: 20px;">- treat with prescription <input type="checkbox"/></p> <p>Constipation <input type="checkbox"/></p> <p>Crohn's <input type="checkbox"/></p> <p>Depression <input type="checkbox"/></p> <p>Bipolar disorder <input type="checkbox"/></p> <p>Major depressive disorder (MDD) <input type="checkbox"/></p> <p>Diabetes <input type="checkbox"/></p> <p>Diabetic nerve pain <input type="checkbox"/></p> <p>Difficulty walking <input type="checkbox"/></p> <p style="padding-left: 20px;">- require mobility aid <input type="checkbox"/></p> <p style="padding-left: 20px;">- require wheelchair <input type="checkbox"/></p> <p>Enlarged prostate (BPH) <input type="checkbox"/></p> <p>Fibromyalgia <input type="checkbox"/></p> <p>GERD <input type="checkbox"/></p> <p>Hearing loss <input type="checkbox"/></p> <p>Hypothyroidism <input type="checkbox"/></p> <p>Insomnia <input type="checkbox"/></p> <p>Kidney disorder <input type="checkbox"/></p> <p style="padding-left: 20px;">- treat with dialysis <input type="checkbox"/></p> <p>Lou Gehrig's disease or ALS <input type="checkbox"/></p> <p>Lupus <input type="checkbox"/></p> <p>Macular degeneration - wet <input type="checkbox"/></p> <p style="padding-left: 20px;">- dry <input type="checkbox"/></p> <p>Menopause or pre-menopause <input type="checkbox"/></p> <p>Migraines <input type="checkbox"/></p> <p>Multiple sclerosis <input type="checkbox"/></p> <p>Nasal allergies <input type="checkbox"/></p> <p>Osteoporosis <input type="checkbox"/></p> <p>Parkinson's disease <input type="checkbox"/></p> <p style="padding-left: 20px;">- diagnosed in the last 5 years <input type="checkbox"/></p> <p>Prostate cancer <input type="checkbox"/></p> <p>Psoriasis or Eczema <input type="checkbox"/></p> <p>Severe allergies/anaphylaxis <input type="checkbox"/></p> <p>Ulcerative colitis <input type="checkbox"/></p> | | Others in You Household | Others in Household |
| | Used Most Often | Tried in Past 12 Months | | | | | | | | | | |
| | Others in You Household | Others in Household | | | | | | | | | | |
| | Others in You Household | Others in Household | | | | | | | | | | |
| <h3>3 Feminine Hygiene Products</h3> <p><input type="checkbox"/> WE DO NOT USE (Skip to next category)</p> <table border="0"> <tr> <td></td> <td>Used Most Often</td> <td>Tried in Past 12 Months</td> </tr> </table> <p>FEMININE PADS</p> <p>Always <input type="checkbox"/></p> <p>Kotex <input type="checkbox"/></p> <p>Stayfree <input type="checkbox"/></p> <p>Other feminine pads <input type="checkbox"/></p> <p>TAMPONS</p> <p>Kotex <input type="checkbox"/></p> <p>o.b. <input type="checkbox"/></p> <p>Playtex <input type="checkbox"/></p> <p>Tampax <input type="checkbox"/></p> <p>Other tampons <input type="checkbox"/></p> <p>FEMININE PANTLINERS</p> <p>Always <input type="checkbox"/></p> <p>Carefree <input type="checkbox"/></p> <p>Kotex <input type="checkbox"/></p> <p>Other pantliners <input type="checkbox"/></p> | | Used Most Often | Tried in Past 12 Months | <h3>7 Adult & Child Allergy Remedies</h3> <p><input type="checkbox"/> WE DO NOT BUY (Skip to next category)</p> <p>How many packages of the following does your household buy in one year?</p> <p style="text-align: center;">3 or More 1 or 2 Packages Packages</p> <p>ADULT REMEDIES</p> <p>Allegra or Generic Allegra <input type="checkbox"/></p> <p>Claritin <input type="checkbox"/></p> <p>Other non-prescription <input type="checkbox"/></p> <p>Other prescription <input type="checkbox"/></p> <p>CHILDREN'S REMEDIES</p> <p>Allegra or Generic Allegra <input type="checkbox"/></p> <p>Children's Claritin <input type="checkbox"/></p> <p>Other non-prescription <input type="checkbox"/></p> <p>Other prescription <input type="checkbox"/></p> | <h3>11 Heart Health</h3> <p>1) Do any members of your household have the following?</p> <table border="0"> <tr> <td></td> <td>Others in You Household</td> <td>Others in Household</td> </tr> </table> <p>Angina <input type="checkbox"/></p> <p>Atrial fibrillation <input type="checkbox"/></p> <p>Family history of heart disease <input type="checkbox"/></p> <p>Heart attack <input type="checkbox"/></p> <p>High blood pressure <input type="checkbox"/></p> <p style="padding-left: 20px;">- treat with prescription <input type="checkbox"/></p> <p>High cholesterol <input type="checkbox"/></p> <p style="padding-left: 20px;">- treat with prescription <input type="checkbox"/></p> <p>Irregular heart rhythm <input type="checkbox"/></p> <p>Mini stroke or TIA <input type="checkbox"/></p> <p>Stroke <input type="checkbox"/></p> | | Others in You Household | Others in Household | <p>2) Does your household use the following?</p> <table border="0"> <tr> <td></td> <td>Others in You Household</td> </tr> </table> <p>Omega-3's or fish oil <input type="checkbox"/></p> <p>Bayer 81mg (low dose) Aspirin <input type="checkbox"/></p> <p>St. Joseph Aspirin <input type="checkbox"/></p> <p>Other Aspirin <input type="checkbox"/></p> <p>Aggrenox <input type="checkbox"/></p> <p>Micardis <input type="checkbox"/></p> <p>Plavix <input type="checkbox"/></p> <p>Crestor <input type="checkbox"/></p> <p>Lipitor <input type="checkbox"/></p> | | Others in You Household | |
| | Used Most Often | Tried in Past 12 Months | | | | | | | | | | |
| | Others in You Household | Others in Household | | | | | | | | | | |
| | Others in You Household | | | | | | | | | | | |
| <h3>4 Health Products</h3> <p>Does your household use the following?</p> <table border="0"> <tr> <td></td> <td>Others in You Household</td> </tr> </table> <p>Actos <input type="checkbox"/></p> <p>Blood thinners - Pradaxa <input type="checkbox"/></p> <p style="padding-left: 20px;">- Coumadin or Warfarin <input type="checkbox"/></p> <p>Brilinta <input type="checkbox"/></p> <p>Celebrex <input type="checkbox"/></p> <p>Dentures <input type="checkbox"/></p> <p>Dulcolax <input type="checkbox"/></p> <p>Hearing aids <input type="checkbox"/></p> <p>Lantus <input type="checkbox"/></p> <p>Laxatives <input type="checkbox"/></p> <p>Miralax <input type="checkbox"/></p> <p>Mirapex <input type="checkbox"/></p> <p>Requip <input type="checkbox"/></p> <p>Spiriva <input type="checkbox"/></p> <p>Welchol <input type="checkbox"/></p> | | Others in You Household | <h3>8 Rheumatoid Arthritis</h3> <p><input type="checkbox"/> WE DO NOT HAVE (Skip to next category)</p> <table border="0"> <tr> <td></td> <td>Currently Use</td> <td>Previously Used</td> </tr> </table> <p>Actemra <input type="checkbox"/></p> <p>Cimzia <input type="checkbox"/></p> <p>Enbrel or Humira <input type="checkbox"/></p> <p>Methotrexate <input type="checkbox"/></p> <p>Orencia or Rituxan <input type="checkbox"/></p> <p>Remicade or Simponi <input type="checkbox"/></p> <p>Other treatment or method <input type="checkbox"/></p> | | Currently Use | Previously Used | <h3>13 Smoking</h3> <p><input type="checkbox"/> WE DO NOT SMOKE (Skip to next category)</p> <p>Is anyone in your household interested in quitting smoking in the next 12 months?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>As a reminder, responses may be used to provide you with information regarding health conditions and products that might be of interest.</p> | | | | |
| | Others in You Household | | | | | | | | | | | |
| | Currently Use | Previously Used | | | | | | | | | | |

Section 3: Preferences & Interests

Section 4: Other Information

1 Oral Care

For your toothpaste, what benefits are important to you?

- Fresh breath..... Sensitivity.....
- Healthy gums..... Other.....

2 Reading

1) What types of books or magazines do your household members read?

- Best selling fiction.....
- Bible or devotional.....
- Cooking or culinary.....
- Country lifestyle.....
- Interior decorating.....
- Medical or health.....
- Natural health remedies.....
- People or entertainment.....
- Science or technology.....
- World news or politics.....
- Astrology..... Military.....
- Children's..... Mystery.....
- Computer..... Romance.....
- Fashion..... Science fiction.....
- History..... Sports.....

2) How many magazines does your household subscribe to?

- 5 or more..... 1 or 2.....
- 3 or 4..... None.....

3) Do you own an electronic reading device? (e.g. iPad, Kindle)

- Own..... Plan to buy.....

3 Hobbies & Interests

1) What activities are pursued by members of your household?

- Bird watching.....
- Bird feeding.....
- Car repair.....
- Cigar smoking.....
- Educational courses - Car repair.....
- Career advancement.....
- Computer technology.....
- Home study.....
- Nursing.....
- Environment friendly lifestyle.....
- Home improvement.....
- Motorcycle riding.....
- Self improvement.....
- Sweepstakes or lotteries.....
- Theater or performing arts.....
- Wine appreciation.....

2) Are any adults in your household planning to enroll in an educational course in the next 12 months?

- 0 - 6 months..... 7 - 12 months.....

4 Sports

1) What sports do your household members participate in?

- Baseball..... Golf.....
- Basketball..... Hunting.....
- Camping/hiking..... Hunting-big game.....
- Fishing..... Running.....
- Fitness..... Walking.....
- Football..... Yoga or Pilates.....

2) What sports do your household members watch?

- Baseball..... Golf.....
- Basketball..... Hockey.....
- Football..... NASCAR.....

5 Travel

1) What types of travel do your household members enjoy taking?

- Canada travel..... Leisure travel.....
- Casino gambling..... RV.....
- Cruise ship..... Theme park.....
- Family travel..... Timeshare.....
- Foreign travel..... US travel.....

2) Do any household members belong to a frequent flyer program?

- Yes..... No.....

6 Leisure Activities

1) What activities are pursued by members of your household?

- Baking..... Crafts.....
- Crochet..... Cross stitch.....
- Cooking - homestyle.....
- low fat.....
- gourmet.....
- Gardening - organic.....
- flowers.....
- Knitting or needlework.....
- Papercrafts..... Quilting.....
- Scrapbooking..... Woodworking.....

2) What does your household own or plan to buy in the next 12 months?

- Currently Have Plan to Buy
- Boat.....
- Horse.....
- Motorcycle.....
- Swimming pool.....
- Vacation home.....

7 Collectibles

What does your household collect?

- Christmas items..... Plates.....
- Coins..... Sports items.....
- Dolls..... Stamps.....
- Figurines..... Villages.....
- Ornaments..... Other.....

8 Music Preferences

What types of music do members of your household enjoy?

- Christian or gospel.....
- Classical..... R&B.....
- Country..... Rock 'n roll.....
- Jazz..... Other.....

9 Charitable Causes

1) What types of causes do members of your household support?

- Alzheimer's..... Cancer.....
- Heart disease..... Other health.....
- Catholic..... Other religious.....
- Native American..... Children's.....
- Veteran's..... Conservative.....
- Liberal..... Humanitarian.....
- Hunger relief..... World relief.....
- Active Military..... Animal welfare.....
- Environment..... Wildlife.....

2) How many times have household members donated to charitable causes in the past year?

- 5 or more..... 1 or 2.....
- 3 or 4..... Do not donate.....

1 Email

You can receive valuable offers, information, coupons and research online by printing your email address below.

We work with a selected number of partner companies to find and send offers or information that are of interest to our panel members. If you change your mind about participating in these programs, you can cancel at any time — but I don't think you will want to.

Example : marysmith
@cyber.com

@, _____

2 Facebook

WE DO NOT USE (Skip to next category)

Daily Weekly Monthly

- Post updates.....
- Read updates.....
- Send email.....

3 Vehicle Ownership

WE DO NOT HAVE (Skip to next category)

1) Please tell us about the newest vehicle in your household:

Year: (e.g. 2006) _____

Make: (e.g. Ford, Honda, Volkswagen) _____

Model: (e.g. Focus, Civic, Jetta) _____

2) When do household members plan to buy or lease a vehicle?

- 0 to 6 months..... 7 to 12 months.....

4 Insurance

1) What does your household have or plan to get in the next 12 months?

Currently Have Plan to Get

- Burial insurance.....
- Dental insurance.....
- Juvenile life insurance.....
- Life insurance.....
- Medicare coverage.....
- Prescription drug plan.....
- Supplemental health insurance.....

2) When do you plan to obtain a new quote for home or vehicle insurance?

- 0-6 months..... 7-12 months.....

3) Do you purchase insurance online?

- Yes..... No.....

4) When do household members plan to renew home and vehicle policies?

Home Vehicle

- January.....
- February.....
- March.....
- April.....
- May.....
- June.....
- July.....
- August.....
- September.....
- October.....
- November.....
- December.....

5 Beauty Enhancement

Have you had or are you considering any of the following?

Have Had Are Considering

- Cosmetic surgery (e.g. facelift).....
- Laser - Eye surgery (e.g. Lasik).....
- Hair removal.....
- Skin peels.....
- Teeth whitening.....
- Wrinkle reduction (e.g. botox).....
- Other anti-aging procedures.....

6 Credit Cards

WE DO NOT USE (Skip to next category)

1) What credit card(s) does your household regularly use?

Premium Regular

- American Express.....
- MasterCard.....
- VISA.....
- Other credit card(s).....

2) For your household, which credit card features are important?

Not Important Important

- Cash back.....
- Higher credit limit.....
- Lower interest rate.....
- No fee.....
- Travel rewards.....
- Other points programs.....

7 Occupation

1) Which employment categories apply to the heads of your household?

Male Female

- Active or Retired Military.....
- Full-time homemaker.....
- Home business.....
- Management.....
- Professional services.....
- Retired.....
- Sales or marketing.....
- Self-employed.....
- Technical professional.....
- Tradesman or laborer.....
- Other.....

2) Do you or anyone in your household plan to retire in the next 6-12 months?

- Yes..... No.....

8 Household Finances

1) What does your household have or plan to get in the next 12 months?

Currently Have Plan to Get

- Annuities.....
- Education savings plan.....
- Mutual funds.....
- Stocks or bonds.....
- Other investment(s).....

2) Does your household regularly use a debit card for everyday purchases?

- Yes..... No.....

3) Does your household currently use?

- PayPal.....
- An online - brokerage.....
- savings account.....
- An investment broker.....

Please turn to the next page →

Section 5: Tobacco Products (Adults Only - 21 or older)

About Your Household

1st Adult

2nd Adult

Please check if you use the following:

- Cigarettes
Smokeless tobacco
Cigars

CIGARETTES

Is your usual brand: (check one in each section)

- Flavor: Non-Menthol
Menthol
Length: Regular
Long / 100s
Extra Long / 120s

How do you usually purchase cigarettes? (check only one)

- By the pack
By the carton

Name of your usual brand of cigarettes?

Out of your last 10 purchases, how many were for your usual brand?

Enter a number from 0 to 10

What is your 2nd choice brand (if any)?

(If no second choice brand, write "NONE" below)

If your usual brand was unavailable at a store, would you: (check only one)

- Go to another store to buy your usual brand
Buy another type or length of your usual brand
Buy a different brand entirely

SMOKELESS TOBACCO

Name of your regular brand of moist snuff, dip, chewing tobacco or snus?

What is the style of your regular brand?

- Loose/Long Cut
Loose/Fine Cut
Pouch/Package
Leaf
Plug
Snus

What flavor is your regular brand?

- Regular, natural or original
Wintergreen
Mint
Straight
Fruit/Other

CIGARS

Name of your usual brand of cigars?

Please check if you use the following:

- Cigarettes
Smokeless tobacco
Cigars

CIGARETTES

Is your usual brand: (check one in each section)

- Flavor: Non-Menthol
Menthol
Length: Regular
Long / 100s
Extra Long / 120s

How do you usually purchase cigarettes? (check only one)

- By the pack
By the carton

Name of your usual brand of cigarettes?

Out of your last 10 purchases, how many were for your usual brand?

Enter a number from 0 to 10

What is your 2nd choice brand (if any)?

(If no second choice brand, write "NONE" below)

If your usual brand was unavailable at a store, would you: (check only one)

- Go to another store to buy your usual brand
Buy another type or length of your usual brand
Buy a different brand entirely

SMOKELESS TOBACCO

Name of your regular brand of moist snuff, dip, chewing tobacco or snus?

What is the style of your regular brand?

- Loose/Long Cut
Loose/Fine Cut
Pouch/Package
Leaf
Plug
Snus

What flavor is your regular brand?

- Regular, natural or original
Wintergreen
Mint
Straight
Fruit/Other

CIGARS

Name of your usual brand of cigars?

In order for companies to truly understand what consumers want, it is important for them to know more than simply how much of a product is sold. They need to have a clear picture of who is buying and why they are buying. This survey can help.

The following questions are being asked as a means to place you and your family into sub-groups. This makes it easier for us to understand your preferences and attitudes.

1) How many people, including yourself, are in your household?

- One
Two
Three
Four
Five or more

2) What are the ages of members of your household? Please "X" all that apply.

INFANTS Male Female

- 0 - 2 months
3 - 6 months
7 - 9 months
10 - 12 months
13 - 24 months

CHILDREN

- 2 - 4 years
5 - 8 years
9 - 12 years
13 - 15 years
16 - 17 years

ADULTS

- 18 - 20 years
21 - 24 years
25 - 34 years
35 - 44 years
45 - 49 years
50 - 54 years
55 - 59 years
60 - 64 years
65 - 69 years
70 - 74 years
75 years or over

3) If you have grandchildren age 12 or under, how old are they?

- 0 - 4 years
5 - 12 years

4) Are any members of your household currently a caregiver for the elderly?

- Yes
No

5) What type of dwelling do you live in?

- Own Rent
Apartment or condo
House - single family
Other type

6) How long have you lived in your current home?

- Under 1 year
1 to 10 years
Over 10 years

7) Do you plan to move in the next:

- 0 to 6 months
7 to 12 months

8) Does your home have a septic tank?

- Yes
No

9) Do you have a child that will be away at college in 2011?

- Yes
No

10) What is the highest level of education completed by the heads of your household?

- Male Female
Completed high school
Some college
Completed 4 year degree
Advanced degree

11) What is your marital status?

- Married or equivalent
Single or equivalent

12) Is anyone in your household expecting a baby?

- Yes
No

13) What was the combined income for all members of your household in 2010 (before tax)?

- Prefer not to answer
Less than \$25,000
\$25,000 to \$34,999
\$35,000 to \$49,999
\$50,000 to \$74,999
\$75,000 to \$99,999
\$100,000 to \$149,999
\$150,000 or over

14) What political party are you affiliated with?

- Prefer not to answer
Democrat
Republican
Independent
Other

By signing below, I certify that I am 21 years of age or older; and that all the information I provided in this survey is correct. I further certify that I use tobacco products, as I indicated above, and would like to receive promotional or other communication by US mail and/or email from companies that market tobacco products.

PLEASE PRINT

First Name

Last Name

Gender Male Female

Birth date required

Month Day Year

Email

@

Signature - 1st Adult

x

(First and last name required)

PLEASE PRINT

First Name

Last Name

Gender Male Female

Birth date required

Month Day Year

Email

@

Signature - 2nd Adult

x

(First and last name required)

Please write your full name and make any address corrections below...including any changes to your address in the next 12 weeks. Be sure to mail back your survey by March 14, 2011. Thank you for participating!

NO PURCHASE OR PAYMENT OF ANY KIND IS NECESSARY TO ENTER OR WIN SWEEPSTAKES. A PURCHASE WILL NOT INCREASE YOUR CHANCES OF WINNING.

Best Regards

Laura

Entry Form

Mr Mrs Miss Ms

Name: First Name Last Name

Address: House # Street Name

Apt. # City State

2 8 0

ZIP:

www.shoppersvoice.com

(Optional)

EMAIL:

© Shopper's Voice, 1200 William Street, Box 1382, Buffalo, New York 14240-1382

Please have this questionnaire filled out by the main grocery shopper in your household.

Instructions

- 1. Read questions and answer for all household members
2. Skip questions that don't apply to your household
3. Mark a dark 'X' in all applicable boxes

Our Privacy Promise: This is a voluntary survey sponsored by Shopper's Voice, a leading provider of consumer marketing information. Shopper's Voice is dedicated to ensuring that all your information you have chosen to provide us is managed responsibly with respect for your personal privacy.

Main survey form with sections: Home Cleaning, Pets & Pet Products, Purchase Decisions, Shopping, Nutrition & Diet, Cooking, Grocery Products, Air Care, Skin Care, Food Products, Coupon Use. Includes various checkboxes and scales for product usage and preferences.

FOLD HERE

FOLD HERE

Hair Care

WE DO NOT USE (Skip to next category) Used Most Often Tried in Past 12 Months

SHAMPOO, CONDITIONER & STYLING AIDS

Garnier Fructis.....

Herbal Essences.....

John Frieda - Frizz Ease
- Full Repair.....

- Brilliant Brunette.....

- Radiant Red.....

- Sheer Blonde.....

- other John Frieda.....

L'Oréal.....

TRESemmé.....

Other.....

HAIR COLOR

Clairol.....

Garnier.....

John Frieda Precision
Foam Colour.....

L'Oréal.....

Other.....

1) What hair care benefits are important to household members?

Color protection.....

Define curl or reduce frizz.....

Repair dry or damaged hair.....

Straighter and smoother hair.....

Use sulfate free products.....

2) Do any household members usually spend more than \$8 per product on the following?

Shampoo or conditioner..... Yes No

Hair styling products.....

3) Do any household members use permanent hair coloring products?

At home..... At the salon.....

Oral Care

For your oral care, what benefits are important to your household members?

Fresh breath..... Healthy gums.....

Prevent cavities..... Sensitivity.....

Teeth whitening..... Other.....

Adult Allergy Remedies

WE DO NOT BUY (Skip to next category)

How many packages of Claritin D did your household purchase in the years below?

2 or More Packages

1 Package

Purchased in 2011.....

Purchased in 2010.....

Purchased in 2009.....

Nasal Congestion

WE DO NOT HAVE (Skip to next category)

1) How often do household members experience difficulty breathing through the nose?

More than once per week.....

Once per week.....

Less than once per week.....

2) Do any household members experience trouble sleeping due to difficulty breathing through the nose?

Yes..... No.....

Adult Pain

WE DO NOT BUY (Skip to next category)

1) Do any members of your household have the following?

You Others in Household

Back pain.....

Migraines.....

Muscle and joint pain.....

2) How often are pain relievers used for the following?

2 or More Times Per Week 1 or Fewer Times Per Week

Headaches.....

Back pain.....

Body pain.....

Joint pain.....

Rheumatoid Arthritis

WE DO NOT HAVE (Skip to next category) Currently Use Previously Used

Actemra.....

Enbrel or Humira.....

Methotrexate.....

Orencia, Rituxan or Simponi.....

Remicade or Cimzia.....

Other treatment or method.....

Health Products

1) Do you or household members use the following?

You Others in Household

Aspirin for heart health.....

Contact lenses.....

Dentures.....

Hearing aids.....

Laxatives.....

Stool softener.....

2) Do you or household members use the following remedies?

You Others in Household

Nasacort.....

Nasonex.....

Singulair.....

Prevacid.....

Prilosec.....

Zantac.....

Zyrtec.....

Diabetes Care

WE DO NOT USE (Skip to next category)

1) Do any household members have diabetes? If yes, what type?

You Others in Household

Type 1.....

Type 2.....

Not certain.....

2) Do household members use any of the following to manage diabetes?

Insulin - injection.....

- pump.....

Oral medication.....

Diet and exercise.....

GLUCOMETER

Accu-Chek/Aviva.....

Freestyle/Lite.....

OneTouch.....

Other glucometer or strips.....

Family Health

1) Do any members of your household have the following?

You Others in Household

Acne.....

Allergies.....

Alzheimer's.....

Anemia.....

Anxiety.....

Arthritis - common (osteo).....

- rheumatoid.....

Asthma.....

Bedwetting.....

Bladder leakage - light.....

- heavy.....

Overactive bladder.....

COPD or Emphysema.....

- treat with prescription.....

Depression.....

Major depressive disorder (MDD).....

Bipolar disorder.....

Colitis.....

Ulcerative colitis.....

Constipation.....

Crohn's.....

Diabetes.....

Diabetic nerve pain.....

Difficulty walking.....

- require mobility aid.....

- require wheelchair.....

Eczema or Psoriasis.....

Epilepsy.....

Fibromyalgia.....

GERD.....

Hearing loss.....

Heartburn.....

Lactose intolerance.....

Lou Gehrig's disease or ALS.....

Macular degeneration - wet.....

- dry.....

Menopause or Pre-menopause.....

Multiple sclerosis.....

Nighttime sleeplessness.....

Osteoporosis.....

Parkinson's.....

Sensitive skin.....

Severe food allergies.....

2) Are any household members interested in preventative health screenings?

Yes..... No.....

As a reminder, responses may be used to provide you with information regarding health conditions and products that might be of interest.

Heart Health

Do any members of your household have the following?

You Others in Household

Angina.....

Atrial fibrillation.....

Family history of heart disease.....

Heart attack.....

High blood pressure.....

- treat with prescription.....

High cholesterol.....

- treat with prescription.....

Irregular heart rhythm.....

Stroke.....

Mini stroke or TIA.....

Bladder Leakage

WE DO NOT HAVE (Skip to next category) Used Most Often Tried in Past 12 Months

Depend.....

Poise.....

Tena or Serenity.....

Store brand or other.....

Home delivery products.....

Home Technology

1) What does your household own or plan to buy in the next 12 months?

Currently Own Plan to Buy

Cellular phone.....

Smartphone.....

Compact disc player (CD).....

DVD player.....

- high definition.....

Blu-ray player.....

High definition TV (HDTV).....

Internet service.....

Printer for home computer.....

eBook reader (e.g. Kindle, Nook).....

Tablet (e.g. iPad, Galaxy).....

Keurig coffee maker.....

Tassimo coffee maker.....

Other pod coffee maker.....

2) Which services does your household purchase from the same provider?

Cable TV..... Home internet.....

Home phone..... Satellite TV.....

Wireless phone..... Does not apply.....

Leisure Activities

1) What activities are pursued by members of your household?

Crafts..... Crochet.....

Cross stitch..... Models.....

Papercrafts..... Quilting.....

Scrapbooking..... Woodworking.....

Gardening - flowers.....

- organic.....

Knitting or needlework.....

2) What does your household own or plan to buy in the next 12 months?

Currently Own Plan to Buy

Boat.....

Fitness machines.....

Gym membership.....

Motorcycle.....

RV.....

Swimming pool.....

Hobbies & Interests

What activities are pursued by members of your household?

Bird watching.....

Bird feeding.....

Car repair.....

Cigar smoking.....

Home improvement.....

Motorcycle riding.....

Self improvement.....

Sharing photos online.....

Theater or performing arts.....

Wine appreciation.....

Casino gambling.....

Lotteries.....

Sweepstakes.....

Sports

- 1) What sports do your household members participate in?
Baseball... Basketball...
Camping/hiking... Climbing...
Cycling... Fishing...
Fly fishing... Fitness...
Football... Golf...
Hunting... Hunting - big game...
Running... Martial arts...
Skiing... Snowboarding...
Walking... Yoga or Pilates...
2) What sports do your household members watch?
Baseball... Basketball...
Football... Golf...
Hockey... NASCAR...
3) How many sports games do household members watch in an average week?
6 or more... 3 to 5...
1 or 2... None...
4) Are any household members a fan of local college or pro sports teams?
Yes... No...

Travel

- 1) What types of travel do your household members enjoy?
All-Inclusives... Backpacking...
Casino gambling... Cruise ship...
Family travel... Foreign travel...
Leisure travel... RV...
Theme park... Timeshare...
2) Where do household members enjoy traveling?
Asia-Pacific... Australia...
Canada... Europe...
US... Other...
3) How many days per year do household members travel?
Business Personal
26 or more...
11 to 25...
1 to 10...
None...

Charitable Causes

- 1) What types of causes do members of your household support?
Alzheimer's... Cancer...
Heart disease... Other health...
Catholic... Other religious...
Native American... Children's...
Veteran's... Conservative...
Liberal... Humanitarian...
Hunger relief... World relief...
Active military... Animal welfare...
Environment... Wildlife...
Cultural... Food bank...
Gay/Lesbian... Senior's...
2) How many times have household members donated to charitable causes in the past year?
5 or more... 3 or 4...
1 or 2... Do not donate...

Smoking

- WE DO NOT SMOKE (Skip to next category)
Is anyone in your household interested in quitting smoking in the next 12 months?
Yes... No...

Mail Order or Catalogs

- 1) Has your household bought any of the following products by catalog or through the mail in the past 6 months?
3 Times or More 1 or 2 Times
Apparel or clothing...
Books...
Children's products...
Collectibles...
Cosmetics...
Food gifts or products...
Gifts...
Home furnishings...
Jewelry...
Magazines...
Men's big and tall clothing...
Shoes...
Videos or DVDs...
Women's petite apparel...
Women's plus size apparel...
Other products...
2) Does your household buy infomercial products?
Yes... No...
3) Does your household shop online?
Yes... No...

Reading

- 1) What types of books or magazines do your household members read?
Best selling fiction...
Bible or devotional...
Classic novels...
Cooking or culinary...
Country lifestyle...
Interior decorating...
Medical or health...
Natural health remedies...
People or entertainment...
Science or technology...
World news or politics...
Astrology... Children's...
Computer... Fashion...
History... Military...
Mystery... Romance...
Science fiction... Sports...
2) How many books or magazines does your household read in a month?
Books Magazines
5 or more...
3 or 4...
1 or 2...
None...
3) Do you like to read about hints and tips on any topic?
Yes... No...
4) Do any household members have a paid subscription(s) to online magazines or newspapers?
Yes... No...
5) Would any household members be interested in subscribing to a food magazine with simple, delicious easy to make recipes?
Yes... No...

Facebook

- WE DO NOT USE (Skip to next category)
Daily Weekly Monthly
Post updates...
Read updates...
Send messages...

Email

You can receive valuable offers, information, coupons and research online by printing your email address below. We work with a selected number of partner companies to find and send offers or information that are of interest to our panel members. If you change your mind about participating in these programs, you can cancel at any time — but I don't think you will want to. Example: marysmith@cyber.com

Household Finances

- 1) What does your household have or plan to get in the next 12 months?
Currently Have Plan to Get
401k...
Non-401k - mutual funds...
- stocks or bonds...
Annuities...
Education savings plan...
Student loan...
Other investments...
2) Where does your household conduct most of your banking transactions?
ATM... Branch...
Mobile... Online...
3) Do you plan on changing your primary bank in the next 12 months?
Yes... No...
4) What does your household currently use?
An investment broker...
An online brokerage...
An online savings account...
Debit card...
PayPal...

Credit Cards

- WE DO NOT USE (Skip to next category)
1) What credit card(s) does your household regularly use?
Premium Regular
American Express...
Discover...
MasterCard...
VISA...
Other credit card(s)...
2) For your household, which credit card features are important?
Not Important Important
Cash back...
Higher credit limit...
Lower interest rate...
No fee...
Travel rewards...
Other points programs...

Music Preferences

- What types of music do members of your household enjoy?
Christian or gospel...
Classical... Country...
Jazz... R&B...
Rock 'n roll... Other...

Collectibles

- What does your household collect?
Christmas items... Other holiday...
Coins... Dolls...
Figurines... Jewelry...
Ornaments... Plates...
Sports items... Stamps...
Villages... Other...

Personal Insurance

- What does your household have or plan to get in the next 12 months?
Currently Have Plan to Get
Burial insurance...
Dental insurance...
Juvenile life insurance...
Life insurance - term life...
- whole life...
Long term care...
Health or Disability supplement...
Medicare supplement...
Pet insurance...
Prescription drug plan...

Home & Vehicle

- 1) When does your household plan to obtain a new insurance quote for any of the following?
Home Vehicle
0 to 6 months...
7 to 12 months...
2) When do household members plan to renew home and vehicle policies?
Home Vehicle
January...
February...
March...
April...
May...
June...
July...
August...
September...
October...
November...
December...
3) Does your household have home and vehicle insurance with the same provider?
Yes... No...
4) Does your household purchase insurance online?
Yes... No...

Education

- What educational courses are pursued by members of your household?
Car repair...
Career advancement...
Computer technology...
Home study...
Nursing...

Wireless

- WE DO NOT USE (Skip to next category)
1) Which wireless providers do household members use?
AT&T... Prepaid service...
Sprint... T-Mobile...
Verizon... Other...
2) Is a cell phone used as the household's home phone?
Yes... No...

Occupation

Which employment categories apply to the heads of your household?

| | | |
|----------------------------|--------------------------|--------------------------|
| | Male | Female |
| Active or Retired Military | <input type="checkbox"/> | <input type="checkbox"/> |
| Full-time homemaker | <input type="checkbox"/> | <input type="checkbox"/> |
| Home business | <input type="checkbox"/> | <input type="checkbox"/> |
| Management | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional services | <input type="checkbox"/> | <input type="checkbox"/> |
| Retired | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales or marketing | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-employed | <input type="checkbox"/> | <input type="checkbox"/> |
| Technical professional | <input type="checkbox"/> | <input type="checkbox"/> |
| Tradesman or laborer | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle Ownership

WE DO NOT USE (Skip to next category)

1) Please tell us about the newest vehicle in your household.

Year: (e.g. 2009) _____

Make: (e.g. Ford, Honda, Volkswagen) _____

Model: (e.g. Focus, Civic, Jetta) _____

2) When do household members plan to buy or lease a vehicle?

0 to 6 months 7 to 12 months

About Your Household

In order for companies to truly understand what consumers want, it is important for them to know more than simply how much of a product is sold. They need to have a clear picture of who is buying and why they are buying. This survey can help. The following questions are being asked as a means to place you and your family into sub-groups. This makes it easier for us to understand your preferences and attitudes.

1) How many people, including yourself, are in your household?

One Two
 Three Four
 Five or more

2) What are the ages of members of your household? Please "X" all that apply.

| | | |
|------------------|--------------------------|--------------------------|
| | Male | Female |
| INFANTS | | |
| 0 - 2 months | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 - 6 months | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 - 9 months | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 - 12 months | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 - 24 months | <input type="checkbox"/> | <input type="checkbox"/> |
| CHILDREN | | |
| 2 - 4 years | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 - 8 years | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 - 12 years | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 - 15 years | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 - 17 years | <input type="checkbox"/> | <input type="checkbox"/> |
| ADULTS | | |
| 18 - 20 years | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 - 24 years | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 - 34 years | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 - 44 years | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 - 49 years | <input type="checkbox"/> | <input type="checkbox"/> |
| 50 - 54 years | <input type="checkbox"/> | <input type="checkbox"/> |
| 55 - 59 years | <input type="checkbox"/> | <input type="checkbox"/> |
| 60 - 64 years | <input type="checkbox"/> | <input type="checkbox"/> |
| 65 - 69 years | <input type="checkbox"/> | <input type="checkbox"/> |
| 70 - 74 years | <input type="checkbox"/> | <input type="checkbox"/> |
| 75 years or over | <input type="checkbox"/> | <input type="checkbox"/> |

3) If you have grandchildren age 12 or under, how old are they?

0 - 4 years 5 - 12 years

4) Are any members of your household currently a caregiver for the elderly?

Yes No

5) What type of dwelling do you live in?

| | | |
|-----------------------|--------------------------|--------------------------|
| | Own | Rent |
| Apartment or condo | <input type="checkbox"/> | <input type="checkbox"/> |
| House - single family | <input type="checkbox"/> | <input type="checkbox"/> |
| Other type | <input type="checkbox"/> | <input type="checkbox"/> |

6) How long have you lived in your current home?

Under 1 year 1 to 10 years
 Over 10 years

7) Do you plan to move in the next:

0 to 6 months 7 to 12 months

8) What is the highest level of education completed by the heads of your household?

| | | |
|-------------------------|--------------------------|--------------------------|
| | Male | Female |
| Completed high school | <input type="checkbox"/> | <input type="checkbox"/> |
| Some college | <input type="checkbox"/> | <input type="checkbox"/> |
| Completed 4 year degree | <input type="checkbox"/> | <input type="checkbox"/> |
| Advanced degree | <input type="checkbox"/> | <input type="checkbox"/> |

9) Do you have a child that will be away at college in 2012?

Yes No

10) What is your marital status?

Married or equivalent
 Single or equivalent

11) Is anyone in your household expecting a baby?

Yes No

12) What was the combined income for all members of your household in 2011 (before tax)?

Prefer not to answer
 Less than \$25,000
 \$25,000 to \$34,999
 \$35,000 to \$49,999
 \$50,000 to \$74,999
 \$75,000 to \$99,999
 \$100,000 to \$149,999
 \$150,000 or over

13) What political party are you affiliated with?

Prefer not to answer
 Democrat Republican
 Independent Other

14) Do you or anyone in your household plan to retire in the next 6 to 12 months?

Yes No

Tobacco Products (Adults Only - 21 or older)

1st Adult

CIGARETTES

Name of your usual brand of cigarettes _____

Is your usual brand?

Non-Menthol Menthol
 Full Flavor Medium
 Light/Mild Ultra Light

Do you usually purchase by the pack or carton?

Pack Carton

What is your 2nd choice brand (if any)? _____

SMOKELESS TOBACCO

Name of your regular brand of moist snuff, dip, chewing tobacco or snus _____

What is the style of your regular brand?

Loose/Long cut Loose/Fine cut
 Pouch/Packet Leaf
 Plug Snus

What flavor is your regular brand?

Regular, natural or original
 Wintergreen Mint
 Straight Fruit/Other

CIGARS

Name your usual brand of cigars _____

2nd Adult

CIGARETTES

Name of your usual brand of cigarettes _____

Is your usual brand?

Non-Menthol Menthol
 Full Flavor Medium
 Light/Mild Ultra Light

Do you usually purchase by the pack or carton?

Pack Carton

What is your 2nd choice brand (if any)? _____

SMOKELESS TOBACCO

Name of your regular brand of moist snuff, dip, chewing tobacco or snus _____

What is the style of your regular brand?

Loose/Long cut Loose/Fine cut
 Pouch/Packet Leaf
 Plug Snus

What flavor is your regular brand?

Regular, natural or original
 Wintergreen Mint
 Straight Fruit/Other

CIGARS

Name your usual brand of cigars _____

By signing below, I certify that I am 21 years of age or older; and that all the information I provided in this survey is correct. I further certify that I use tobacco products, as I indicated above, and would like to receive promotional or other communication by US mail and/or email from companies that market tobacco products.

PLEASE PRINT

First Name _____

Last Name _____

Gender Male Female

Birth date required

Month _____ Day _____ Year _____

Email _____

@ _____

Signature - 1st Adult

x _____

(First and last name required)

PLEASE PRINT

First Name _____

Last Name _____

Gender Male Female

Birth date required

Month _____ Day _____ Year _____

Email _____

@ _____

Signature - 2nd Adult

x _____

(First and last name required)

Please write your full name and make any address corrections below... including any changes to your address in the next 12 weeks. Be sure to mail back your survey by **January 2, 2013**. Thank you for participating!

NO PURCHASE OR PAYMENT OF ANY KIND IS NECESSARY TO ENTER OR WIN SWEEPSTAKES. A PURCHASE WILL NOT INCREASE YOUR CHANCES OF WINNING.

Best Regards
Laura

Entry Form

Mr. Mrs. Miss. Ms.

Name: _____
First Name Last Name

Address: _____
House # Street Name

Apt. # _____ City _____ State _____

3 3 8 0 Zip: _____ - _____
www.shoppersvoice.com (Optional)

EMAIL: _____

© Shopper's Voice, 1200 William Street, Box 1382, Buffalo, New York 14240-1382

Mosaic USA

Group S Struggling Societies

Segment S71: Hard Times

Older, down-scale and ethnically-diverse singles typically concentrated in inner-city apartments

Overview

Hard Times are the most economic-challenged consumers in the US. In these diverse households found in aging city neighborhoods, some 40 percent are African-American and disproportionate numbers are Hispanic and Asian. Most of the adults are between 50 and 75 years old, and they're living on their own as single, divorced or widowed individuals. With their low educational achievement - only 10 percent have a college degree - they earn minimum wages as service-sector workers. One-quarter of households contain a retiree, increasing the number of residents getting by on fixed incomes. In Hard Times, a majority of householders report incomes of less than \$15,000 a year, nearly a fifth of the national average.

The neighborhoods of Hard Times are typically filled with high- and low-rise apartment projects. Found mostly in cities east of the Mississippi, many of these complexes were built in the urban renewal of the 1960s to 1980s, when tenement row houses in downtown ghettos were bulldozed to create new housing for the poor and disadvantaged. Today, however, these buildings are often dilapidated and the communities are no place to sink in roots and raise a family. Indeed, a majority of segment residents have lived at the same address for fewer than three years.

While Hard Times may be financially-challenged, these unattached singles still take advantage of city amenities. They regularly go out to local establishments and casinos. A relatively high number of segment members work in education and have a passion for the arts; they go to plays, dance performances and classical music concerts. At home, these multi-ethnic households like to listen to salsa and soul, read books and magazines and work out on treadmills and rowing machines. However, they're unlikely to engage in outdoor sports like fishing and hunting. These are city folks who prefer billiards to backpacking.

In the marketplace, these households cannot escape their meager budgets. They often juggle credit cards to stay afloat, rarely paying off their balances each month. Because two-thirds do not own a car, Hard Times tend to patronize local stores within walking distance of their home. They do enjoy shopping and keeping up with the latest styles, however. A big excursion for these price-sensitive folks is a trip to Macy's or Marshalls; they're more likely to pick up necessities at a Kmart or Family Dollar store. With money tight, they rarely eat out, not even at fast-food restaurants. Many would prefer to buy fresh foods at neighborhood markets for home cooking, though they typically settle for what they can afford at the local grocery store.

Limited means in Hard Times results in a selective media market. They lack the cars to make a drive-time audience. Few afford to have a newspaper delivered to their apartments. However, they enjoy TV, especially news programs, movies, dramas and sitcoms. They do read a wide range of magazines - from *Men's Health* and *Popular Mechanics* to *Ebony* and the *National Enquirer*. While few go online, their interests are similarly eclectic in the digital world: social networking, health, fantasy sports.

Mosaic USA

Hard Times members refuse to be defined by their economic circumstances. They sign up for adult education courses, they're constantly looking for better jobs, and they're trying to pursue meaningful lives that don't require a lot of money. Politically, they tend to be moderates who support the Democratic Party. Despite being single, transient and downscale, many are involved in their communities. They support local arts groups, advocate recycling and are willing to volunteer for a good cause. Given their optimism in the face of hardship, their lifestyle seems destined to improve.

Demographics and behavior

Who we are

This is the bottom of the socioeconomic ladder, the poorest lifestyle segment in the nation. Hard Times are older singles in poor city neighborhoods. Nearly three-quarters of the adults are between the ages of 50 and 75; this is an underclass of the working poor and destitute seniors without family support. Two-thirds are single, divorced or widowed. This is a diverse community, with about 40 percent of households African-American, four times the national average, along with solid concentrations of Hispanics and Asians. Poorly-educated, nearly half of household heads never graduated from high school. They typically hold jobs as service-sector workers in education and public administration. One-quarter of the households have at least one resident who's retired.

Where we live

Located primarily in aging cities in the eastern half of the country in places like Detroit, Mich., Saint Louis, Mo., Harrisburg, Pa., and Washington, D.C., Hard Times is a world of worn housing projects and tenement row houses. Home values, at roughly \$135,000, are about a third below the U.S. average. With many earning only minimum wages, few own a home; more than 90 percent are renters. While more than a third live in high-rise buildings, most reside in low-rise rental units. In this bleak world, residents rarely stay more than a few years, so intent are they to find better jobs and safer accommodations. Nearly half have lived at the same address for fewer than three years and two-thirds for fewer than five years.

How we live our lives

Despite the low-income economics, the lifestyle in Hard Times can appear lively. Many try to take advantage of their city's amenities. They go to bars, casinos, museums, outdoor concerts, zoos and aquariums. More than a few have a cultural side, as seen in their occasional trip to a theater, classical music concert or dance performance; an above-average percentage belong to arts groups. At home, they tend to spend their time listening to music - salsa, soul and easy listening are popular - reading books, watching TV and doing hobbies like needlework or collecting crystal figures. They still find time to exercise indoors on treadmills, rowing machines and mats for aerobics. Most shy away from rugged outdoor activities like fishing, hunting, ice skating or water skiing.

Hard Times like to travel, especially those who are foreign-born; they regularly visit their home countries in the Caribbean, Central America and South America. They hardly travel in luxury: domestically, they're more likely to travel by bus or train rather than plane. They stay at discount hotels like Motel 6, Howard Johnson and Travelodge.

Mosaic USA

While economically-challenged, these downscale consumers still find joy in consumption. They have a need for status recognition, and they look for clothes that will make an affordable fashion statement. Their top-rated retailers tend to be discount chains such as Kmart, Family Dollar Store, Marshalls and Ross Dress for Less. With only a third of householders owning a car, many adults prefer the convenience of shopping at local stores over the national chains, but they always wait for sales.

Hard Times have average interest in selected media. They're only a modest audience for radio and few subscribe to a newspaper. Most rely on TV to stay informed, and they like watching movies, sitcoms, reality shows, newscasts and crime dramas. They also watch cable channels like FX, Hallmark Channel, BET, TNT and Spike. These residents are big fans of mainstream and ethnic-targeted magazines like *Glamour*, *Architectural Digest*, *Ebony*, *Popular Mechanics* and *O*. These households are not big on the Internet, but those that do have online access tend to visit sites that feature health information, gambling and classifieds.

How we view the world

They may live in poverty-stricken environments, but Hard Times are still ambitious, motivated and aspire to improve their standard of living. Even in middle age, they're 40 percent more likely than average to sign up for adult education courses. They support the reprioritizing of money, saying that how they spend their time is more important than how much money they make. Nevertheless, they'd like to land a better job. At this stage of their lives, long time friends are more important than family members, and they want to earn the respect of their peers. They insist that doing one's duty is more important than enjoying life.

With the majority of members unmarried, more than half say it's important to be attractive, triple the national average. They make an effort to keep healthy, by exercising regularly, avoiding fast food and watching their calories. When they cook, they like to buy fresh, natural foods and avoid artificial additives.

Political moderates, a majority align themselves with the Democratic Party, and an above-average concentration claim to be Independents. These individualists swing between liberal and conservative stances. Religion plays a major role in their life, and they like watching religious programs on TV. While they're not joiners, they do have a cultural streak and belong to arts groups. They care about their community, claiming that people have a duty to recycle; they also will volunteer their time for a good cause.

How we get by

As the segment with the lowest income – under \$24,000 - Hard Times earn less than a third of the national average. Most have few income-producing assets and possess no investments other than some tax-sheltered annuities and cash management accounts. They're able to get by, they say, because they're good at managing the money that they have. Many juggle several credit cards: they carry both debit and credit cards, and they have a number of bank, charge and retail credit cards, particularly from Sears and JCPenney. However, few pay off their cards each month - more than 70 percent below average. Where they especially stand out is in insurance - they carry life, health and renter's insurance.

Mosaic USA

Mosaic USA

Digital behavior

Hard Times are not very Internet-active. They do visit some Websites frequently, though, especially those that deal with the arts, health, gambling, dating and religion. However, they rarely go online for shopping, banking or making travel arrangements. While relatively few access the Internet through computers at home, they will go online using a mobile phone. Unlike many online users, they're perfectly happy with receiving, and responding to, email ads.

Mosaic USA

Group S Struggling Societies

Segment S70: Enduring Hardships

Middle-aged, down-scale singles and divorced individuals in transitional small town and exurban apartments

Overview

Money is tight in Enduring Hardships, a segment of middle-aged singles and divorced individuals with one of the lowest average incomes in the country. Centered in Southern and Midwestern towns and small cities, these predominantly white households in their 30s and 40s often struggle to support even a simple lifestyle. Intact families are a rarity. A majority of households contain single or divorced individuals without children, and nearly a quarter are single parents raising children. Most of the adults have low educations - nearly two-thirds failed to finish high school - and they hold minimum-wage jobs as laborers and service-sector workers.

With their low incomes, few can afford to own a home. Over 95 percent of the householders are renters, living in low-rise projects and duplexes often located in tired and worn neighborhoods. They express concerns about crime, drugs and pollution. Many are also rootless and must deal with the challenges of a transient existence; only a small percentage belongs to a church, PTA or civic group. In this segment, two-thirds of the householders have lived at the same address for fewer than three years.

When they're not at work, Enduring Hardships are unable to afford many leisure activities. They tend to spend their evenings at home, watching TV or listening to music. They'll occasionally splurge on a ticket to a concert or a gambling junket to a casino. These folks don't have the discretionary spending to regularly go to movies, plays, comedy clubs or even bars. If they want to get outdoor exercise, they'll consider a fishing and camping trip. When they want to go out to dinner, it's typically to a fast-food chain like Dairy Queen and Church's Fried Chicken or to Golden Corral for a sit-down dinner.

As consumers, these price-sensitive shoppers worry about living beyond their means. With few investments and savings, they get by with occasional loans and paying only with cash or money orders. They patronize discount department stores like Kmart and Dollar General; anywhere else, they head right for the clearance racks. They shy away from a lot of new technology, but will buy electronics that enhance their TV viewing experience. When it comes to cars, they would like to buy a great-looking sports car with a lot of horsepower under the hood. However, nearly two-thirds cannot afford to own a car. Those who can typically settle for a used economy car or sedan that's made in Detroit and won't break down too often.

With nightlife out of the question, TV is the chief form of entertainment in this segment. Members watch movies, reality shows and sitcoms, and their favorite cable channels include Oxygen, TNT and CMT. With their low educational achievement, Enduring Hardships read few newspapers and magazines. They're starting to become more comfortable with the Internet, but they go online infrequently. Social media sites are beginning to attract them to the virtual world, though.

Mosaic USA

These are stressed-out Americans. They dislike their low standard of living but aren't sure if they can do much to improve it. Many would like to start their own business or try a new line of work. Though they've typically only lived in their neighborhood for a short time, they're willing to join a protest march to help rid the streets of drugs and crime. Worried about the future, they seek out ways to improve their present lives.

Demographics and behavior

Who we are

Enduring Hardships are predominantly white and downscale, with most members single or divorced, though some are older single parents with dependent children. A majority of household heads are between the ages of 35 and 50, about 50 percent above average. The educational levels for the adults are low, with fewer than 5 percent having a college degree; 60 percent never finished high school. As a result, nearly two-thirds of the adults work at low-level sales or service-sector jobs, mostly in health care, food services or tech support, about twice the national average.

Where we live

Located in exurban towns and small cities throughout the Midwest and South, Enduring Hardships tend to live in low-rise apartments and duplexes. Almost all the segment members are renters, restricted from home ownership by their low incomes. The neighborhoods are rarely luxurious; residents worry about crime and violence in the area. In these transitional neighborhoods, few have deep roots in the community. Enduring Hardships do not often belong to churches or civic groups. More than 40 percent have lived at the same address for less than a year, two-thirds for fewer than three years.

How we live our lives

Enduring Hardships have quiet lifestyles. After long days at work, they're happy to spend their evenings at home watching TV, listening to music or cooking. An above-average number also likes to collect sports memorabilia. These middle-aged singles will occasionally go out to a concert or go on a gambling trip. They're three times as likely as the general population to gamble in Atlantic City. Otherwise, they don't pursue nightlife or cultural activities. A modest market for athletic pursuits, they play no organized sports or take classes at health clubs. Among households with children, ice skating, water skiing and in-line skating are popular activities.

Enduring Hardships have little discretionary income for travel. However, some have taken a Bahamas cruise in the last three years, and they like to go on overnight camping trips. They rarely go to white-tablecloth restaurants, but these households do enjoy fast food, patronizing chains like Dairy Queen, Panera Bread and Church's Fried Chicken. These patrons are open-minded enough to try to new foods and drinks, often responding to ads they see on TV.

Enduring Hardships like to shop, but they're value-conscious consumers who shop at Kmart, Dollar General, T.J. Maxx and Ross Dress for Less. They're late adopters when it comes to technology, but these self-described TV addicts buy DVD players, DVRs and big-screen TVs. Transporting such purchases home is another matter because nearly 60 percent of households

Mosaic USA

don't own a car. Those who do tend to drive a small economy car or standard sedan, and nine out of ten purchase used cars. In this "buy American" segment, most cars are made in Detroit.

In Enduring Hardships, TV is the main source of entertainment and a constant companion. They can't afford premium channels, but they watch cable networks such as CMT, Bravo, Soapnet, Oxygen and TNT, and their favorite programming includes movies, history programs, reality shows and anything related to auto racing. Their tendency to listen to the radio is low, and they show little interest in subscribing to newspapers and most magazines.

How we view the world

Enduring Hardships may have low educations and limited skills, but they still express a need for personal achievement and a desire to be respected by their peers. They would like to start their own business and are willing to take risks to improve their standard of living. They admit that owning good-quality things gives them joy, but that often requires more money than they have.

In their neighborhoods threatened by crime, the men and women of this segment worry about what the future holds for them. Some say they feel alone in the world and helpless to change their lives. To combat this feeling, they try to control as much of their lives as possible, even if it just means keeping a neat house.

Politically, these Americans aren't very active; they register to vote less than the average. About half of adults are Democrats, and they tend to be liberal to moderate on most issues. They tend to have a global perspective, and respect the customs of others and want to stay well informed about international issues. However, they are more concerned about improving things locally than globally.

How we get by

With their minimum wages (less than \$26,000), the segment's household income is only a third of the national average. Enduring Hardships barely get by. They have few savings and fewer income-producing assets. The only investment they tend to have is savings bonds, and even then the total value is typically less than \$5,000. Many admit that they know little about finance, distrust banks and worry that carrying credit cards will result in identity theft. As a result, they conduct most of their financial transactions with cash, debit cards and money orders. Some live beyond their means, borrowing from loan companies to make ends meet. Though few use insurance, an above-average percentage has taken out life insurance, though the amount is generally less than \$20,000.

Digital behavior

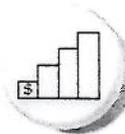
Enduring Hardships are among the least Internet-active, but they are gradually becoming more active online. They're fond of sites that offer social networking, games, auctions, shopping coupons, sports scores and dating connections. Among their favorite sites: myspace.com, datehookup.com, iwin.com and pogo.com. They're responsive to Internet ads; they click on email promotions and sponsored Websites. However, because many can't afford to buy computer equipment and modems, they're twice as likely as average Americans to go online through school and library computers.

U.S. Senate Commerce Committee
Tough Start:
 Young Single Parents
 Group A - Cluster 1

Exhibit B



Lifestyle



Income



Spending



Credit

% of U.S. Households: 0.6%
 Number of Households: 749,413

My kids deserve better than this.

Cluster Description

These young single parents often struggle to make ends meet, as their discretionary spending nearly outpaces their very modest incomes. They are likely have poor credit histories, may have difficulty obtaining credit, and tend to rely heavily on the few cards they do have. However, they find the ups and downs of the financial markets exciting. Easily swayed, these shopaholics like to dress in the latest fashions and strive to achieve a higher social status. These struggling singles frequently turn to advertising to get information about bargains, but their children tend to have a large impact on the brands they end up buying. They spend most of their free time with their kids, primarily at home so they can catch up on housework, and they prefer picking up quick meals at fast food restaurants to cooking meals.

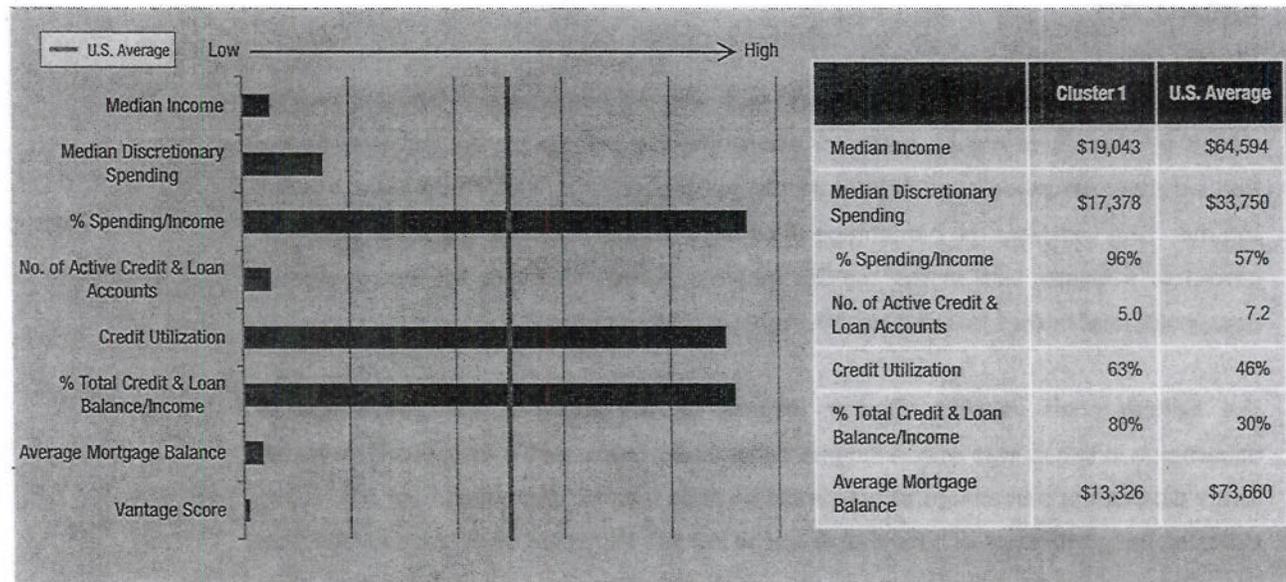
INCOME: LOW

Demographic Summary

Income Tier: Low (Under \$50k)
 Age Tier: Young (Under 35)
 Median Age: 29

% Married: 37%
 % with Children: 100%

Economic Summary



EconomicCohorts™

EQUIFAX®

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U.S. Senate Commerce Committee
Relying On Aid:
 Retired Singles
 Group D - Cluster 18

Exhibit B



Lifestyle



Income



Spending



Credit

% of U.S. Households: 1.8%
 Number of Households: 2,127,412

I've never had it easy. Never have, never will.

Cluster Description

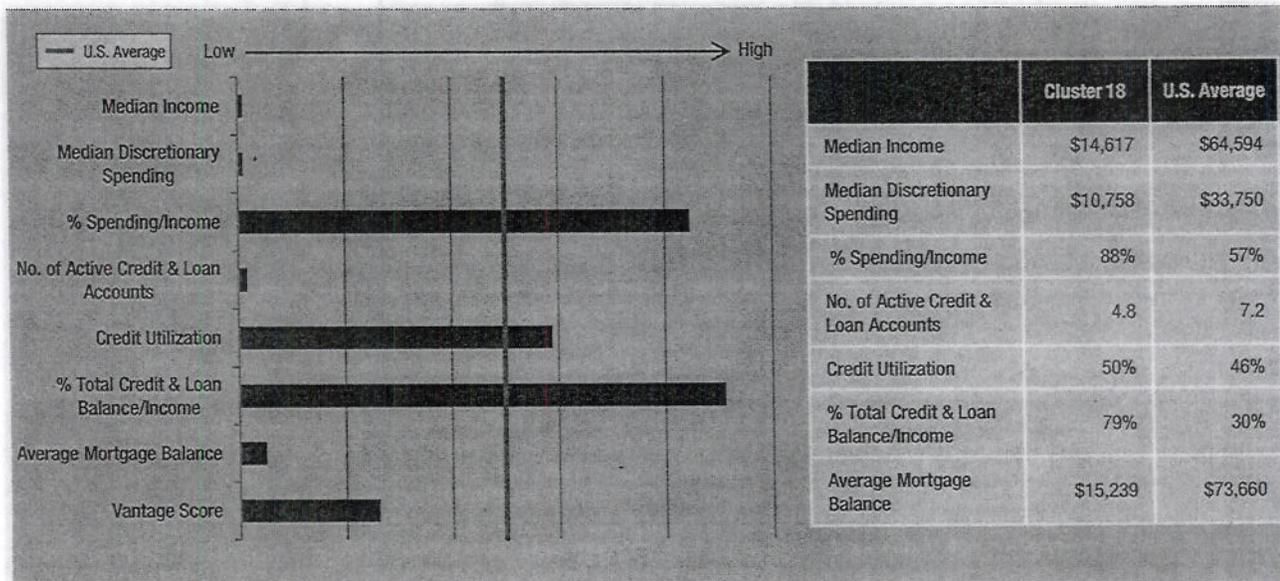
These single retirees of limited means and meager retirement savings are just barely able to make ends meet. While they try to curtail expenses, their discretionary spending accounts for a large portion of their modest incomes. They rely on a small number of credit accounts and loans, but their credit utilization is still moderate. With only a high school education at best, it has been hard to get ahead. Poorly insured and Medicare/Medicaid-dependent, they are generally pessimistic about their economic situation. They try to cut back and save whenever possible, but it is hard given their limited means. Preferring to stay close to home, their lives are pretty much the same from week to week. In fact, many have lived in the same home for over 20 years. Fairly sedentary, they spend their time working on their coin collections, watching TV, and playing bingo.

INCOME: LOW

Demographic Summary

Income Tier: Low (Under \$50k) % Married: 22%
 Age Tier: Retired (65+) % with Children: 3%
 Median Age: 75

Economic Summary



EconomicCohorts®

EQUIFAX®

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X-tra Needy

This Niche is headed by an older person, generally in their mid-60's. There are no children present in these households, but there is a great interest in grandchildren. About three-quarters of this Niche own their homes, which are valued at about \$110,800. They have lived in them for nearly 13 years on average. The majority of X-tra Needy households have slightly more than a high school education and most are employed in blue collar occupations; many of the households in this Niche are retired.

Nearly 20% percent of X-tra Needy households are known credit card owners. They have modest incomes and are not very economically active with only \$1,000 in recent discretionary spending occurring in catalogs, online and retail. Catalog is the strongest purchase medium for this Niche. And, when they do shop, they purchase automotive accessories, home décor, books, magazines, and low-ticket male and female apparel.

They take a great interest in improving their health, nutrition/dieting, and donating when possible to medical causes. Grandchildren are a major interest in their lives, as are sweepstakes, bible reading, music, books, hobbies, and collectibles. They also enjoy fishing and other outdoor activities.



AVERAGE HOUSEHOLD INCOME

\$24,630

AVERAGE AGE OF HEAD

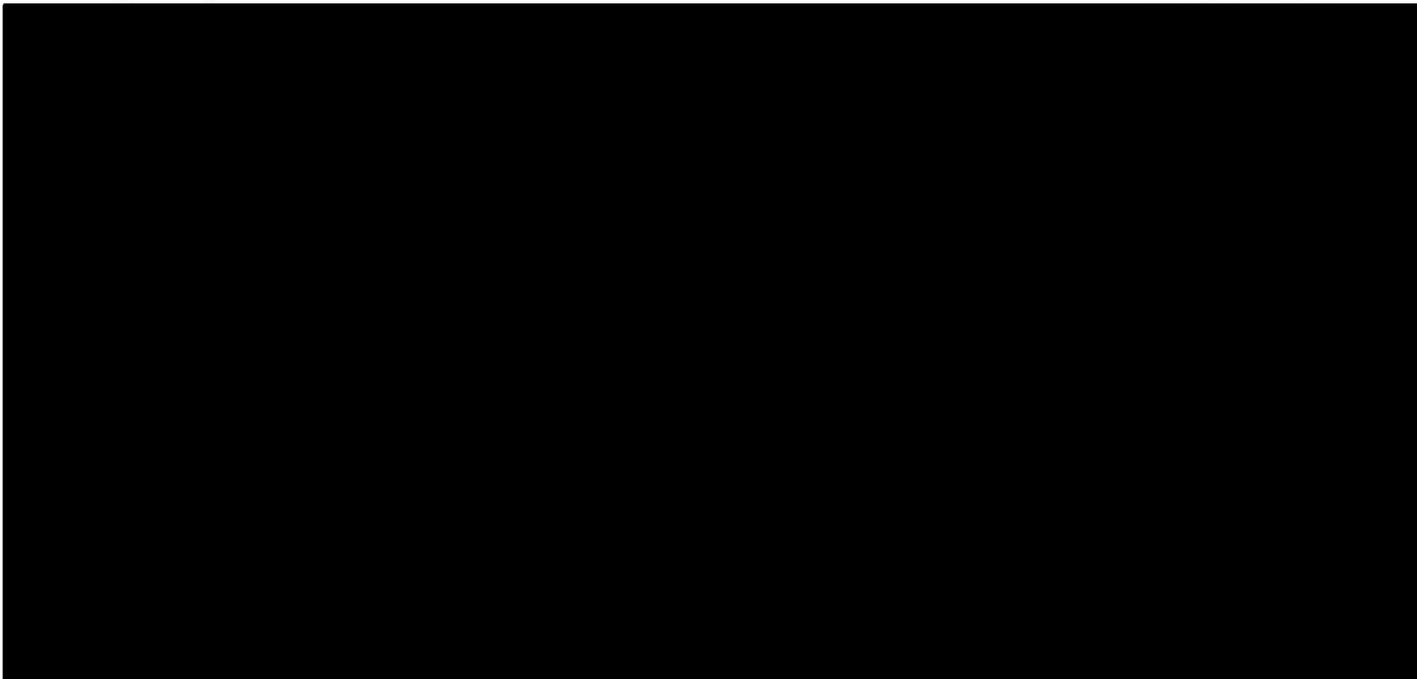
67

AVERAGE LENGTH OF RESIDENCE

13

PERCENT WITH KIDS

53%



Very Spartan

This Niche is composed of households who do not have children; about half live in rented units. The average home value for those that do own their homes is about \$105,500. The households in this Niche are highly mobile and have very short length of residences, usually less than 5 years. These are mostly blue collar workers that have a high school diploma or some college education.

Very Spartan households have few credit cards, and make few purchases, with only \$600 in recent discretionary spend recently. When they do spend, the households in this Niche purchase automotive accessories, home décor, beauty supplies, hunting/fishing equipment, magazines, and low-ticket apparel.

Their interests include book reading, contests/sweeps, music, sports, fishing, automotive work, and collectibles. Other outdoor interests include camping and hiking. In addition, they are concerned with their health and like receiving health related information in the mail.



AVERAGE HOUSEHOLD INCOME

\$26,949

AVERAGE AGE OF HEAD

39

AVERAGE LENGTH OF RESIDENCE

5

PERCENT WITH KIDS

2%



ChoiceScoreSM

Improve targeting and customer acquisition in the untapped under-banked population

ChoiceScore, a new scoring tool from Experian, helps marketers identify and more effectively market to under-banked consumers using the most comprehensive array of non-credit data available from Experian, including consumer, demographic, behavioral and geo-demographic information. Increase responses and approval rates for greater profitability by reaching the fastest-growing demographic segment in the U.S., including thin file populations, emerging consumers and non-bureau matches, with your invitation to apply (ITA) direct marketing campaigns

Target under-marketed new prospect segments eager to accept direct marketing offers

Having access to fresh leads is the lifeblood of direct marketing. Under-banked and emerging consumers offer marketers a largely untapped pool as an alternative to often saturated primary markets. Each year, under-banked consumers alone spend nearly \$11 billion on non-traditional financial transactions like payday loans and check-cashing services, and conduct more than 340 non-bank transactions.

ChoiceScore helps you identify under-banked and emerging consumers likely to be the most responsive to targeted campaigns, such as invitations to apply credit offers, including:

- New legal immigrants
- Recent graduates
- Widows
- Those with a generation bias against the use of credit
- Followers of religions that historically have discouraged credit
- Consumers with transitory lifestyles, such as military personnel

In total, this largely untapped demographic segment represents more than 30 million households and 77 million consumers – more than one-third of the entire U.S. population.

Apply two ChoiceScore models to confidently guide decisioning

ChoiceScore was built using a combination of Experian databases, modeled data and public and proprietary data sources. Using ChoiceScore's two custom models, you can select and test different confidence levels and target specific consumers based on potential risk.

The first model identifies and assigns a confidence score determining the propensity for a consumer to be in the under-banked population. The second model applies a score to identify the most and least desirable consumers within the ChoiceScore population that can be included within an invitation to apply (direct marketing campaign).

Specifically, the models were:

- Built using a defined universe of records identified as under-banked as the baseline analysis file
- Designed to be applied in unison or independently
- Built and scored in demi-deciles (5% breaks) for added granularity with scores appended at the individual level, but aggregated at the household level

Make the appropriate product or service offer to profitably penetrate under-banked consumers

Marketing the wrong product to consumers can cost millions of dollars. Often under-banked consumers are unknowingly marketed to only to be declined upon responding due to lack of credit history, or discouraged from applying because the product offer is beyond their means.

Instead, ChoiceScore helps you strategically segment groups based on your campaign objectives and goals so that you have the greatest chance for success by making the right offer to the right audience. Build trust and gain acceptance by leading with products and services often used by this target audience like check cashing, savings accounts and auto loans. Later, you can increase your profits by cross selling other products to your new base of qualified consumers.

Depend on the information industry leader

Experian is rich in the currency of marketing – customer and market information. Using our unparalleled depth and breadth of information, ChoiceScore helps you manage acquisition lists, achieve higher response rates and develop profitable campaigns.

To find out more about ChoiceScore, contact your Experian Sales representative, call 800 520 1221, or visit our Web site at www.experian.com.

475 Anton Blvd. • Costa Mesa, CA 92626 • 800 520 1221 • www.experian.com

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