

You've been selected!

Dear Shopper,

Once in a while we carefully select individuals in your community -- those whom we feel represent the smartest, most value conscious shoppers. Then we use some of our research budget to find out exactly what these smart shoppers really want.

If our hunch is right, you are such a person. That's why I'm sending you this private invitation through the mail. You are entitled to special savings, coupons, trial offers -- even a chance to win thousands of dollars in cash.

In return, all we ask is that you fill out and return the enclosed shopping habits survey. It is vitally important because successful companies have learned that your opinion is essential for quality improvements and the long life of their products.

As the main grocery shopper of your household ... when you speak your mind, better products get to market. The companies are happy. Consumers are happy. It's really that simple.

And that's why it is so important for you to take a few moments right now to complete the enclosed survey. What's more, with your permission we share your survey responses with companies who are willing to reward you with special savings, coupons, trial and mail offers that may interest you!

In return for completing this survey by April 16, these companies have assembled these bonuses for you:

- 1. Receive Valuable Money-Saving Coupons!** These are not the meager cents-off coupons you get in the store or from a newspaper. These are special coupons prepared by the companies specifically for limited distribution to select audiences. Many of the coupon values are as high as \$1.00 or more -- and there are packets of them waiting to be mailed to people who respond to this survey!
- 2. Earn a Chance for \$4,000 Cash or a Caribbean Vacation Cruise!** It's a great chance to win a great vacation for two ... or a handsome windfall you can use for anything you want! Just get your survey in and you are entered!
- 3. More Cash Prizes!** In addition to the Grand Prize, you're also entered for 10 separate cash drawings for \$100! (See sweepstakes details on the back of the next page. No purchase necessary to enter.)
- 4. Exclusive Bonus Offers for Survey Responders Only!** Here's a program you want to be involved in. Companies seek out groups like ours to send free product samples, information

and valuable trial coupons. If you would like to be included in these offerings, be sure to check "YES" to the LAST QUESTION LOCATED IN THE GENERAL INFORMATION SECTION ON THE SURVEY!

Thank you for your time. I can assure you that the few moments you take to complete this survey will be well worth your time.

Sincerely,

Laura David

Laura David

P.S. I have enclosed a postage-paid envelope which you can use to return your survey to me. But please remember, I need your response no later than April 16! I'd hate for you to miss out on the coupon mailings and sweepstakes, so won't you take a moment to complete the survey right now, while it's on your mind?

P.P.S. Below are a few notes from new friends who replied to one of my recent surveys

" I want to say thank you for keeping your word and sending coupons to those who completed your recent consumer products survey ... The majority of coupons you sent to me, I use a great deal. I am most impressed with the dollar amount of the coupons - they are a real savings! I don't get coupons like this in my Sunday paper inserts! I'll be glad to participate in more of your surveys for these kinds of rewards any day! "

P. W., Madison, ME

" ... thank you for the coupons and the report I received from you today. The coupon amounts and lengthy expiration dates are terrific! I also found the research report graphs very interesting. So many research companies either ignore you when you send in their questionnaires or send coupons with very small amounts. None send reports like yours! Keep up the good work and please keep me on the panel. "

N. B., GFLD., MA

" I wanted to tell you how impressed I was receiving your promised coupons for completing your recent survey. In past years I've done similar surveys for (company name deleted) but your coupons and samples were so much better. Your envelope had quality coupons and samples and I am so appreciative. I hope to receive more surveys ... "

C. D. , Bethesda, MD

" I just received your Consumer Products Survey 'Results' and coupons in the mail. Of all the surveys I've been a part of, yours was certainly handled the most professionally. Thank you for the very generous coupons you sent, most of which I immediately used. It was a pleasure to be a part of your survey. I would be more than happy to participate in any future surveys you may have. "

J. T., Livingston, LA

“ Thank you for the Consumer Survey Report. To my knowledge you are the very first survey company that ever sent me any information on what we told you. ”

C. P., Eugene, OR

“ I am so grateful to you for the wonderful set of coupons you sent me. I will gladly take any surveys for you in the future if it means getting \$1.00 coupons. I am also glad to know someone takes the time to read our surveys. ”

J. P., Niles, OH

“ ... I received your coupons today. I want to say thank you. Out of all the 'Survey' people who have contacted me to fill out their surveys, you are the only company who has ever actually sent me coupons. Please keep me in mind should you want more surveys filled out. ”

A. W., Dayton, OH

“ Was surprised to receive the results of your survey and pleased to receive the coupons. I fill out surveys quite often, time permitting, and never have received the results before ... Thank you for letting me know that all these consumer product surveys don't fall into a black hole. ”

C. K., Royal Oak, MI

“ I received the coupons today from the survey I filled out a few weeks ago. Thank you so much. I have filled out many surveys ... but this is the only one I know that sent coupons and not all advertisements. ”

I. E., Jonesboro, GA

“ I just want to say 'Good for you'. This is the first time someone has acknowledged a survey that I have filled out and I have filled out many. Thanks again for noticing and for the coupons. ”

R. L., Waltham, MA

“ Thank you for the very useful coupons which I will truly enjoy using. The survey results were most interesting ... Looking forward to the next survey. ”

K. B., Middletown, CT

“ Thanks for the batch of coupons. You have a very streamlined program. The coupons are in values worth bothering with and honed in on my needs so accurately that I intend to use every coupon sent except one (and that's because I have access to the product at no charge). ”

S. G., Grand Rapids, MI

“ I would like to tell you that I was very pleased with the quality of the coupons you sent. Several times I have filled out consumer surveys, only to receive a lot of advertising pamphlets and a few low-value coupons in return. Yours are definitely much better. ”

C. P., Catawba, WI

“ I don't participate in these very often. But I thought this one was worthwhile. ”

J. L., Lake Oswego, OR

“ I wanted to express my thanks for the results of your survey ... of all the surveys I have completed in the past, you are the only one who sent me any of the results ... the survey will be the topic of my conversation for the next few weeks. ”

A. B., Winter Haven, FL

OFFICIAL SWEEPSTAKES RULES

No Purchase Necessary To Play Or To Receive A Prize

1. How To Enter: Complete the enclosed Consumer Survey form and mail it to Shopper's Voice in the postage-paid return envelope provided. Entries must be received by April 16, 2004. All survey forms must be complete and no mechanical reproductions will be accepted. Sponsor is not responsible for late, lost or misdirected entries.
2. Winner Selection: Winners will be selected in a random drawing on or about June 22, 2004 from all eligible entries received. Decisions of the judges are final.
3. Prizes / Odds: One (1) winner will receive his/her choice of a seven (7) day Caribbean Cruise for two or \$4,000. (Approximate retail value \$4,000). Ten (10) winners will receive \$100. Odds of winning depend on number of eligible entries received. Trip consists of round trip airfare from major airport nearest winner's residence, two nights hotel accommodations in Miami, Florida, seven nights standard accommodations (double occupancy) on Carnival Cruise Lines, with all meals included. If winner selects cruise, he/she must travel before December 31, 2005. Accommodations subject to availability and blackout dates apply. All expenses not listed above, including alcohol, are the responsibility of the winner.
4. Eligibility: Open to legal residents of the U.S. who are 18 years of age or older, except persons who from January 1, 2003 are employees of Shopper's Voice, its parents, affiliates, subsidiaries or agents, or companies engaged in the development, production or distribution of game materials and members of their immediate families or persons residing in their respective households.
5. Conditions Of Participation: Entrants agree to be bound by these rules and the decisions of the judges which are final in all respects. Entry blanks submitted become the property of Shopper's Voice and will not be returned. Winners will be required to sign and return an affidavit of eligibility, a publicity/liability release and any other required documentation within 14 days following attempted notification. Failure to comply within this time period will result in disqualification and selection of an alternate winner. Any prize/prize notification returned as undeliverable will result in disqualification and selection of an alternate winner. Travel companion must also execute liability/publicity release prior to departure. Winners will be responsible for all taxes. By participating, winner releases Shopper's Voice, their respective parents, affiliates, and subsidiaries, and their respective directors, officers, agents, and employees, from any and all liability with respect to all aspects of the Game and/or use of any prize. Winner further agrees to the use of his/her name, and city and state of residence for purposes of providing a list of winners to the public on request and for advertising and promotional purposes without further compensation, unless prohibited by law.
6. For a list of winners send a self-addressed stamped envelope to: Shopper's Voice Sweepstakes Winners, 1200 William Street, Box 1382, Buffalo, New York 14240-1382. All requests for lists of winners must be received by September 30, 2004.

INSTRUCTIONS:

Dear Fellow Shopper:

This quick survey is easy and will only take a few minutes. Here's all you have to do:

- 1) Let me know the products that you or other people living in your home may have used by marking a **dark "X"** in the appropriate boxes.
- 2) Please take into account products used by you and all other people living in your home.
- 3) If you get to a category that is not used in your home, just **"X"** the **"DO NOT USE"** box and skip it.
- 4) For each category, **"X"** as many boxes as apply.

EXAMPLE: in my family, we usually eat Campbell's or Lipton, but we also used Progresso in the past 12 months. I would **"X"** boxes as follows:

SOUP

<input type="checkbox"/> WE DO NOT USE (Skip to next category)	Our Usual Brand(s)	Also Used in Past 12 Months
Campbell's	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Healthy Choice	<input type="checkbox"/>	<input type="checkbox"/>
Lipton	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Progresso	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

URGENT: Please take a few moments right now to complete this survey. It's important. I appreciate your help.

Sincerely,

Laura
Laura David

P.S. Please note: It is extremely important that the information you provide be accurate.

SOUP

<input type="checkbox"/> WE DO NOT USE (Skip to next category)	Our Usual Brand(s)	Also Used in Past 12 Months
Campbell's	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Choice	<input type="checkbox"/>	<input type="checkbox"/>
Lipton	<input type="checkbox"/>	<input type="checkbox"/>
Progresso	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

ADULT NUTRITIONAL BEVERAGES

<input type="checkbox"/> WE DO NOT USE (Skip to next category)	Our Usual Brand(s)	Also Used in Past 12 Months
Boost	<input type="checkbox"/>	<input type="checkbox"/>
Ensure	<input type="checkbox"/>	<input type="checkbox"/>
Store brand	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

How often are adult nutritional beverages used in your household?
 Daily or more often
 Several times per week
 Once per week
 Less than once per week

COFFEE

<input type="checkbox"/> WE DO NOT USE (Skip to next category)	Our Usual Brand(s)	Also Used in Past 12 Months
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WHOLE BEAN OR ROASTED GROUND -
 Eight O'Clock
 Folgers
 Maxwell House
 Millstone
 Starbucks
 Other gourmet coffee
 Other coffee

1) In an average day, how many total cups of instant (excluding flavored coffee mixes) or brewed coffee are consumed by household members?
 Instant Brewed

4 or more cups per day
 3
 2
 1 cup per day
 None

INSTANT COFFEE

2) Out of the last ten purchases of instant coffee (excluding flavored coffee mixes), how many were Nescafé Taster's Choice?

8 to 10 1 to 3
 4 to 7 None

COFFEE CREAMERS

<input type="checkbox"/> WE DO NOT USE (Skip to next category)	Our Usual Brand(s)	Also Used in Past 12 Months
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Coffee-mate - liquid
 - powder
 Cremora
 International Delight
 Half & Half
 Milk or other dairy coffee creamer
 Store brand - liquid
 - powder
 Other

COFFEE HABITS

How often do members of your household drink each of the following?
 Regularly Occasionally Never

Cappuccino
 Latte
 Mocha

FOOD PRODUCTS

How many times per month does your household serve the following?

	3 or More Times Per Month	1 or 2 Times Per Month
Chilled orange juice	<input type="checkbox"/>	<input type="checkbox"/>
Tropicana chilled orange juice	<input type="checkbox"/>	<input type="checkbox"/>
Frozen fish (breaded, grilled)	<input type="checkbox"/>	<input type="checkbox"/>
Lean Cuisine frozen dinners	<input type="checkbox"/>	<input type="checkbox"/>
Low carbohydrate beer	<input type="checkbox"/>	<input type="checkbox"/>
Weight Watchers products	<input type="checkbox"/>	<input type="checkbox"/>

SHOPPING

1) Do household members shop at any of the following stores? Please "X" all that apply.

BJ's
 Costco
 K Mart
 Sam's
 Target
 Wal-Mart

2) Where does your household usually buy the following types of products?

	Discount Store	Drug Store	Club Store
Food products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paper products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care (e.g. soap, toothpaste)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beauty products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin care products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GROCERY SHOPPING

1) Where has your household purchased groceries in the past 3 months? Please "X" all that apply.

A & P	Pathmark
Albertsons	Publix
BI-LO	Ralphs
BJ's	Randalls
Bruno's	Safeway
Costco	Shaw's
Cub Foods	ShopRite
Dominicks	Stop & Shop
Food Lion	Target
Giant Eagle	Tom Thumb
Giant Food	Tops
HEB	Vons
Jewel	Wal-Mart
Kroger	Wegmans
Meijer	Winn Dixie

Other: _____
 Please PRINT the store name

2) How much does your household spend on groceries each week?

\$200 or more
 \$100 to \$199
 \$50 to \$99
 \$49 or less

COUPON USE

1) How often does your household use "cents off" store coupons?

More than once per week
 Once per week
 Less than once per week

2) In the past 4 weeks, how many store coupons have been redeemed?

More than 20
 10 to 20
 Less than 10

DO YOU BUY THESE PRODUCTS?

How often does your household buy the products listed below?

	3 or More Times Per Year	1 or 2 Times Per Year
Lactaid	<input type="checkbox"/>	<input type="checkbox"/>
Pledge furniture polish	<input type="checkbox"/>	<input type="checkbox"/>
Other furniture polish	<input type="checkbox"/>	<input type="checkbox"/>
ReNu contact lens solution	<input type="checkbox"/>	<input type="checkbox"/>
Scented household products	<input type="checkbox"/>	<input type="checkbox"/>
Unscented household products	<input type="checkbox"/>	<input type="checkbox"/>
Tampax original tampons	<input type="checkbox"/>	<input type="checkbox"/>
Toll House Morsels	<input type="checkbox"/>	<input type="checkbox"/>
Windex glass cleaner	<input type="checkbox"/>	<input type="checkbox"/>
Other glass cleaners	<input type="checkbox"/>	<input type="checkbox"/>
Ziploc food storage bags	<input type="checkbox"/>	<input type="checkbox"/>
Other food storage bags	<input type="checkbox"/>	<input type="checkbox"/>

SUGAR SUBSTITUTES

<input type="checkbox"/> WE DO NOT USE (Skip to next category)	Our Usual Brand (1 only)	Purchased in Past 12 Months	Would Consider Buying
Equal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Splenda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweet 'N Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you or other household members use sugar substitutes for the following reasons?
 Yes No

To manage their health
 To manage their weight
 To reduce sugar in their diet

DRUG STORE SHOPPING

WE DO NOT SHOP IN DRUG STORES
 (Skip to next category)

Which drug store(s) do household members shop at?

	Usual Store	Occasional Store
CVS	<input type="checkbox"/>	<input type="checkbox"/>
Walgreens	<input type="checkbox"/>	<input type="checkbox"/>
Eckerd's	<input type="checkbox"/>	<input type="checkbox"/>
Rite Aid	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

HEARING AID BATTERIES

<input type="checkbox"/> WE DO NOT USE (Skip to next category)	Our Usual Brand(s)	Also Used in Past 12 Months
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Duracell - for hearing aids
 Energizer - for hearing aids
 Ray-O-Vac - for hearing aids
 Store brand or other

Where does your household purchase hearing aid batteries most often?

A hearing healthcare professional
 At a retail store
 By mail order or other method

S-U19-1

Please turn to the next page →

FACIAL CLEANSERS & MOISTURIZERS

WE DO NOT USE (Skip to next category)

Which of the following products have been used in your household in the past 12 months?

FACIAL CLEANSERS

Liquid Cloth
 Dove
 Neutrogena
 Olay
 Pond's
 Other cleansers

FACIAL MOISTURIZERS

Anti-UV or Regular Age SPF
 Cetaphil
 Dove
 Eucerin
 L'Oréal
 Neutrogena
 Olay
 Pond's
 St. Ives
 Department store brands
 Direct (e.g. Avon)
 Other moisturizers

SKIN CARE

WE DO NOT USE (Skip to next category)

Please answer the following questions for the woman in your household who spends the most time caring for her skin.

1) How much is she bothered by any visible signs of skin aging on her face (e.g. fine lines, wrinkles, age spots)?

Very bothered
 Somewhat bothered
 Not at all bothered
 Does not have these aging signs

2) Has she considered or had any of the following cosmetic procedures: Botox, laser skin resurfacing, or chemical peels?

Yes No

3) If she visits a dermatologist on a regular basis, which of the following skin concerns are discussed?

Blemishes, acne or oily skin
 Moles
 Sensitive skin
 Sun damaged skin
 Wrinkles or aging concerns
 Other

ACID RELIEF

WE DO NOT USE (Skip to next category) Our Usual in Past Brand(s) 12 Months

Nexium
 Pepcid
 Prevacid
 Prilosec OTC
 Roloids
 Tagamet
 Tums
 Zantac 75
 Store brand
 Other brand

S-U19-2

PERSONAL CARE PRODUCTS

1) How often does your household use the following personal care products?

5 or More Times Per Week 2 to 4 Times Per Week Once or Less Per Week

Exfoliating products
 Hand & body lotion
 Products made for sensitive skin

DOVE PRODUCTS

2) How often has your household purchased the following Dove products in the past 6 months?

3 or More Times 1 or 2 Times Do Not Buy

Dove antiperspirant or deodorant
 Dove bar soap (4 pack or smaller)
 Dove bar soap (6 pack or larger)
 Dove body wash
 Dove facial cleansers or moisturizers
 Dove shampoo
 Dove conditioner

HOME HAIR COLORING

WE DO NOT USE (Skip to next category) Our Usual in Past Brand(s) 12 Months

Casting ColorSpa
 Loving Care or Lasting Color
 Natural Instincts
 Preference or Excellence
 Other

FIBER LAXATIVES

WE DO NOT USE (Skip to next category)

1) What fiber laxative products are used in your household?

Our Usual in Past Brand(s) 12 Months

Benefiber
 Citrucel
 Fibercon
 Metamucil
 Store brand
 Other fiber laxative

2) How often are fiber laxatives used in your household?

7 or more times per week
 4 to 6 times
 2 or 3 times
 Once or less per week

NUTRITION & DIET

Does anyone in your household plan their diet for any of these reasons?

To lose weight
 To include vitamin supplements
 To eat more natural or organic foods
 To use natural or herbal remedies
 To reduce carbohydrates
 To reduce cholesterol
 To reduce fat
 To reduce sugar
 To include calcium

ADULT ALLERGY & SINUS REMEDIES

WE DO NOT USE (Skip to next category) Our Usual in Past Brand(s) 12 Months

NON-PRESCRIPTION

Alavert
 Benadryl
 Claritin
 Tylenol Allergy
 Other non-prescription

PRESCRIPTION

Allegra
 Clarinex
 Flonase
 Zyrtec
 Other prescription

1) How many packages of allergy or sinus remedies does your household purchase in one year?

Allergy Sinus Products Products
 5 or more per year
 3 or 4
 1 or 2 per year

ASTHMA REMEDIES

WE DO NOT USE (Skip to next category)

1) Do any members of your household have asthma? If so, who?

Self
 Another adult
 Child - age 12-17
 - 11 years or younger

2) What products are used in your household to treat asthma? Please "X" all that apply.

Our Usual in Past Brand(s) 12 Months

Advair
 Albuterol (e.g. Alupent, Proventil, Ventolin)
 Azmacort
 Flovent
 Pulmicort
 Serevent
 Singulair
 Other prescription medication

HEALTH PRODUCTS

Do any members of your household use the following health products?

Others in You Household

Contact lenses
 Imitrex
 Paxil
 Viagra
 Zomig

SNORING

WE DO NOT SNORE (Skip to next category)

For the members of your household who snore, which of the following best describes their snoring?

A big problem
 Somewhat of a problem
 Not a problem

FAMILY HEALTH

Do any members of your household have the following?

Others in You Household

ADD or ADHD
 Alzheimer's
 Arthritis - Rheumatoid
 - Common (osteo)
 Back pain
 Bladder leakage - heavy
 - light
 Chronic bronchitis or COPD or emphysema
 Depression
 GERD
 High blood pressure
 High cholesterol
 IBS
 Insomnia
 Lactose intolerance
 Macular Degeneration
 Migraines
 Overactive bladder
 Psoriasis or eczema
 Sensitive teeth

DIABETES

WE DO NOT HAVE (Skip to next category)

1) Do any members of your household have diabetes? If so, what type?

Others in You Household
 Type 1 - Juvenile diabetes
 Type 2 - Adult onset
 Not certain

2) What method is used to treat their diabetes?

Others in You Household
 Insulin
 Oral medication
 Diet or exercise

3) If any members of your household use oral medications, which of the following are used?

Others in You Household

Actos
 Avandia
 Glucophage
 Metformin
 Other

COMMON OSTEO ARTHRITIS REMEDIES

WE DO NOT USE (Skip to next category) Our Usual in Past Brand(s) 12 Months

Advil
 Aleve
 Celebrex
 Tylenol Arthritis Pain
 Tylenol Extra Strength
 Viiox
 Other

In an average month, how often does your household treat arthritis?

More than 10 days per month
 6 to 10 days
 1 to 5 days
 Less than once per month

SCAR TREATMENT

How concerned are household members about improving the appearance of scars or preventing the formation of new ones?

Very concerned
Somewhat concerned
Not concerned

PETS

WE DO NOT HAVE (Skip to next category)

1) If your household has a dog or cat, what are their ages?

	Dog	Cat
0 to 6 months	.....	.....
7 to 12 months	.....	.....
1 to 7 years	.....	.....
Over 7 years	.....	.....

2) Which dry or canned pet foods are bought regularly? Please "X" all that apply.

	Dry	Canned
Friskies	.....	.....
Hills Science Diet	.....	.....
Iams or Eukanuba	.....	.....
Pedigree	.....	.....
Purina	.....	.....
Store brands	.....	.....
Other	.....	.....

3) If your household has a cat, are three or more flavors, brands or types of cat food bought?

Yes No

HOME & LEISURE

1) Please "X" all activities pursued by at least one member of your household.

Baking
Cooking - gourmet
 - homestyle
 - low fat
Crafts
Scrapbooking
Knitting or needlework
Quilting
Gardening
Organic gardening
Home improvement or repair
Woodworking

2) Please indicate the items your household already owns, or is planning to buy in the next 12 months.

	Already Own	Plan to Buy
Swimming pool	.....	.....
Horse	.....	.....

TRAVEL

Please "X" the vacations household members have taken or would enjoy.

	Have Taken	Would Enjoy
Casino vacations	.....	.....
Cruises	.....	.....
Family vacations	.....	.....
Timeshare vacations	.....	.....
Travel within the USA	.....	.....
Travel to Canada	.....	.....
Other foreign travel	.....	.....
Frequent business travel	.....	.....

HOBBIES & INTERESTS

Please "X" all activities pursued by at least one member of your household.

Bird watching
Car repair
Education courses - Home study
 - Career advancement
Photography
Self improvement
Sweepstakes or lotteries
Cigar smoking
Theater or performing arts
Wine appreciation

SPORTS

1) Which of the following sports do members of your household regularly participate in?

Baseball	.....	Golf	.....
Basketball	.....	Running	.....
Football	.....	Camping/hiking	.....
Hockey	.....	Fishing	.....
Fitness	.....	Hunting	.....
Snow skiing	.....	Snowboarding	.....
Walking	.....	Yoga or Pilates	.....

2) Which sports do members of your household regularly watch?

Baseball
Basketball
Hockey
Football
NASCAR

HOME ELECTRONICS

Please "X" the items your household already owns, or plans to buy in the next 12 months.

	Already Own	Plan to Buy
Home computer	.....	.....
CD-ROM	.....	.....
Internet service - any	.....	.....
- DSL or high speed	.....	.....
Compact disc player (CD)	.....	.....
DVD player	.....	.....

MAIL ORDER OR CATALOG PURCHASES

1) Have you purchased 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	.....	.....
Women's apparel size 22+	.....	.....
Books	.....	.....
Children's products	.....	.....
Garden seeds or bulbs	.....	.....
Cosmetics	.....	.....
Food gifts or products	.....	.....
Gifts	.....	.....
Jewelry	.....	.....
Home furnishings	.....	.....
Magazines	.....	.....
Video's or DVD's	.....	.....
Books on tape	.....	.....
Any other products	.....	.....

2) Do you use the internet to purchase products online?

Yes No

READING

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

CHARITABLE CAUSES

What types of causes do members of your household support?

Animal welfare
Environment or wildlife
Political - conservative
 - liberal
World relief
Children's Cultural
Health Religious
Veteran's Women's
Donate to charitable causes

GRANDCHILDREN

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

0 - 4 years 5 - 12 years

VETERANS

Is there a veteran living in your household?

Yes No

INVESTMENTS

Which of the following investments does your household currently own or plan to buy in the next 12 months?

	Currently Own	Plan to Buy
Life insurance	.....	.....
Mutual funds	.....	.....
Stocks or bonds	.....	.....
401K plan	.....	.....
529 college savings plan	.....	.....
Other investments	.....	.....

CREDIT CARDS

WE DO NOT USE (Skip to next category)

Does your household regularly use any of the following credit cards?

	Premium	Regular
American Express	.....	.....
Discover	.....	.....
VISA or Mastercard	.....	.....
Other credit card(s)	.....	.....

AUTOMOBILE INSURANCE

WE DO NOT HAVE (Skip to next category)

When do you renew your policy?

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

VEHICLE OWNERSHIP

WE DO NOT HAVE (Skip to next category)

Please tell us about the current vehicle(s) (up to 2) in your household.

VEHICLE 1

Year: (e.g. 1995)
.....

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

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

VEHICLE 2

Year: (e.g. 1995)
.....

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

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

2) I plan to purchase my next vehicle within:

0 to 6 months 7 to 12 months

E-MAIL

We work with a selected number of trusted companies to find and send offers that are of interest to our panel members. You can receive valuable offers, coupons and research on-line by printing your email address below.

Example: marysmith@cyber.com

@

OCCUPATION

Which employment categories apply to the male and female heads of your household? Please "X" all that apply.

	Male	Female
Full-time homemaker	.....	.....
Management	.....	.....
Professional or technical	.....	.....
Sales or marketing	.....	.....
Tradesman or laborer
Home business
Self employed
College student
Retired
Other

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Please turn to the next page →

CIGARETTES (ADULTS ONLY - 21 OR OLDER)

NO ADULTS SMOKE CIGARETTES (Skip to next category)

1st Adult Smoker

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

Flavor: Non-Menthol
Menthol

Length: Regular

Long / 100s

Extra Long / 120s

Type: Full Flavor

Medium

Milds

Lights

Ultra Lights

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: [] [] [] [] [] [] [] [] [] []

Has this always been your usual brand?

Yes No

(If no, what was your previous usual brand?)

What would you do if you went to the store and your usual brand was not available? (Check only one)

Go to another store to buy your usual brand

Buy another type or length of your usual brand

Wait until the store has your usual brand

Buy a different brand entirely

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

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

2nd Adult Smoker

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

Flavor: Non-Menthol
Menthol

Length: Regular

Long / 100s

Extra Long / 120s

Type: Full Flavor

Medium

Milds

Lights

Ultra Lights

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: [] [] [] [] [] [] [] [] [] []

Has this always been your usual brand?

Yes No

(If no, what was your previous usual brand?)

What would you do if you went to the store and your usual brand was not available? (Check only one)

Go to another store to buy your usual brand

Buy another type or length of your usual brand

Wait until the store has your usual brand

Buy a different brand entirely

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

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

If you are 21 or older and would like to receive coupons, offers and premiums that may be sent in the mail, please complete all sections below.

PLEASE PRINT

First name _____

Last name _____

Gender Male Female

Birth date required

Month Day Year

I certify that I am a smoker; that I am 21 years of age or older; and that I would like to receive in the mail offers, premiums, and/or coupons, as well as cigarettes that I may purchase. I understand that giving false information in order to accept these offers may constitute a violation of law.

Signature - 1st Adult Smoker

x _____

(First and last name required)

PLEASE PRINT

First name _____

Last name _____

Gender Male Female

Birth date required

Month Day Year

Signature - 2nd Adult Smoker

x _____

(First and last name required)

COLLECTIBLES

Please "X" any of the following items actively collected by at least one member of your household.

Coins Stamps

Dolls Plates

Figurines Other

Sports memorabilia

MUSIC PREFERENCES

Which types of music do members of your household enjoy?

R&B Jazz

Classical Rock 'n roll

Country Other

Christian or gospel

GENERAL INFORMATION

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 Three

Two 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 Male Female

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 - 79 years

80 years or over

3) Is anyone in your household expecting a baby?

Yes No

4) What type of dwelling do you live in?

Own Rent

Apartment or condo

House - single family

Other type

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

Under 1 year 1 to 10 years

Over 10 years

6) What is your marital status?

Married or equivalent

Single or equivalent

7) What was the combined income for all members of your household in 2003 (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

8) I would like to receive further mailings and offers that would be of interest to me.

Yes No

Thank you for taking the time to complete this questionnaire. I hope you found it interesting. One last thing — PLEASE PRINT YOUR NAME AND MAILING ADDRESS BELOW. Sweepstakes and coupon deadline is April 16, 2004. No purchase is necessary to enter.

Please allow 12 weeks for delivery of the coupons. If you are moving in the next 12 weeks, write in your NEW mailing address only.

Best Regards

Mr. Mrs. Miss Ms

Laura

PLEASE PRINT

NAME: _____

FIRST NAME LAST NAME

MAILING ADDRESS: _____

CITY / TOWN _____

STATE _____

ZIP CODE: [] [] [] [] [] - [] [] [] [] []

(OPTIONAL)

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