

Date: Jan 14, 1998

Name \_\_\_\_\_

Do you work outside of your home (or have a home office)? Yes

If Yes:

Occupation: toll collector Company Richard Motor Activity

What product or service does your company (or do you) provide? \_\_\_\_\_

collect money and make changeHow many people currently live in your household (including yourself)? 3

Please circle YES for each of the following products you currently own or use. Then, for each that you use, give the brand name/type of that product you own or usually choose to buy.

	Own (circle)		BRAND NAME
CD player	<u>YES</u> NO		<u>Fisher, Aiwa</u>
Cassette player	<u>YES</u> NO		<u>Fisher, Aiwa Sony</u>
VCR	<u>YES</u> NO		<u>" " "</u>
	Use (circle)		PREFERRED BRAND
Coffee	<u>YES</u> NO		
- If Yes, is it usually:	<u>Caffeinated</u> Decaffeinated		
Tea	<u>YES</u> NO		<u>Lipton</u>
- If Yes, is it usually:	Hot <u>Cold</u>		
	<u>Caffeinated</u> Decaffeinated		
Cigarettes	<u>YES</u> NO		<u>VA. Slims</u>
- If Yes, are they:	<u>Ultra Lights</u> Lights Full Flavor		
	<u>Menthol</u> Nonmenthol		
	100s Kings		
Bottled Water	YES <u>NO</u>		
Carbonated Soda	<u>YES</u> NO		<u>Coke Cola</u>
- If Yes, is it usually:	Diet <u>Regular</u>		<u>Surge</u>
	<u>Caffeinated</u> Decaffeinated		

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