**TOBACCO VECTOR TEST**

*ASU30*

*ASU30 and ATUU30 are acronyms for Adult Smoker Under 30 and Adult Tobacco User Under 30. The term ‘adult’ is defined by local law, but shall in no circumstance refer to any person under the age of 18. Likewise, consistent with BAT’s International Marketing Standards, terms such as ‘consumer’, ‘target consumer’, ‘smoker’, or ‘target audience’ refer only to smokers whom are adults.*

LOCAL LEGISLATION / REGULATIONS

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| --- |
| **QUESTIONNAIRE FLOW** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section** | **Question #** | **Question** | **Type** |
| **SCREENER** | S1 | Gender | Not asked |
| S2a | Age Screening (Exact Age) | Value |
| S2b | Age screening by month (18-20 years) | Single |
| S2c | Age Screening (2) | Single |
| S3 | Trade / profession screening | Multi |
| S4a | Whether participated in market research | Single |
| S4b | Whether participated in tobacco research | Single |
| S5 | Smoke cigarettes daily | Single |
| S6 | Average daily consumption | Value |
| S7 | Time Smoking Cigarettes | Single (define) |
| S8 | Regular brand | Single |
| S9 | Brands bought last 10 purchases | Multi |
| S10 | Times bought brands | Value |
| S11 | Demographic questions to be included as per market needs | Single |
|  | 1a | Taste Association | Open Ended |
| **MAIN – TEST OFFER RATINGS** | 1b | Spontaneous Likes | Open Ended |
| 1c | Spontaneous Dislikes | Open Ended |
| 2 | Overall Likeability | Scale 1-5 |
| 3 | Taste Familiarity | Scale 1-4 |
| 4 | Intensity of the kick/hit – JR | Just Right Scale |
| 5 | Strength of Taste– JR | Just Right Scale |
| 6 | Taste Quality | Scale 1-5 |
| 7 | Smell (while smoking) | Scale 1-5 |
| 8a | Smoking Environments Associated | Multi |
| 8b | Smoking Environment Most Associated | Single |
| 8c | Reasons for Association | Open Ended |
| END | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **TOBACCO VECTOR TEST- SCREENER QUESTIONNAIRE** | | | | | | | | | | | | | | | | |
| **S1** | **Record Gender (DO NOT READ)** |  | | |  |  | | |  | |  | | | | |
|  | | | **CODE** |  | | | **GO TO** | |  | | | | |
| **MALE** | | | **1** |  | | | **S2a** | |  | | | | |
| **FEMALE** | | | **2** |  | | |  | | | | |
|  | | |  |  | | |  | |  | | | | |
|  |  |  | | | | | | |  | | | | | |  |
| **S2a** | First of all, how old are you?  **INTERVIEWER TO ASK FOR EXACT AGE**  **IF EXACT AGE MENTIONED, FIRST CODE AGE.**  **THEN CODE AGE RANGE IN THE GRID**  **IF EXACT AGE NOT MENTIONED/ REFUSED, ASK “In which of these age categories do you fall?”** | **Write Exact Age (in completed years)** | | | | | | | **Years** | | | | | |  |
|  | | | | | | |  | | | |  | |  |
| **POST CODE THE AGE IN THE GRID BELOW** | | | | | | | | | | | | |  |
|  | | **AGE** | | | **CODE** |  | **GO TO** | | | | | |  |
|  | | Under 18 Years | | | **1** |  | **CLOSE** | | | | | |  |
|  | | 18-20 Years | | | **2** |  | **CONTINUE** | | | | | |  |
|  | | 21-24 Years | | | **3** |  |
|  | | 25-29 Years | | | **4** |  |
|  | | 30-34 Years | | | **5** |  |
|  | | 35-44 Years | | | **6** |  |
|  | | 45-54 Years | | | **7** |  |
|  | | 55-64 Years | | | **8** |  |
|  | | 64+ Years | | | **9** |  | **CLOSE** | | | | | |  |
|  | |  | | |  |  |  | | | | | | |
|  | **CLOSE INTERVIEW IF LESS THAN 18 YEARS OR ABOVE 64 YEARS, I.E. CODED 1 OR 9 IN THE AGE GRID ABOVE**  **ASK S2b IF CODE 2/3 AT S2a (REPLACE 18 by 19/21 DEPENDING ON MINIMUM LEGAL AGE IN THE MARKET)** | | | | | | | | | | | | | | |
| **S2b** | You mentioned that you are (READ AGE AT S2a) years old - which out of the following options best describes your age today? |  |  | | | | | | |  | |  | |  | |
|  | **AGE** | | | | | | | **CODE** | |  | | **GO TO** |  |
|  | I am 18 years and 1 month | | | | | | | 01 | |  | | **CLOSE** |  |
|  | I am 18 years and 2 months | | | | | | | 02 | |  | |
|  | I am 18 years and 3 months | | | | | | | 03 | |  | |
|  | I am 18 years and 4 months | | | | | | | 04 | |  | |
|  | I am 18 years and 5 months | | | | | | | 05 | |  | |
|  | I am 18 years and 6 months | | | | | | | 06 | |  | |
|  | I am 18 years and 7 months | | | | | | | 07 | |  | | **CONTINUE** |  |
|  | I am 18 years and 8 months | | | | | | | 08 | |  | |
|  | I am 18 years and 9 months | | | | | | | 09 | |  | |
|  | I am 18 years and 10 months | | | | | | | 10 | |  | |
|  | I am 18 years & 11 months but not yet 19 years | | | | | | | 11 | |  | |
|  | I am 19 years old | | | | | | | 12 | |  | |
|  | I am 20 years old | | | | | | | 13 | |  | |
|  | I am 21 years old | | | | | | | 14 | |  | |
|  | I am 22 years old | | | | | | | 15 | |  | |
|  | I am 23 years old | | | | | | | 16 | |  | |
|  | I am 24 years old | | | | | | | 17 | |  | |
|  | **Refuse to answer** | | | | | | | 99 | |  | | **CLOSE** |  |
|  |  | | | |  |  |  | | | | | | |
|  | **CHECK QUOTA AND CONTINUE** | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S3** | Do you or any of your close relatives work in any of the following trades or professions:  **SHOW CARD/VISUAL.** Read out list. |  |  |  |  |  | | | |
|  | **PROFESSION** | **CODE** |  | **GO TO** | | |  |
|  | Banking | 1 |  | **CONTINUE** | | |  |
|  | Journalism/TV/Radio Reporting | - |  | **CLOSE** | | |  |
|  | Public relations | - |  |
|  | Market research | - |  |
|  | Advertising | - |  |
|  | Sale/Manufacture of tobacco products | - |  |
|  | Sale/Manufacture of beer or spirits | 2 |  | **CONTINUE** | | |  |
|  | Any other | 3 |  |
|  |  |  |  |  | | | |
| **S4a** | Have you participated in any tobacco market research survey in the last 3 months? |  |  |  |  |  | | | |
|  |  | **CODE** |  | **GO TO** | |  | |
|  | Yes | 1 |  | CLOSE | |  | |
|  | No | 2 |  | S5 | |  | |
|  |  |  |  |  | | | |
| **S5** | Do you normally smoke at least one manufactured cigarette a day? |  |  |  |  |  | | | |
|  |  | **CODE** |  | **GO TO** |  | | |
|  | Yes | 1 |  | S6 |  | | |
|  | No | 2 |  | **CLOSE** |  | | |
|  |  |  |  |  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S6** | On average, how many manufactured cigarettes do you normally smoke a day?  **RECORD THE EXACT NUMBER OF CIGARETTES CONSUMED PER DAY AND CODE TO THE CORRECT INTERVAL**  ***(\* TERMINATION CRITERION LESS THAN 5 CIGARETTES A DAY SUBJECT TO MARKET’S AVERAGE DAILY CONSUMTPION)*** |  | | | | | | | | | | | | | |
|  | **EXACT NUMBER** | |  | | |  |  | | | |  | | |
|  |  | | |  | | |  | | | |  | | |
|  | **AVERAGE DAILY CONSUMPTION** | | | **CODE** | | |  | | **GO TO** | | |  | |
|  | 1-4 cigarettes a day | | | 1 | | |  | | **CLOSE** | | |  | |
|  | 5-9 cigarettes a day | | | 2 | | |  | | **CONTINUE** | | |  | |
|  | 10-15 cigarettes a day | | | 3 | | |  | |  | |
|  | 16-20 cigarettes a day | | | 4 | | |  | |  | |
|  | 21-30 cigarettes a day | | | 5 | | |  | |  | |
|  | 31-40 cigarettes a day | | | 6 | | |  | |  | |
|  | 41-50 cigarettes a day | | | 7 | | |  | |  | |
|  | More than 50 cigarettes a day | | | 8 | | |  | |  | |
|  | | | | | | | | | | | | | |
| **S7** | Since you were (**MINIMUM LEGAL AGE**) to the present day, for how long have you been smoking manufactured cigarettes? |  | |  | | |  | | |  | |  | | |  |
|  | | **TIME SMOKING** | | | **CODE** | | |  | | **GO TO** | | |  |
|  | | Less than 3 months | | | 1 | | |  | | **CLOSE** | | |  |
|  | | 3 – 6 months (incl. 3 & 6 months) | | | 2 | | |  | |  |
|  | | 6 months - 1 year (incl. 1 year) | | | 3 | | |  | | **CONTINUE** | | |  |
|  | | More than 1 year, up to 18 months (one and half years) | | | 4 | | |  | |  |
|  | | More than 18 months up to 2 years | | | 5 | | |  | |  |
|  | | More than 2 years up to 5 years | | | 6 | | |  | |  |
|  | | More than 5 years up to 10 years | | | 7 | | |  | |  |
|  | | More than 10 years | | | 8 | | |  | |  |
|  | |  | | |  | | |  | |  | | |  |
| **S8** | What is your regular brand, that is, the one you smoke more than any other brand nowadays?  **DO NOT READ OUT LIST**  **PROMPT FOR BRAND IDENTIFICATION (KS, MENTHOL, LIGHTS, SUPER LONG, ETC.)** |  | | | | | | | | | | | | | |
|  | **REGULAR BRAND** | | | **CODE** | | |  | | | |  | | |
|  |  | | | ……. | | |  | | | |  | | |
|  |  | | | | | | | | | | | | |
|  | **CODE EXACT VERSION BELOW. SINGLE CODE** | | | | | |  | |  | | | | |
|  | **REGULAR BRAND** | | | **CODE** | | |  | | **GO TO** | | |  | |
|  | Brand A | | | 1 | | |  | | **CONTINUE** | | |  | |
|  | Brand B | | | 2 | | |  | |
|  | Brand C | | | 3 | | |  | |
|  | Brand D | | | 4 | | |  | |
|  | …………………………………. | | | …… | | |  | |
|  | Others | | | ……. | | |  | | **CLOSE** | | |  | |
|  |  | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S9**  **S10** | Out of your last 10 cigarette purchases, which brands did you buy? Any other brands?  And how many times did you buy each brand? | |  | |  | | | | |  |  | |  |
|  | **Brands Bought** | | | **Code** | | **Purchased** | | **Number of times** | |  |
|  | Brand A | | |  | |  | |  | |  |
|  | Brand B | | |  | |  | |  | |  |
|  | Brand C | | |  | |  | |  | |  |
|  | Brand D | | |  | |  | |  | |  |
|  | Brand E | | |  | |  | |  | |  |
|  | Etc.. | | |  | |  | |  | |  |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | ***S11: DEMOGRAPHIC SECTION – TO BE INCLUDED AS PER END MARKET NEEDS (*ASPECTS LIKE ETHNICITY/SEC/ANY OTHER DEMOGRAPHIC PARAMETER AS RELEVANT WHICH ARE EXPECTED TO IMPACT THE EVALUATION OF TASTE.** | | | | | | | | | | | | |
|  | **SAY:** We are conducting a survey among a special group of cigarette smokers like you. Would you like to participate in further interviews during which we will give you some cigarettes to smoke?  **IF RESPONDENT IS WILLING, CHECK QUOTA AND RECRUIT RESPONDENT FOR RELEVANT PANEL AND CONTINUE.**  **INTERVIEWER TO READ OUT:** We will be placing around \_\_\_ products (AS PER THE NO. OF PRODUCTS BEING TESTED) with you for the next \_\_\_\_days (AS PER THE NO. OF PRODUCTS BEING TESTED). We will place with you one cigarette product each day for 4 consecutive days. After this there will be a gap of 2 days. Then we will again place with you the next set of cigarettes and so on. We want to understand how you personally experience this product. I will give sufficient number of cigarettes for 1 day of smoking, please refrain from smoking other cigarettes during these days. | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
|  | **CIRCLE PRODUCT PLACED FIRST** | | | | | | | | | | | | |
| Test product 1 | 1 | Test product 5 | | | 5 | | Test product 9 | | | | 10 | |
| Test Product 2 | 2 | Test Product 6 | | | 6 | | Test Product 10 | | | | 12 | |
| Test Product 3 | 3 | Test Product 7 | | | 7 | | Test Product 11 | | | | 11 | |
| Test Product 4 | 4 | Test Product 8 | | | 8 | | Test Product 12 | | | | 12 | |

**PLACE PRODUCT AS PER AVERAGE DAILY CONSUMPTION OF THE RESPONDENT ENSURING SUFFICIENT PRODUCT TO SMOKE FOR 1 DAY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **TOBACCO VECTOR TEST- MAIN QUESTIONNAIRE** | | | | | | | | | | | |
|  | **INTERVIEWER TO ASK THE FOLLOWING:** | | | | | | | | | | | |
| **P1**  **P1a**  **P1b** | To start with, I’d like to collect the **empty box and all remaining cigarettes**.  How many cigarettes that I gave you did you actually smoke in total? (OA-SA)  **ASK P1b, IF NUMBER CIGARETTES CODED ABOVE IS LESS THAN 5 (0-4)**  What are the reasons you didn’t smoke sample cigarettes very frequently? (FA) | |  | | --- | | **Number of remaining cigarettes** | | Sticks |   **Record the number of remaining cigarettes below**.   |  | | --- | | **Number of cigarettes smoked** | | Sticks | | | | | | | | | | | |
|  | **INTERVIEWER: CODE APPROPRIATELY BELOW**   |  |  |  | | --- | --- | --- | | Reasons related to dissatisfactions with the product, such as “I don’t like the product” and “It doesn’t taste good” | 1 | 🡺Go to Q1 | | Reasons other than dissatisfactions with the product, such as “I wasn’t feeling good” and “I was trying not to smoke cigarettes for a while” | 2 | 🡺To P1c | | | | | | | | | | | | |
| **P1c** | Do you intend to smoke more than 5 or more sticks of the sample cigarettes from now on? (SA)  **(To those who “intend to smoke (P1c=1)” )**  By when do you think you can smoke more than  5 sticks of sample cigarettes?  **[Schedule the date of re-visit, and start with P1 again on the day of re-visit]** | |  |  |  |  | | --- | --- | --- | --- | | Intend to smoke more than 5 sticks | Yes | No | Terminate | | 1 | 2 |  |   　Date of re-visit: 　　　　MM　　　　　DD  AM  PM | | | | | | | | | | |
|  | **INTERVIEWER TO READ OUT: “Now we would like to ask you some questions related to the test cigarette that we gave to you for smoking” ENSURE RESPONDENT IS COMFORTABLE TO PROCEED** | | | | | | | | | | | |
| **Q1a**  **Q1b**  **Q1c** | Please describe to us with **one word** how would you **name** the **Taste of the cigarettes** that you smoked in the last 1 day?  *For example, if I asked you to describe to me the Taste of the soft drink 7Up in one word you could say ‘’Lime’’ or ‘’Fruity’.*  Can you please tell us if there is anything that you liked about the Taste of this cigarette?  Can you please tell us if there is anything that you disliked about the Taste of this cigarette? | |  | | | | | | | | | |
|  | **SHOW CARD FROM Q2 TO Q8. SAY: I will now ask you to rate the taste of the cigarettes you smoked** | | | | | | | | | | | |
| **Q2** | **Overall Likeability**  Can you tell me which of these statement best describes how much you like this product after 4 days of smoking these cigarettes? | |  |  | | --- | --- | | **I dislike it a lot** | **1** | | **I dislike it somewhat** | **2** | | **I neither like it nor dislike it** | **3** | | **I like it somewhat** | **4** | | **I like it a lot** | **5** | | | | | | | | | | | |
| **Q3** | **Taste Familiarity**  Compared to the cigarettes you usually smoke, how similar or different was the taste of the product you tested? | |  |  | | --- | --- | | **Exactly the same** | **1** | | **similar** | **2** | | **Somewhat different** | **3** | | **Very different** | **4** | | | | | | | | | | | |
| **Q4** | **Intensity of Kick/ Hit**  How would you rate the intensity of kick/hit on the throat while smoking the cigarette – the short, sharp, momentary “kick” or “hit” sensation you may have felt as the smoke goes down your throat?  Would you think the kick/hit intensity on the throat was: |  | | | | | | | | | | |
| ☹ | | 😐 | | ☺ | | 😐 | | ☹ | | |
| **Too**  **Low** | | **Slightly**  **Too Low** | | **Just**  **Right** | | **Slightly Too High** | | **Too**  **High** | | |
| **Q5** | **Strength of Taste**  How would you rate the strength of  taste – irrespective of whether you  think the taste was good or bad? Would you think the strength of taste was: |  | | | | | | | | | | |
| ☹ | | | 😐 | | ☺ | | 😐 | | ☹ | |
| **Too**  **Low** | | | **Slightly Too Low** | | **Just**  **Right** | | **Slightly Too High** | | **Too**  **High** | |
| **Q6** | **Taste Quality**  How would you rate the pleasantness or unpleasantness of the taste that was present during smoking? | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Unpleasant** | **1** | **2** | **3** | **4** | **5** | **Pleasant** | | | | | | | | | | | |
| **Q7** | **Smell (while smoking)**  How would you rate the smell whilst smoking? | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Hardly noticeable** | **1** | **2** | **3** | **4** | **5** | **Highly noticeable** | | | | | | | | | | | |
|  | **INTERVIEWR TO READ OUT:** I will now show you a set of pictures. These pictures present different environments which capture occasions, locations and moods. Sometimes one associates a certain occasion, location or mood while consuming different products. For example, for a product like an energy drink, one could associate an environment of partying with friends, or perhaps working hard at office, etc. **SHOW ENVIRONMENT PICTURES** | | | | | | | | | | | |
| **Q8a**  **Q8b**  **Q8c** | Can you please tell, if you can associate the smoking experience of this cigarette with any of these given environments? If you want you can select more than one environment.  **IF RESPONDENT HAS SELECTED MORE THAN ONE ENVIRONMENT, ASK:**  You have associated smoking experience of this cigarette with a few environments.  **SHOW ENVIRONMENT PICTURES SELECTED IN Q8A**  Can you please select which one environment would you associate this cigarette the most?  You said that you associate this picture or environment **(SHOW THE PICTURE SELECTED BY RESPONDENT IN Q8b)** the most with this product. Can you please tell us why you feel so? | **IF RESPONDENT HAS ASSOCIATED WITH ONLY ONE ENVIRONMENT, TRANSFER CODE FROM Q8a TO Q8b**   |  |  |  |  | | --- | --- | --- | --- | |  |  | **Q8a (MA)** | **Q8b (SA)** | | M1 |  | 1 | 1 | | M2 |  | 2 | 2 | | M3 |  | 3 | 3 | | M4 |  | 4 | 4 | | M5 |  | 5 | 5 | | M6 |  | 6 | 6 | | M7 |  | 7 | 7 | | M8 |  | 8 | 8 | | | | | | | | | | |
|  | **INTERVIEWER: HAND OVER PACK(S) OF TEST PRODUCT CODE <insert product code as per rotation sequence> TO THE RESPONDENT AND EXPLAIN THE FOLLOWING TO THEM** | | | | | | | | | | | |
|  | **INTERVIEWR TO READ OUT** :   * These are the <insert test number> test products – I would request you to smoke for the **next 1 day** * Please **do not smoke any other cigarettes** until your next visit. I will give you enough cigarettes, but in case you are about to run out of these cigarettes or for some reason it becomes difficult to continue smoking these cigarettes, please make sure to contact me. * Please do not give these cigarettes to anyone. Also, I’d like to collect **empty boxes** as well as all **remaining cigarettes**, so please **try not to throw them away** * I’d like to make an appointment for your next visit tomorrow. Around what time would be convenient for you to visit us tomorrow?   **Note to INTERVIEWER: Schedule the next visit. Make an appointment for the re-visit the next day. Before leaving, confirm the time, and then record the product code and dates onto your hardcopy respondent booking sheet**   * Thank you for participation in this consumer test. | | | | | | | | | | | |
|  | **INTERVIEWER TO NOTE DOWN:**   |  |  |  |  | | --- | --- | --- | --- | | Place for the next visit |  | Tel No. | (　 )-(　　　　)-(　　　　　) | | Date of the next visit | MM　　　　　　DD　　　　AM ･ PM　Around　　　　　: | | | | | | | | | | | | | | |
|  | **END VISIT** | | | | | | | | | | | |
|  | **THE FOLLOWING SET OF INSTRUCTIONS TO BE FOLLOWED AT THE END OF 5TH & 9TH VISIT (AS PER THE NO. OF PRODUCTS BEING TESTED)** | | | | | | | | | | | |
|  | **INTERVIEWER: THE NEXT STAGE IS A 2 DAY BREAK FOR THE RESPONDENT NO PRODUCT IS TO BE PLACED. PLEASE EXPLAIN THE FOLLOWING TO THEM**   * You have now come to the stage of the test where you get a 2 day break to help your taste buds re adjust * Please note your next visit after the break will only be to pick up product for the next stage of the test and therefore will only take around 5 minutes * I’d like to make an appointment for your next visit in 2 days time. Around what time would be convenient for you to visit us in 2 days?   **Note to INTERVIEWER: Schedule the next visit. Make an appointment for the re-visit after the break in 2 days time. Before leaving, confirm the time, and then record the dates onto your hardcopy respondent booking sheet**   * Thank you for participation in this consumer test. | | | | | | | | | | | |
|  | **INTERVIEWER TO NOTE DOWN:**   |  |  |  |  | | --- | --- | --- | --- | | Place for the next visit |  | Tel No. | (　 )-(　　　　)-(　　　　　) | | Date of the next visit | MM　　　　　　DD　　　　AM ･ PM　Around　　　　　: | | | | | | | | | | | | | | |