

ATTACHMENT I

SCREENER

- 1) Hello, I'm _____ with _____, an independent research company located in _____. We are conducting a survey and would like to include you or someone in your household among the people we are talking to.

2. [TODAY/TONIGHT], I need to speak to people in various age groups. Please tell me: Are you under 25 years of age, 25-34, 35-49, or 50 or older?

[CHECK AGE AND SEX QUOTAS.
IF FULL, CONTINUE TO Q.2a;
OTHERWISE, SKIP TO Q.3.]

Under 25 [GO TO Q.2a].....1
Male 25-34.....2
Male 35-49.....3
Male 50 or older.....4
Female 25-34.....5
Female 35-49.....6
Female 50 or older.....7
Refused Age [TALLY AND TERMINATE]..8
Sex/Age Quota Filled.....9

- 2a. [IF RESPONDENT NOT QUALIFIED, ASK:

Is there another member of the household age 25 or older?

Yes [SKIP TO Q.1].....1
No [TALLY AND TERMINATE].....2

3. And, which of the following products do you, yourself, use DAILY? (READ LIST AND PAUSE FOR ANSWER AFTER EACH ITEM. RECORD ON GRID BELOW.)

	USE DAILY	
	Yes	No
Milk.....	1	-
Eggs.....	2	-
Coffee.....	3	-
Chewing Gum.....	4	-
Orange Juice.....	5	-
Pain Relievers.....	6	-
Beer.....	7	-
Mouthwash.....	8	-
Cigarettes.....	9	-
Breath Mints.....	10	-
Toothpaste.....	11	-
Soft Drinks.....	12	-
(DO NOT READ) None of these.....	13	-

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