

Name: Garnet Shoemaker
x 5115

Date: 9-29-93

1. Do you smoke?

☒ Yes

☐ No

2. How satisfied are you with your conventional cigarette as far as the taste, perceived health and amount of smoke and odor?

☐ Extremely Satisfied

☐

Somewhat Satisfied

☐ Neither Satisfied or Dissatisfied

☒ Somewhat Dissatisfied

☐

Extremely Dissatisfied

3. How self-conscious do you feel about smoking around non-smokers and your family?

☐ Extremely self-conscious

☒ Somewhat self-conscious

☐ Not self-conscious

4. Do you impose any self-restrictions about when and where you smoke?

☒ Yes

☐ No

If so, when and where:

on elevators

closed areas w/ children present

5. How interested would you be in a device that delivers taste and satisfaction without any sidestream smoke or odor?

☒ Extremely Interested

☐

Somewhat Interested

☐

Neither Interested or Uninterested

☐ Somewhat Uninterested

☐

Extremely Uninterested

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