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P. 2

HOME TESTING INSTITUTE
Box 500
Manhasset, N.Y. 11030

FILTER CIGARETTE REPORT FORM

PART A

To Be Filled Out After You Have Smoked All Of The Q21 Cigarettes,
Or At The End Of 3 Days

Now that you have tried Cigarette Q21, we would like you to tell us how you think they compare with other cigarettes you have tried in terms of three characteristics. For each characteristic, simply check the box that comes closest to describing how you feel about Test Cigarette Q21.

TASTE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Good Taste	Good Taste	Average Taste	Poor Taste	Very Poor Taste

MILDNESS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Mild	Mild	Average Mildness	Strong	Very Strong

OVERALL

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Like It Very Much	Like It Fairly Well	It's Just OK	Don't Like It Very Much	Don't Like It At All

PART B

To Be Filled Out After You Have Smoked All Of The G56 Cigarettes,
Or At The End Of 3 Days

Now that you have tried Cigarette G56, we would like you to tell us how you think they compare with other cigarettes you have tried in terms of three characteristics. For each characteristic, simply check the box that comes closest to describing how you feel about Test Cigarette G56.

TASTE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Good Taste	Good Taste	Average Taste	Poor Taste	Very Poor Taste

MILDNESS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Mild	Mild	Average Mildness	Strong	Very Strong

OVERALL

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Like It Very Much	Like It Fairly Well	It's Just OK	Don't Like It Very Much	Don't Like It At All

PLEASE KEEP THIS REPORT FORM HANDY UNTIL WE TELEPHONE YOU

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