

COMMUNICUS, INC.
Project RJR-67
January, 1982
MDD# 82-42202

GROUP D 4-4

Male 5 -1
Female -2

Albuquerque	6 -1	Chattanooga	-5
Memphis	-2	Indianapolis	-6
Seattle	-3	Los Angeles	-7
Baton Rouge	-4	Dallas	-8
		Philadelphia	-9

Hello, I'm _____ from Communicus, a consumer opinion firm. We are conducting a survey and would like to include you.

A. (HAND CARD A) Please look at this card and tell me which of the following phrases apply to you.

- | | |
|---|-----|
| a. I eat dinner out at a restaurant at least twice a month. | -1 |
| b. I have a valid drivers license. | -2 |
| c. I subscribe to a daily newspaper. | -3 |
| d. I smoke one or more cigarettes per day. | -4* |
| e. I frequently have a glass of wine with dinner. | -5 |

*TERMINATE AND CIRCLE BELOW IF "SMOKE CIGARETTES" NOT MENTIONED.

INELIGIBLE, DOES NOT SMOKE CIGARETTES

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 7-
8-

B. Is the brand of cigarettes you smoke most often and consider to be your regular brand a menthol cigarette or a non-menthol cigarette?

Menthol → CONTINUE

Non-Menthol → TERMINATE & CIRCLE BELOW

INELIGIBLE, DOES NOT SMOKE MENTHOL

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 9-
10-

C. Into which of the following age groups do you fall? (READ LIST)

Under 18 → TERMINATE & CIRCLE BELOW

18 - 24 11-1 } QUOTA 1
25 - 34 -2 }

35 - 50 -3 } QUOTA 2
51 or over -4 }

INELIGIBLE, UNDER 18

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 12-
13-

D. Do you, or does anyone in your immediate family, work for any of the following kinds of companies? (READ LIST AND CIRCLE CODES FOR "YES" ANSWERS)

- | | | | |
|------------------------------------|-----|--------------------------------------|-----|
| a. A drug company | -1 | e. A newspaper or magazine publisher | -5* |
| b. A marketing research company | -2* | f. A television manufacturer | -6 |
| c. An automobile manufacturer | -3 | g. An advertising agency | -7* |
| d. A tobacco company or wholesaler | -4* | NONE | |

*TERMINATE AND CIRCLE BELOW IF ONE OF STARRED EMPLOYERS NAMED.

INELIGIBLE, WORKS FOR STARRED EMPLOYER

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 14-
15-

NAME: _____ TIME BEGAN: _____ AM
ADDRESS: _____ TIME ENDED: _____ PM
CITY/TOWN: _____ STATE: _____
TELEPHONE #: () _____ ZIP CODE: _____
INTERVIEWED BY: _____ DATE: _____
VALIDATED BY: _____ DATE: _____

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