

Now, just a few questions about yourself so that we can keep track of the cross section of people we've talked to.

10a. How many TV sets are there in your household? \_\_\_\_\_

# sets  
CIRCLE ONE  
Yes 1  
No 2

10b. Do you have color television? \_\_\_\_\_

11. What make(s) of car, if any, do you own? \_\_\_\_\_ CIRCLE APPROPRIATE NO(S).

Chevrolet 1  
Ford 2  
Pontiac 3  
Buick 4  
Oldsmobile 5  
Other(s) 6  
Don't Own 7

Specify { \_\_\_\_\_  
\_\_\_\_\_

IF MORE THAN ONE CAR OWNED CIRCLE EACH DIFFERENT MAKE THAT IS MENTIONED.

12a. How many people, including yourself, live in this household? \_\_\_\_\_

b. How many children 9 or younger? \_\_\_\_\_

c. How many children between 10 and 17? \_\_\_\_\_

13. What is your marital status? \_\_\_\_\_

Married 1  
Single 2  
Widowed 3  
Divorced 4  
Separated 5

14a. Are you employed on either a full or part time basis? \_\_\_\_\_

Yes 1  
No 2

b. IF YES ASK: How many hours do you work in an average week? \_\_\_\_\_

Under 20 1  
20 to 30 2  
31 to 40 3  
Over 40 4

c. IF EMPLOYED ASK: Would you tell me the kind of business or industry in which you work and the kind of work you do there? \_\_\_\_\_

15. What was the last grade or class you finished in school? \_\_\_\_\_

0-8 years gram. school 1  
1-4 years High School 2  
1-4 years college or more 3

16. And what is your age? \_\_\_\_\_

17. SHOW RESPONDENT REVERSE SIDE OF PROGRAM CARD

Would you please give me the letter of the group which best represents the total annual income, before taxes, of all the members of your immediate family living in your household?

SUPERVISOR'S CHECK & COMMENT:

A 1  
B 2  
C 3  
D 4  
E 5  
F 6  
G 7  
H 8  
I 9  
J 10  
K 11

NOTE: IF RESPONDENT CANNOT OR WILL NOT ANSWER QUESTION 17, PLEASE ESTIMATE THE GROUP AND CHECK THE "ESTIMATE" BOX TO SIGNIFY THAT IT IS YOUR ESTIMATE.

Above ans.  
is an ☐ y  
estimate

## PRODUCT USERSHIP SECTION

18. Have you bought cigarettes for your own personal use in the last 30 days? Yes 1 No 2

19a. Do you drink beer? Yes 1 No 2

b. IF YES ASK: Approximately how many glasses have you had in the last 7 days? \_\_\_\_\_ ☐ None

So that my supervisor can check my work, if she wants to, may I have your name and address please?

Miss  
Mrs.  
Name Mr. \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_

Telephone number (DO NOT ABBREVIATE EXCHANGE) \_\_\_\_\_

CIRCLE WHETHER RESPONDENT IS: White 1 Non-white 2

TIME COMPLETED \_\_\_\_\_ ☐ A.M. ☐ P.M.  
LENGTH OF INTERVIEW  
☐ 1-10 min. ☐ 11-20 min. ☐ 21-30 min. ☐ 31-40 min.  
☐ 41-50 min. ☐ 51-60 min. ☐ 61 min or more

CHECK HERE IF YOU WERE UNABLE TO COMPLETE THIS INTERVIEW ☒ x

Reason not completed \_\_\_\_\_  
I hereby attest that this is a bona fide interview obtained according to my instructions.

Interviewer signature \_\_\_\_\_

Badge Number ☐ 2 ☐ 4 ☐ ☐ ☐

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