

SAMPLE CONCEPT-PRODUCT QUESTIONNAIRE
PART I

Date: _____

Time Started: _____

Time Completed: _____

TOTAL TIME IN MINUTES

Respondent's Name: _____ Interviewer: _____

ALL QUESTIONS SHOULD BE ASKED AS WRITTEN. ALL RESPONSES ARE TO BE RECORDED VERBATIM (THAT IS, IN THE FIRST PERSON) EXACTLY AS STATED BY THE RESPONDENT.

1. First, I'd like to ask you some background questions. Please tell me into which of the following groups your age falls. (READ LIST.)

Under 18	1 (TERMINATE)
18-24.	2
25-34.	3
35-49.	4
50+.	5

2. Do you currently smoke cigarettes at least daily?

Yes.	1
No	2 (TERMINATE)

3. Approximately how many cigarettes do you usually smoke per day? (DO NOT READ LIST.)

Less than 5.	1 (TERMINATE)
5 or more.	2

4. Have you participated in a market research survey about cigarettes in the past year?

Yes	1 (TERMINATE)
No	2