

FILTER CIGARETTE REPORT FORM

PART A

To Be Filled Out After You Have Smoked All Of The O72 Cigarettes, Or At The End Of 5 Days.

Now that you have tried Cigarette O72, we would like you to tell us how you think they compare with other cigarettes you have tried. For each of the following, simply check the box that comes closest to describing how you feel about Test Cigarette O72.

TASTE

☐ Very Strong Taste ☐ Strong Taste ☐ Average Taste ☐ Mild Taste ☐ Very Mild Taste

HOW DID YOU LIKE THE TASTE?

☐ Like It Very Much ☐ Like It Fairly Well ☐ It's Just OK ☐ Don't Like It Very Much ☐ Don't Like It At All

HARSH OR SMOOTH TO MOUTH OR THROAT

☐ Very Harsh ☐ Harsh ☐ Neither Harsh nor Smooth ☐ Smooth ☐ Very Smooth

OVERALL...HOW DID YOU LIKE THEM?

☐ Like Them Very Much ☐ Like Them Fairly Well ☐ It's Just OK ☐ Don't Like Them Very Much ☐ Don't Like Them At All

WHAT DID YOU DISLIKE ABOUT THEM? _____

WHAT DID YOU LIKE ABOUT THEM? _____

PART B

To Be Filled Out After You Have Smoked All Of The T31 Cigarettes, Or At The End Of 5 Days.

Now that you have tried Cigarette T31, we would like you to tell us how you think they compare with other cigarettes you have tried. For each of the following, simply check the box that comes closest to describing how you feel about Test Cigarette T31.

TASTE

☐ Very Strong Taste ☐ Strong Taste ☐ Average Taste ☐ Mild Taste ☐ Very Mild Taste

HOW DID YOU LIKE THE TASTE?

☐ Like It Very Much ☐ Like It Fairly Well ☐ It's Just OK ☐ Don't Like It Very Much ☐ Don't Like It At All

HARSH OR SMOOTH TO MOUTH OR THROAT

☐ Very Harsh ☐ Harsh ☐ Neither Harsh Nor Smooth ☐ Smooth ☐ Very Smooth

OVERALL...HOW DID YOU LIKE THEM?

☐ Like Them Very Much ☐ Like Them Fairly Well ☐ It's Just OK ☐ Don't Like Them Very Much ☐ Don't Like Them At All

WHAT DID YOU DISLIKE ABOUT THEM? _____

WHAT DID YOU LIKE ABOUT THEM? _____

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IMPORTANT: PLEASE KEEP THIS REPORT FORM HANDY UNTIL WE TELEPHONE YOU. DO NOT RETURN IT TO US.