

# PLEASE TELL US WHAT YOU THINK

If you contacted us by phone, please answer all questions. If you contacted us by letter, please skip to Question #2.

How satisfied were you in each of the following areas:

	Very Satisfied	Somewhat Satisfied	Neither Satisfied Nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
<b>1. EASE OF CONTACT:</b>					
• Ability to get through on first call	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Satisfaction with telephone recording	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If put on hold, length of time on hold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. PERSONNEL:</b>					
• Courtesy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Professionalism	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Authority to resolve problem/ answer question	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3. RESPONSE:</b>					
• Timeliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Clarity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Helpfulness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Follow through on promised action	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Which ONE of the following statements BEST describes the way you feel about the action taken by the R. J. Reynolds Consumer Relations Department to respond to your request for assistance?</b>					
<input type="checkbox"/> I was completely satisfied.					
<input type="checkbox"/> I was NOT completely satisfied but the action taken was acceptable.					
<input type="checkbox"/> I was NOT completely satisfied but some action was taken.					
<input checked="" type="checkbox"/> I was NOT AT ALL satisfied with the action taken.					
<input type="checkbox"/> I was NOT AT ALL satisfied; no action was taken.					
<b>5. Based on how well you were treated by our representative, will you continue to purchase the brand of cigarettes you contacted us about?</b>					
I Definitely Would	I Probably Would	I Might or Might Not	I Probably Would Not	I Definitely Would Not	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>6. Would you recommend this brand of cigarettes to an adult smoker (21 years of age or older)?</b>					
I Definitely Would	I Probably Would	I Might or Might Not	I Probably Would Not	I Definitely Would Not	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	