

CIGARETTE TEST - REPORT FORM PART I

TO BE ANSWERED IMMEDIATELY AFTER YOU HAVE FINISHED
SMOKING 3 OR 4 PACKS OF THE R8 CIGARETTES AND BEFORE
YOU START SMOKING THE Q6 CIGARETTES.

1. What, if anything, did you *dislike* about the R8 cigarettes?

2. What, if anything, did you *like* about the R8 cigarettes?

3. Below are pairs of different phrases which might be used to describe the R8 cigarettes - one phrase at each side of the page...with boxes numbered 1 to 7 between each pair. The closer you feel a particular phrase applies to these cigarettes, the closer to that phrase you would pick a box. Please check one box for each pair of phrases.

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|--|--|--|
| A. Overall, I did not like the cigarettes at all | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | Overall, I liked the cigarettes very much |
| B. They did not have a lot of taste | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | They had a lot of taste |
| C. They did not have a good taste | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | They had a good taste |
| D. They were harsh to my mouth and throat | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | They were not harsh to my mouth and throat |
| E. They were not refreshing | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | They were refreshing |
| F. They did not have a good aftertaste | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | They had a good aftertaste |
| G. They were not cool smoking | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | They were cool smoking |
| H. They had a strong menthol taste | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | They had a mild menthol taste |
| I. They did not have a good menthol taste | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | They had a good menthol taste |
| J. They left a dry taste in in my mouth | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | They did not leave a dry taste in my mouth |

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