

Finding family-friendly Family Values has never been easier!

Just answer these questions and mail this survey. Tell us what you think about the products you and your family use. Then you'll be qualified for the latest in useful samples, coupons, and special offers from "America's leading manufacturers."

Start Here

1. ☐ Mr. 2. ☐ Mrs. 3. ☐ Ms. 4. ☐ Miss
 First Name M ____ F ____ Age ____
 Last Name
 Street Apt#
 City State Zip
 Spouse/partner's first name M ____ F ____ Age ____

1. Please write the ages of all persons in your household. Circle your age:
 Female age: ____ ____ ____ ____
 Male age: ____ ____ ____ ____

2. Are you:
 1. ☐ Married 3. ☐ Single
 2. ☐ Divorced 4. ☐ Widowed

3a. What is the prominent language spoken in your household? _____

3b. What is the second language spoken in your household? _____

3c. Please indicate the highest level of education you and your spouse have achieved.

	You	Spouse
Some High School	01. <input type="checkbox"/>	09. <input type="checkbox"/>
Completed High School	02. <input type="checkbox"/>	10. <input type="checkbox"/>
Vocational/Tech. School	03. <input type="checkbox"/>	11. <input type="checkbox"/>
Some College	04. <input type="checkbox"/>	12. <input type="checkbox"/>
Bachelor's Degree	05. <input type="checkbox"/>	13. <input type="checkbox"/>
Some Post. Grad. Work	06. <input type="checkbox"/>	14. <input type="checkbox"/>
Master's Degree	07. <input type="checkbox"/>	15. <input type="checkbox"/>
Doctorate Degree	08. <input type="checkbox"/>	16. <input type="checkbox"/>

4a. If you want your children to receive fun, exciting and educational offers based on their age and school grade, fill in the information below.

Name	Gender M or F	Grade	Month/year of Birth
_____	_____	_____	____/____
_____	_____	_____	____/____
_____	_____	_____	____/____
_____	_____	_____	____/____
_____	_____	_____	____/____

4b. What are the occupations of the adults in your household? (Check all that apply and circle your occupation.)

	Male	Female
Business Owner	01. <input type="checkbox"/>	16. <input type="checkbox"/>
In-Home Business	02. <input type="checkbox"/>	17. <input type="checkbox"/>
Professional/Technical	03. <input type="checkbox"/>	18. <input type="checkbox"/>
Upper Management	04. <input type="checkbox"/>	19. <input type="checkbox"/>
Middle Management	05. <input type="checkbox"/>	20. <input type="checkbox"/>
Sales/Marketing	06. <input type="checkbox"/>	21. <input type="checkbox"/>
Nurse	07. <input type="checkbox"/>	22. <input type="checkbox"/>
Teacher	08. <input type="checkbox"/>	23. <input type="checkbox"/>
Secretary/Clerical/Admin.	09. <input type="checkbox"/>	24. <input type="checkbox"/>
Skilled Tradesman	10. <input type="checkbox"/>	25. <input type="checkbox"/>
Homemaker	11. <input type="checkbox"/>	26. <input type="checkbox"/>
Retired	12. <input type="checkbox"/>	27. <input type="checkbox"/>
Veteran	13. <input type="checkbox"/>	28. <input type="checkbox"/>
National Guard Member	15. <input type="checkbox"/>	29. <input type="checkbox"/>
Direct Seller	16. <input type="checkbox"/>	30. <input type="checkbox"/>

5. Are you or anyone in your household expecting a child?

1. ☐ No 2. ☐ Yes

If so, when? Mo _____ Yr _____

6a. Are you a grandparent?

1. ☐ No 2. ☐ Yes

6b. If so, list the ages of your grandchildren:

7a. Do you: House Apartment
Own 1. ☐ 3. ☐ Year purchased ____
Rent 2. ☐ 4. ☐

7b. Do you own: 1. ☐ In-ground Swimming Pool

7c. If you own, which price category do you feel best describes its present value?

01. <input type="checkbox"/> Less than \$24,999	08. <input type="checkbox"/> \$175,000-\$199,999
02. <input type="checkbox"/> \$25,000-\$49,999	09. <input type="checkbox"/> \$200,000-\$249,999
03. <input type="checkbox"/> \$50,000-\$74,999	10. <input type="checkbox"/> \$250,000-\$299,999
04. <input type="checkbox"/> \$75,000-\$99,999	11. <input type="checkbox"/> \$300,000-\$349,999
05. <input type="checkbox"/> \$100,000-\$124,999	12. <input type="checkbox"/> \$350,000-\$399,999
06. <input type="checkbox"/> \$125,000-\$149,999	13. <input type="checkbox"/> \$400,000+
07. <input type="checkbox"/> \$150,000-\$174,999	

8. Which category best describes your annual family income?

01. <input type="checkbox"/> Under \$15,000	08. <input type="checkbox"/> \$45,000-\$49,999
02. <input type="checkbox"/> \$15,000-\$19,999	09. <input type="checkbox"/> \$50,000-\$59,999
03. <input type="checkbox"/> \$20,000-\$24,999	10. <input type="checkbox"/> \$60,000-\$74,999
04. <input type="checkbox"/> \$25,000-\$29,999	11. <input type="checkbox"/> \$75,000-\$99,999
05. <input type="checkbox"/> \$30,000-\$34,999	12. <input type="checkbox"/> \$100,000-\$124,999
06. <input type="checkbox"/> \$35,000-\$39,999	13. <input type="checkbox"/> \$125,000-\$149,999
07. <input type="checkbox"/> \$40,000-\$44,999	14. <input type="checkbox"/> \$150,000 or more

9. Residing or present in your household is there a:

Military Member Rank:

1. <input type="checkbox"/> E1-E4	4. <input type="checkbox"/> Officer
2. <input type="checkbox"/> E5-E6	5. <input type="checkbox"/> Retired Military
3. <input type="checkbox"/> E7-E9	6. <input type="checkbox"/> Veteran

Federal Employee Rank:

1. <input type="checkbox"/> GS1-3	4. <input type="checkbox"/> GS11 and above
2. <input type="checkbox"/> GS4-5	5. <input type="checkbox"/> WB
3. <input type="checkbox"/> GS6-10	6. <input type="checkbox"/> Retired Federal Employee

10. Which of the following apply to any member of your household?

	Has Occured Last 6 Mo.	Will Occur Next 6 Mo.
Starting a Business	01. <input type="checkbox"/>	16. <input type="checkbox"/>
Changing Occupations	02. <input type="checkbox"/>	17. <input type="checkbox"/>
Retiring	03. <input type="checkbox"/>	18. <input type="checkbox"/>
Getting Married	04. <input type="checkbox"/>	19. <input type="checkbox"/>
Graduating High School	05. <input type="checkbox"/>	20. <input type="checkbox"/>
Graduating College	06. <input type="checkbox"/>	21. <input type="checkbox"/>
Completing Graduate School	07. <input type="checkbox"/>	22. <input type="checkbox"/>
Moving	08. <input type="checkbox"/>	23. <input type="checkbox"/>
Buying a Home	09. <input type="checkbox"/>	24. <input type="checkbox"/>
Major Home Improvement	10. <input type="checkbox"/>	25. <input type="checkbox"/>
Installing a Home Security Sys.	11. <input type="checkbox"/>	26. <input type="checkbox"/>
Refinancing Current Mortgage	12. <input type="checkbox"/>	27. <input type="checkbox"/>
Applying for a New Mortgage	13. <input type="checkbox"/>	28. <input type="checkbox"/>
New Vehicle Purchase	15. <input type="checkbox"/>	29. <input type="checkbox"/>
New Vehicle Lease	16. <input type="checkbox"/>	30. <input type="checkbox"/>

11. Which of the following computer items do you have in your home and which do you plan to purchase in the next 12 months?

	Own	Plan to Purchase
Apple Computer	01. <input type="checkbox"/>	16. <input type="checkbox"/>
IBM/Compatible PC	02. <input type="checkbox"/>	17. <input type="checkbox"/>
Laptop Computer	03. <input type="checkbox"/>	18. <input type="checkbox"/>
CD ROM	04. <input type="checkbox"/>	19. <input type="checkbox"/>
Modem	05. <input type="checkbox"/>	20. <input type="checkbox"/>
Computer Printer	06. <input type="checkbox"/>	21. <input type="checkbox"/>
Laser Printer	07. <input type="checkbox"/>	22. <input type="checkbox"/>
Windows™ 95/98	08. <input type="checkbox"/>	23. <input type="checkbox"/>
Windows™ 3.x	09. <input type="checkbox"/>	24. <input type="checkbox"/>
Online Service		
America Online	10. <input type="checkbox"/>	25. <input type="checkbox"/>
Compuserve	11. <input type="checkbox"/>	26. <input type="checkbox"/>
Internet access	12. <input type="checkbox"/>	27. <input type="checkbox"/>
Juno	13. <input type="checkbox"/>	28. <input type="checkbox"/>
MSN (Microsoft Network)	14. <input type="checkbox"/>	29. <input type="checkbox"/>
Prodigy	15. <input type="checkbox"/>	30. <input type="checkbox"/>

12. Do any adults in your household have any of the following credit cards?

- | | |
|--|---|
| 01. <input type="checkbox"/> Airline Visa/MC | 07. <input type="checkbox"/> GM/Ford Card |
| 02. <input type="checkbox"/> American Express | 08. <input type="checkbox"/> Retail Store |
| 03. <input type="checkbox"/> American Express-Gold | 09. <input type="checkbox"/> Visa/MC-Regular |
| 04. <input type="checkbox"/> Diners Club/Carte Blanche | 10. <input type="checkbox"/> Visa/MC-Gold |
| 05. <input type="checkbox"/> Discover | 11. <input type="checkbox"/> Visa/MC-Platinum |
| 06. <input type="checkbox"/> Gas | |

13a. How many times have you shopped by mail in the past six months?

- | | | |
|---------------------------------------|---------------------------------------|----------------------------------|
| 1. <input type="checkbox"/> 10+times | 3. <input type="checkbox"/> 2-4 times | 5. <input type="checkbox"/> None |
| 2. <input type="checkbox"/> 5-9 times | 4. <input type="checkbox"/> 1 time | |

13b. In total, how did you spend in the past six months?

- | | | |
|---|---|--|
| 1. <input type="checkbox"/> \$200+ | 3. <input type="checkbox"/> \$125-\$150 | 5. <input type="checkbox"/> \$50-\$100 |
| 2. <input type="checkbox"/> \$150-\$200 | 4. <input type="checkbox"/> \$100-\$125 | 6. <input type="checkbox"/> Under \$50 |

13c. Did you purchase any of the following by mail in the past six months?

- | | |
|--|--|
| 01. <input type="checkbox"/> Apparel-Children's | 15. <input type="checkbox"/> Food |
| 02. <input type="checkbox"/> Apparel-Men's | 16. <input type="checkbox"/> Gardening Supplies |
| 03. <input type="checkbox"/> Apparel-Women's | 17. <input type="checkbox"/> Home Furnishings |
| 04. <input type="checkbox"/> Audio Tapes/CDs | 18. <input type="checkbox"/> Gifts |
| 05. <input type="checkbox"/> Auto Products | 19. <input type="checkbox"/> Housewares/Linens |
| 06. <input type="checkbox"/> Books/Magazines | 20. <input type="checkbox"/> Jewelry |
| 07. <input type="checkbox"/> Business Supplies | 21. <input type="checkbox"/> Insurance |
| 08. <input type="checkbox"/> Checks (other than from bank) | 22. <input type="checkbox"/> Money-Making Operations |
| 09. <input type="checkbox"/> Children's Products | 23. <input type="checkbox"/> Shoes |
| 10. <input type="checkbox"/> Collectibles | 24. <input type="checkbox"/> Sports Equipment |
| 11. <input type="checkbox"/> Computer Software | 25. <input type="checkbox"/> Stationery/Cards |
| 12. <input type="checkbox"/> Cosmetics | 26. <input type="checkbox"/> Stereos, TVs, etc. |
| 13. <input type="checkbox"/> Crafts/Hobbies | 27. <input type="checkbox"/> Video Tapes |
| 14. <input type="checkbox"/> Financial Serv. | 28. <input type="checkbox"/> Vitamins, Health Products |

14. Which best describes your dress size?

- | | | |
|---------------------------------------|------------------------------------|--|
| 1. <input type="checkbox"/> Half Size | 4. <input type="checkbox"/> Misses | 7. <input type="checkbox"/> Women |
| 2. <input type="checkbox"/> Junior | 5. <input type="checkbox"/> Petite | 8. <input type="checkbox"/> Plus Sizes (18+) |
| 3. <input type="checkbox"/> Maternity | 6. <input type="checkbox"/> Tall | |

15. What types of magazines/books do you or your family members read?

- | | |
|--|---|
| 01. <input type="checkbox"/> Best Sellers | 10. <input type="checkbox"/> Military/History |
| 02. <input type="checkbox"/> Business/News | 11. <input type="checkbox"/> Murder Mystery |
| 03. <input type="checkbox"/> Classics | 12. <input type="checkbox"/> Romance |
| 04. <input type="checkbox"/> Cooking/Wine | 13. <input type="checkbox"/> Science Fiction |
| 05. <input type="checkbox"/> Crafts/Needlework | 14. <input type="checkbox"/> Self Improvement |
| 06. <input type="checkbox"/> Devotional/Bible | 15. <input type="checkbox"/> Sports |
| 07. <input type="checkbox"/> Fashion | 16. <input type="checkbox"/> Travel/Entertainment |
| 08. <input type="checkbox"/> Health/Beauty | 17. <input type="checkbox"/> True Crime Dramas |
| 09. <input type="checkbox"/> Home/Gardening | 18. <input type="checkbox"/> Young Children |

16. Did you recently donate by mail to any of the following causes?

- | | |
|---|---|
| 01. <input type="checkbox"/> Environmental | 06. <input type="checkbox"/> Religious |
| 02. <input type="checkbox"/> Health Related | 07. <input type="checkbox"/> Animal Welfare |
| 03. <input type="checkbox"/> Humanitarian | 08. <input type="checkbox"/> Child Welfare |
| 04. <input type="checkbox"/> Political-Conserv. | 09. <input type="checkbox"/> Cultural/Arts |
| 05. <input type="checkbox"/> Political-Liberal | 10. <input type="checkbox"/> None |

17. Check all interests or hobbies pursued in your household:

- | | |
|---|--|
| 01. <input type="checkbox"/> Bird Watching | 18. <input type="checkbox"/> Hunting |
| 02. <input type="checkbox"/> Books | 19. <input type="checkbox"/> Needlecraft |
| 03. <input type="checkbox"/> Books on Cassettes | 20. <input type="checkbox"/> Our Nation's Heritage |
| 04. <input type="checkbox"/> Bow Hunting | 21. <input type="checkbox"/> Photography |
| 05. <input type="checkbox"/> Camping | 22. <input type="checkbox"/> Physical Fitness |
| 06. <input type="checkbox"/> Casino Gambling | 23. <input type="checkbox"/> Quilting |
| 07. <input type="checkbox"/> Cycling | 24. <input type="checkbox"/> Sailing/Boating |
| 08. <input type="checkbox"/> Diet Conscious | 25. <input type="checkbox"/> Sewing |
| 09. <input type="checkbox"/> Do It Yourself | 26. <input type="checkbox"/> Soccer |
| 10. <input type="checkbox"/> Fishing | 27. <input type="checkbox"/> Snow Skiing |
| 11. <input type="checkbox"/> Fly Fishing | 28. <input type="checkbox"/> Sports Memorabilia |
| 12. <input type="checkbox"/> Domestic Travel | 29. <input type="checkbox"/> Stamps/Coins |
| 13. <input type="checkbox"/> Foreign Travel | 30. <input type="checkbox"/> Sweepstakes/Lottery |
| 14. <input type="checkbox"/> Gardening | 31. <input type="checkbox"/> Symphony/Ballet/Opera |
| 15. <input type="checkbox"/> Golf | 32. <input type="checkbox"/> Tennis |
| 16. <input type="checkbox"/> Gourmet Cooking | 33. <input type="checkbox"/> Woodworking |
| 17. <input type="checkbox"/> Health/Light Food | 34. <input type="checkbox"/> Veteran's Benefits/Programs |

18. What are the music preferences of your family?

- | | |
|---|--|
| 01. <input type="checkbox"/> Rock | 08. <input type="checkbox"/> Rhythm/Blues |
| 02. <input type="checkbox"/> Alternative Rock | 09. <input type="checkbox"/> Gospel/Devotional |
| 03. <input type="checkbox"/> Opera | 10. <input type="checkbox"/> Jazz/Contemporary |
| 04. <input type="checkbox"/> New Age | 11. <input type="checkbox"/> Jazz/Traditional |
| 05. <input type="checkbox"/> Country | 12. <input type="checkbox"/> Classical |
| 06. <input type="checkbox"/> Rap | 13. <input type="checkbox"/> Easy Listening |
| 07. <input type="checkbox"/> World/Ethnic | 14. <input type="checkbox"/> Big Band |

19. Does anyone in your household suffer from (check all that apply):

- | | |
|---|--|
| 01. <input type="checkbox"/> Allergies-Nasal | 18. <input type="checkbox"/> Hearing Difficulty |
| 02. <input type="checkbox"/> Allergies-Other | 19. <input type="checkbox"/> High Blood Pressure |
| 03. <input type="checkbox"/> Angina/Heart Dis. | 20. <input type="checkbox"/> High Cholesterol |
| 04. <input type="checkbox"/> Arthritis/Rheum. | 21. <input type="checkbox"/> Insomnia |
| 05. <input type="checkbox"/> Asthma | 22. <input type="checkbox"/> Lactose Intolerance |
| 06. <input type="checkbox"/> Bladder Control | 23. <input type="checkbox"/> Migranes |
| 07. <input type="checkbox"/> Bleeding Gums | 24. <input type="checkbox"/> Motion Sickness |
| 08. <input type="checkbox"/> Vision Difficulty | 25. <input type="checkbox"/> Osteoporosis |
| 09. <input type="checkbox"/> Diabetes | 26. <input type="checkbox"/> Parkinson's Disease |
| 10. <input type="checkbox"/> Eczema/Psoriasis | 27. <input type="checkbox"/> Physical Handicap |
| 11. <input type="checkbox"/> Emphysema | 28. <input type="checkbox"/> Sensitive Skin |
| 12. <input type="checkbox"/> Enlarged Prostate | 29. <input type="checkbox"/> Sinusitis |
| 13. <input type="checkbox"/> Epilepsy | 30. <input type="checkbox"/> Sports Injury |
| 14. <input type="checkbox"/> Estrogen Therapy | 31. <input type="checkbox"/> Thinning Hair/Balding |
| 15. <input type="checkbox"/> Frequent Headaches | 32. <input type="checkbox"/> Ulcer |
| 16. <input type="checkbox"/> Frequent Heartburn | 33. <input type="checkbox"/> Yeast Infection |
| 17. <input type="checkbox"/> Gastritis | |

20. Does anyone in your household take any of the following prescription allergy medications?

- | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|
| 1. <input type="checkbox"/> Allegra | 4. <input type="checkbox"/> Claritin | 7. <input type="checkbox"/> Rhinocort |
| 2. <input type="checkbox"/> Astelin | 5. <input type="checkbox"/> Flonase | 8. <input type="checkbox"/> Vancenase |
| 3. <input type="checkbox"/> Beconase | 6. <input type="checkbox"/> Nasacort | 9. <input type="checkbox"/> Zyrtec |

21a. Does anyone in your household treat heartburn or acid indigestion with an antacid or prescription product? If so, how often?

- | | |
|--|---|
| 1. <input type="checkbox"/> Daily | 3. <input type="checkbox"/> 2-3 times per week |
| 2. <input type="checkbox"/> 4-6 times per week | 4. <input type="checkbox"/> Once a week or less |

21b. What brand name products, including prescription medications, have been used in the past two weeks?

- | | | |
|--|--|--|
| 01. <input type="checkbox"/> Digel | 06. <input type="checkbox"/> Roloids | 10. <input type="checkbox"/> Tums |
| 02. <input type="checkbox"/> Maalox | 07. <input type="checkbox"/> Store Brand | 11. <input type="checkbox"/> Zantac Rx |
| 03. <input type="checkbox"/> Mylanta | 08. <input type="checkbox"/> Tagamet HB | 12. <input type="checkbox"/> Zantac 75 |
| 04. <input type="checkbox"/> Pepcid Rx | 09. <input type="checkbox"/> Tagamet Rx | 13. <input type="checkbox"/> Other |
| 05. <input type="checkbox"/> Pepcid AC | | |

22a. Does anyone in your household suffer from migraine headaches? If so, how many per month?

- | | |
|---|---------------------------------------|
| 1. <input type="checkbox"/> Less than 1 | 3. <input type="checkbox"/> 3-4 |
| 2. <input type="checkbox"/> 1-2 | 4. <input type="checkbox"/> 5 or more |

22b. How often are the following medications used to treat migraine headaches per month? (Check all that apply)

- | | | | |
|---------------------------|-----------------------------|-----------------------------|-----------------------------|
| | Rarely | Occasionally | Always |
| Prescription Medicine | 1. <input type="checkbox"/> | 3. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| Non-prescription Medicine | 2. <input type="checkbox"/> | 4. <input type="checkbox"/> | 6. <input type="checkbox"/> |

23. I use sensitive skin products because I have:

- | | |
|---|---|
| 1. <input type="checkbox"/> Very sensitive skin | 4. <input type="checkbox"/> I don't have sensitive skin but I use sensitive skin products |
| 2. <input type="checkbox"/> Somewhat sensitive skin | |
| 3. <input type="checkbox"/> Other reasons | |

24. I use the following cleanser/shower products. (Check all that apply.)

- | | | |
|---------------------|-----------------------------|-----------------------------|
| | Bar | Bodywash |
| Dove | 1. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| Oil of Olay | 2. <input type="checkbox"/> | 6. <input type="checkbox"/> |
| Ivory Moisture Care | 3. <input type="checkbox"/> | 7. <input type="checkbox"/> |
| Other | 4. <input type="checkbox"/> | 8. <input type="checkbox"/> |

25. Does anyone in your household take any of the following medications (check all that apply)?

- | | |
|---|---|
| 01. <input type="checkbox"/> Areobid | 16. <input type="checkbox"/> Norvac |
| 02. <input type="checkbox"/> Altrovent | 17. <input type="checkbox"/> Paxil |
| 03. <input type="checkbox"/> Azmacort | 18. <input type="checkbox"/> Pravachol |
| 04. <input type="checkbox"/> Beclovent | 19. <input type="checkbox"/> Prednisone |
| 05. <input type="checkbox"/> Calan | 20. <input type="checkbox"/> Procardia |
| 06. <input type="checkbox"/> Calcium Suppl. | 21. <input type="checkbox"/> Proventil |
| 07. <input type="checkbox"/> Capoten | 22. <input type="checkbox"/> Prozac |
| 08. <input type="checkbox"/> Cardizem | 23. <input type="checkbox"/> Serevent |
| 09. <input type="checkbox"/> Flovent | 24. <input type="checkbox"/> Tenorim |
| 10. <input type="checkbox"/> Glucotrol | 25. <input type="checkbox"/> Theophylline |
| 11. <input type="checkbox"/> Insulin-Injections | 26. <input type="checkbox"/> Vanceril |
| 12. <input type="checkbox"/> Insulin-Oral Med. | 27. <input type="checkbox"/> Vasotec |
| 13. <input type="checkbox"/> Lopressor | 28. <input type="checkbox"/> Ventolin |
| 14. <input type="checkbox"/> Lescol | 29. <input type="checkbox"/> Zestril |
| 15. <input type="checkbox"/> Mevacor | 30. <input type="checkbox"/> Zocor |

26. Who is your current automobile insurance carrier?

- | | |
|--|--|
| 01. <input type="checkbox"/> Allstate | 07. <input type="checkbox"/> Progressive |
| 02. <input type="checkbox"/> American Family | 08. <input type="checkbox"/> Safeco |
| 03. <input type="checkbox"/> Farmers | 09. <input type="checkbox"/> State Farm |
| 04. <input type="checkbox"/> GEICO | 10. <input type="checkbox"/> Travelers |
| 05. <input type="checkbox"/> Hartford | 11. <input type="checkbox"/> USAA |
| 06. <input type="checkbox"/> Nation Wide | 12. <input type="checkbox"/> Other |

27. In what month(s) do you renew your auto insurance policy?

- | | | |
|---------------------------------------|-------------------------------------|--|
| 01. <input type="checkbox"/> January | 05. <input type="checkbox"/> May | 09. <input type="checkbox"/> September |
| 02. <input type="checkbox"/> February | 06. <input type="checkbox"/> June | 10. <input type="checkbox"/> October |
| 03. <input type="checkbox"/> March | 07. <input type="checkbox"/> July | 11. <input type="checkbox"/> November |
| 04. <input type="checkbox"/> April | 08. <input type="checkbox"/> August | 12. <input type="checkbox"/> December |

28. What long distance company do you use now?

- | | |
|------------------------------------|---|
| 1. <input type="checkbox"/> AT&T | 2. <input type="checkbox"/> MCI |
| 3. <input type="checkbox"/> Sprint | 4. <input type="checkbox"/> Low Cost Provider |

29. What is your current monthly estimated long distance phone bill?

- | | |
|---------------------------------------|---------------------------------------|
| 1. <input type="checkbox"/> \$1-\$10 | 3. <input type="checkbox"/> \$26-\$50 |
| 2. <input type="checkbox"/> \$11-\$25 | 4. <input type="checkbox"/> \$51+ |

30. How much do you currently spend each month on international phone calls?

- | | | |
|---------------------------------|--------------------------------------|-----------------------------------|
| 1. <input type="checkbox"/> \$0 | 2. <input type="checkbox"/> \$1-\$50 | 3. <input type="checkbox"/> \$50+ |
|---------------------------------|--------------------------------------|-----------------------------------|

31. To where are your international calls made?

- | | |
|---|--|
| 1. <input type="checkbox"/> Canada | 4. <input type="checkbox"/> Mexico |
| 2. <input type="checkbox"/> Europe | 5. <input type="checkbox"/> United Kingdom |
| 3. <input type="checkbox"/> Middle East | 6. <input type="checkbox"/> Other |

32. Do you have any or intend to get any of the following custom calling features?

- | | Have | Plan to Get |
|-----------------------------|------------------------------|------------------------------|
| 2nd phone line in household | 01. <input type="checkbox"/> | 11. <input type="checkbox"/> |
| 3-way Calling | 02. <input type="checkbox"/> | 12. <input type="checkbox"/> |
| Auto Call Back | 03. <input type="checkbox"/> | 13. <input type="checkbox"/> |
| Call Forwarding | 04. <input type="checkbox"/> | 14. <input type="checkbox"/> |
| Call Screening | 05. <input type="checkbox"/> | 15. <input type="checkbox"/> |
| Call Waiting | 06. <input type="checkbox"/> | 16. <input type="checkbox"/> |
| Caller ID | 07. <input type="checkbox"/> | 17. <input type="checkbox"/> |
| Repeat Dialing | 08. <input type="checkbox"/> | 18. <input type="checkbox"/> |
| Speed Calling | 09. <input type="checkbox"/> | 19. <input type="checkbox"/> |
| Voice Mail/Messaging | 10. <input type="checkbox"/> | 20. <input type="checkbox"/> |

33. Do you invest in the following or would you welcome literature describing special offers on the following?

- | | Invest In | Welcome Info |
|-----------------|------------------------------|------------------------------|
| IRA | 01. <input type="checkbox"/> | 09. <input type="checkbox"/> |
| Real Estate | 02. <input type="checkbox"/> | 10. <input type="checkbox"/> |
| Stock/Bonds | 03. <input type="checkbox"/> | 11. <input type="checkbox"/> |
| Tax Frees | 04. <input type="checkbox"/> | 12. <input type="checkbox"/> |
| CDs | 05. <input type="checkbox"/> | 13. <input type="checkbox"/> |
| Mutual Funds | 06. <input type="checkbox"/> | 14. <input type="checkbox"/> |
| Annuities | 07. <input type="checkbox"/> | 15. <input type="checkbox"/> |
| Estate Planning | 08. <input type="checkbox"/> | 16. <input type="checkbox"/> |

34. Would you like to receive free information by mail about \$10,000 of Globe Life Insurance that starts for only \$1.00?

- | |
|--|
| 1. <input type="checkbox"/> Yes, for people over age 26 |
| 2. <input type="checkbox"/> Yes, for children under age 26 |
| 3. <input type="checkbox"/> Yes, for both age groups |

35. Which type of insurance coverage would you (or someone in your household) like to know more about?

- | | |
|---|---|
| 1. <input type="checkbox"/> Auto | 5. <input type="checkbox"/> Nursing Home |
| 2. <input type="checkbox"/> Home Owners | 6. <input type="checkbox"/> Medical Disability |
| 3. <input type="checkbox"/> Hospital | 7. <input type="checkbox"/> Term Life Insurance |
| 4. <input type="checkbox"/> Guaranteed Life | 8. <input type="checkbox"/> None |

36. Check off the pet(s) you own and write in the quantity of each in the line to the right.

- | | |
|---------------------------------------|---|
| 1. <input type="checkbox"/> Cat _____ | 3. <input type="checkbox"/> Other household pet _____ |
| 2. <input type="checkbox"/> Dog _____ | 4. <input type="checkbox"/> None |

37. Which of the following electronic items do you have in your household?

- | | |
|--|--|
| 01. <input type="checkbox"/> VCR | 06. <input type="checkbox"/> Fax Machine |
| 02. <input type="checkbox"/> Compact Disc Player | 07. <input type="checkbox"/> Video Camcorder |
| 03. <input type="checkbox"/> Cellular Phone | 08. <input type="checkbox"/> Laser Disc Player |
| 04. <input type="checkbox"/> Cable TV | 09. <input type="checkbox"/> Beeper/Pager |
| 05. <input type="checkbox"/> DVD Player | 10. <input type="checkbox"/> Satellite Dish |