



Shaping the Future with Your Opinions

173418

1. What is your age? **(Write In)** Years: _____

2. What is your gender? **(X ONE Box)** 1 Male 2 Female

3. Please indicate how much each statement describes your attitudes towards technology and your lifestyle. **(X ONE Box For EACH Statement)**

	Does Not Describe					Describes Your					
	Your Attitudes At All					Attitudes Completely					
	1	2	3	4	5	6	7	8	9	10	
I like to impress people with my lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am very competitive when it comes to my career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having fun is the whole point of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly looking for new ways to entertain myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making a lot of money is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I spend most of my free time doing fun stuff with my friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to show off my taste and style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family is by far the most important thing in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of my spare time is devoted to activities with my family....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I put a lot of time and energy into my career.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When making online purchases, my personal financial information (e.g., credit card numbers) is very secure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In a typical **WEEK**, how many hours do you spend doing each of the following? **(X ONE Box For EACH Item)**

		Less Than	1-4	5-9	10-14	15-19	20-24	25-29	30 Or More
		None	1 Hour	Hours	Hours	Hours	Hours	Hours	Hours
Reading newspapers (not online)	0 <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 <input type="checkbox"/>	8 <input type="checkbox"/>
Reading magazines (not online)	0 <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 <input type="checkbox"/>	8 <input type="checkbox"/>
Watching TV (not online).....	0 <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 <input type="checkbox"/>	8 <input type="checkbox"/>
Listening to the radio (not online).....	0 <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 <input type="checkbox"/>	8 <input type="checkbox"/>
Playing video games on a computer.....	0 <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 <input type="checkbox"/>	8 <input type="checkbox"/>
Playing video games on a console or handheld player (e.g., PS2, Game Boy)	0 <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 <input type="checkbox"/>	8 <input type="checkbox"/>
Using the Internet for personal purposes	0 <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 <input type="checkbox"/>	8 <input type="checkbox"/>
Using the Internet for work purposes	0 <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 <input type="checkbox"/>	8 <input type="checkbox"/>
Using a PC at home (including time using the Internet).....	0 <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 <input type="checkbox"/>	8 <input type="checkbox"/>

5. Which of the following **TV channels** do you **REGULARLY** watch on TV? **(X ALL That Apply)**

01 <input type="checkbox"/> ABC	13 <input type="checkbox"/> CurrentTV	25 <input type="checkbox"/> FX	37 <input type="checkbox"/> Nickelodeon	49 <input type="checkbox"/> The History Channel
02 <input type="checkbox"/> A&E Network	14 <input type="checkbox"/> CW (UPN/WB)	26 <input type="checkbox"/> HBO	38 <input type="checkbox"/> Nick at Nite	50 <input type="checkbox"/> The N
03 <input type="checkbox"/> Animal Planet	15 <input type="checkbox"/> Discovery Channel	27 <input type="checkbox"/> HGTV	39 <input type="checkbox"/> Noggin	51 <input type="checkbox"/> The Weather Channel
04 <input type="checkbox"/> BET	16 <input type="checkbox"/> Disney Channel	28 <input type="checkbox"/> HSN	40 <input type="checkbox"/> Oxygen (Oh!)	52 <input type="checkbox"/> TLC
05 <input type="checkbox"/> Bravo	17 <input type="checkbox"/> DIY Network	29 <input type="checkbox"/> Lifetime Television	41 <input type="checkbox"/> PBS	53 <input type="checkbox"/> TNT
06 <input type="checkbox"/> Cartoon Network	18 <input type="checkbox"/> E!	30 <input type="checkbox"/> Logo	42 <input type="checkbox"/> QVC	54 <input type="checkbox"/> Travel Channel
07 <input type="checkbox"/> CBS	19 <input type="checkbox"/> ESPN	31 <input type="checkbox"/> MSNBC	43 <input type="checkbox"/> SciFi	55 <input type="checkbox"/> TV Land
08 <input type="checkbox"/> Cinemax	20 <input type="checkbox"/> Food Network	32 <input type="checkbox"/> MTV	44 <input type="checkbox"/> Showtime	56 <input type="checkbox"/> Univision
09 <input type="checkbox"/> CMT	21 <input type="checkbox"/> Fox	33 <input type="checkbox"/> MTV2	45 <input type="checkbox"/> Spike	57 <input type="checkbox"/> USA Network
10 <input type="checkbox"/> CNBC	22 <input type="checkbox"/> Fox Business	34 <input type="checkbox"/> MyNetworkTV	46 <input type="checkbox"/> Starz	58 <input type="checkbox"/> VH1
11 <input type="checkbox"/> CNN	23 <input type="checkbox"/> Fox News Channel	35 <input type="checkbox"/> National Geographic	47 <input type="checkbox"/> TBS	59 <input type="checkbox"/> We
12 <input type="checkbox"/> Comedy Central	24 <input type="checkbox"/> Fox Sports Net	36 <input type="checkbox"/> NBC	48 <input type="checkbox"/> Telemundo	60 <input type="checkbox"/> None of these

6. Which of the following magazines or newspapers do you read **REGULARLY** in print or online? (X ALL That Apply)

- | | | | |
|--|---|---|---|
| 01 <input type="checkbox"/> Your local newspaper | 11 <input type="checkbox"/> Fortune | 21 <input type="checkbox"/> O, The Oprah Magazine | 31 <input type="checkbox"/> Sports Illustrated |
| 02 <input type="checkbox"/> AARP, The Magazine | 12 <input type="checkbox"/> Glamour | 22 <input type="checkbox"/> Parents | 32 <input type="checkbox"/> The New Yorker |
| 03 <input type="checkbox"/> Better Homes and Gardens | 13 <input type="checkbox"/> Golf Digest | 23 <input type="checkbox"/> People | 33 <input type="checkbox"/> The New York Times |
| 04 <input type="checkbox"/> BusinessWeek | 14 <input type="checkbox"/> Good Housekeeping | 24 <input type="checkbox"/> Playboy | 34 <input type="checkbox"/> The Wall Street Journal |
| 05 <input type="checkbox"/> Condé Nast Traveler | 15 <input type="checkbox"/> Martha Stewart Living | 25 <input type="checkbox"/> Prevention | 35 <input type="checkbox"/> Time |
| 06 <input type="checkbox"/> Consumer Reports | 16 <input type="checkbox"/> Maxim | 26 <input type="checkbox"/> Reader's Digest | 36 <input type="checkbox"/> TV Guide |
| 07 <input type="checkbox"/> Cosmopolitan | 17 <input type="checkbox"/> Men's Health | 27 <input type="checkbox"/> Real Simple | 37 <input type="checkbox"/> USA Today |
| 08 <input type="checkbox"/> Entertainment Weekly | 18 <input type="checkbox"/> Money | 28 <input type="checkbox"/> Redbook | 38 <input type="checkbox"/> US Weekly |
| 09 <input type="checkbox"/> ESPN, The Magazine | 19 <input type="checkbox"/> National Geographic | 29 <input type="checkbox"/> Self | 39 <input type="checkbox"/> Vogue |
| 10 <input type="checkbox"/> Esquire | 20 <input type="checkbox"/> Newsweek | 30 <input type="checkbox"/> Shape | 40 <input type="checkbox"/> None of these |

In the following questions, LEISURE/PERSONAL and BUSINESS travel refer to trips that are more than 50 miles each way from your home, excluding trips for commuting and routine errands.

7a. In the PAST 12 MONTHS, how many trips have you taken for LEISURE/PERSONAL travel, and how many trips have you taken for BUSINESS travel? (X ONE Box In EACH Row)

	None	1	2	3	4	5	6	7	8-10	11-19	20 Or More
Leisure/personal trips.....	00 <input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>
Business trips.....	00 <input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>

7b. In the PAST 12 MONTHS, how many of your LEISURE/PERSONAL trips involved air travel, a hotel stay, or car rental? (X ONE Box In EACH Row)

	None	1	2	3	4	5	6	7	8-10	11-19	20 Or More
Leisure/personal trips with air travel ...	00 <input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>
Leisure/personal trips with hotel stay ..	00 <input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>
Leisure/personal trips with car rental ..	00 <input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>

7c. In the PAST 12 MONTHS, how many of your BUSINESS trips involved air travel, a hotel stay, or car rental? (X ONE Box In EACH Row)

	None	1	2	3	4	5	6	7	8-10	11-19	20 Or More
Business trips with air travel.....	00 <input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>
Business trips with hotel stay	00 <input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>
Business trips with car rental	00 <input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>

8a. In the PAST 12 MONTHS, how much of your LEISURE/PERSONAL travel have you researched online, and how much of your LEISURE/PERSONAL travel have you purchased online? (X ONE Box For EACH Row)

	None	Less Than Half	About Half	More Than Half	All
Researched online	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Purchased online	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

8b. In the PAST 12 MONTHS, how much of your BUSINESS travel have you researched online, and how much of your BUSINESS travel have you purchased online? (X ONE Box For EACH Row)

	None	Less Than Half	About Half	More Than Half	All
Researched online	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Purchased online	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

9. Please indicate how strongly you agree or disagree with the following statements. (X ONE Box for EACH)

	Strongly Disagree	←	→	Strongly Agree	
Travel is an area in which I indulge myself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I will pay more for travel products that save me time and hassle	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Staying within my budget is more important to me than going to my first choice destination	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I am willing to pay above-average prices for a noticeably better-quality travel product or service	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The company I buy leisure travel from doesn't matter as much as getting the absolute lowest fares/rates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
In general, travel companies clearly communicate why one product or service costs more than another.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

10. Please indicate which of the following banks you or members of your household currently have a checking account with. (X ALL That Apply)

- | | | |
|--|---|--|
| 00 <input type="checkbox"/> No one in the house has a checking account | | |
| 01 <input type="checkbox"/> Bank of America | 12 <input type="checkbox"/> M&I Bank | 23 <input type="checkbox"/> Washington Mutual |
| 02 <input type="checkbox"/> BB&T Corp | 13 <input type="checkbox"/> M&T Bank | 24 <input type="checkbox"/> Wells Fargo |
| 03 <input type="checkbox"/> Capital One/North Fork Bank | 14 <input type="checkbox"/> National City | 25 <input type="checkbox"/> Zions Bank |
| 04 <input type="checkbox"/> Citibank | 15 <input type="checkbox"/> Navy Federal Credit Union | 26 <input type="checkbox"/> A local, community bank |
| 05 <input type="checkbox"/> Citizens | 16 <input type="checkbox"/> PNC Bank | 27 <input type="checkbox"/> Another credit union |
| 06 <input type="checkbox"/> Commerce Bank | 17 <input type="checkbox"/> Regions/AmSouth Bank | 28 <input type="checkbox"/> Another large, regional bank |
| 07 <input type="checkbox"/> Fifth Third | 18 <input type="checkbox"/> Sovereign | 29 <input type="checkbox"/> A brokerage firm |
| 08 <input type="checkbox"/> HSBC | 19 <input type="checkbox"/> SunTrust Bank | 30 <input type="checkbox"/> An insurance company |
| 09 <input type="checkbox"/> Huntington Bank | 20 <input type="checkbox"/> US Bancorp | 31 <input type="checkbox"/> An Internet bank |
| 10 <input type="checkbox"/> JP Morgan Chase | 21 <input type="checkbox"/> USAA | |
| 11 <input type="checkbox"/> Key Bank | 22 <input type="checkbox"/> Wachovia Bank | |

11. Do you or members of your household currently have an investment account (an account where you can buy, sell, or hold stock, bonds, or mutual funds)? Please include brokerage accounts, IRAs, and 401(k) accounts.

- 1 Yes → (Continue) 0 No → (Skip to Qu. 13)

12. Which of the following investment firms do you or members of your household currently have an investment account with? (Please do not include any firms where you ONLY have an employer-sponsored retirement account.) (X ALL That Apply)

- | | | |
|--|---|---|
| 01 <input type="checkbox"/> A.G Edwards | 10 <input type="checkbox"/> Merrill Lynch | 19 <input type="checkbox"/> Wachovia Securities |
| 02 <input type="checkbox"/> Ameriprise | 11 <input type="checkbox"/> Morgan Stanley | 20 <input type="checkbox"/> Wells Fargo Investments |
| 03 <input type="checkbox"/> Bank of America | 12 <input type="checkbox"/> Scottrade | 21 <input type="checkbox"/> My bank |
| 04 <input type="checkbox"/> Charles Schwab | 13 <input type="checkbox"/> Sharebuilder | 22 <input type="checkbox"/> A credit union |
| 05 <input type="checkbox"/> Citi Investment Services | 14 <input type="checkbox"/> Smith Barney | 23 <input type="checkbox"/> Other full-service brokerage |
| 06 <input type="checkbox"/> E*TRADE | 15 <input type="checkbox"/> TD Ameritrade | 24 <input type="checkbox"/> Other discount brokerage (includes dedicated advisor) |
| 07 <input type="checkbox"/> Edward Jones | 16 <input type="checkbox"/> UBS PaineWebber | 25 <input type="checkbox"/> Other discount brokerage (no advisor) |
| 08 <input type="checkbox"/> Fidelity Investments | 17 <input type="checkbox"/> USAA | |
| 09 <input type="checkbox"/> H&R Block Financial Advisors | 18 <input type="checkbox"/> Vanguard | |

13. In the PAST 12 MONTHS, approximately, how many times did you trade (buy or sell) each of the following securities through any of the investment firms you use? Please exclude any trades made through an employer-sponsored retirement plan and count each purchase and each sale as separate trades. (X ONE Box For EACH)

	Don't										100 Or
	Own Any	0	1	2-3	4-5	6-10	11-25	26-49	50-99	More	
Stocks in any publicly traded company.....	<input type="checkbox"/>	0 <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 <input type="checkbox"/>	8 <input type="checkbox"/>	
Mutual funds (including ETFs)	<input type="checkbox"/>	0 <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 <input type="checkbox"/>	8 <input type="checkbox"/>	
Bonds	<input type="checkbox"/>	0 <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 <input type="checkbox"/>	8 <input type="checkbox"/>	

14. Please indicate how strongly you agree or disagree with the following statements. (X ONE Box For EACH)

	Strongly				Strongly
	Disagree	←	→	←	Agree
I gather my own investment information and make investment decisions on my own.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I always seek advice from experts before making investment decisions and rely heavily on their counsel	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I play the stock market	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I don't like to take investment risks	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I like to do my own research before making financial decisions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I seek investment advice from experts only when there's a lot of money at stake	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I always try to shop around for financial products	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I'm willing to pay for financial advice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I trust financial services companies to treat me fairly and honestly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I keep careful track of my finances	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I'm well informed about personal finance products	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I trust financial advisors to treat me fairly and honestly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I expect to be able to maintain my standard of living in retirement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

15a. In Column "A" please indicate which channel(s) you used to APPLY FOR/OPEN the following products/accounts in the PAST 12 MONTHS. (X ALL That Apply for EACH In Column "A")

15b. In Column "B", please indicate which channel(s) you used to RESEARCH the following products/accounts in the PAST 12 MONTHS. (X ALL That Apply for EACH In Column "B")

	"A": Channels Used To APPLY FOR/OPEN Product/Account In The Past 12 Months					"B": Channels Used To RESEARCH Product/Account In The Past 12 Months				
	Have Not Applied For/Opened	On The Internet	Branch/ In-Person	Over The Phone	By Mail	Have Not Researched	On The Internet	Branch/ In-Person	Over The Phone	By Mail
Annuities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Auto insurance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Auto loan	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Brokerage account	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Checking account	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Credit card	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Health savings account	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Home equity loan	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Life insurance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Mortgage (purchase)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Mortgage (refinance)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Mutual funds	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Savings account	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Student loan	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

16. Please select the financial products/accounts that you currently own. (X ALL That Apply)

- | | | |
|---|--|--|
| 01 <input type="checkbox"/> Checking account | 11 <input type="checkbox"/> Auto insurance | 21 <input type="checkbox"/> IRA |
| 02 <input type="checkbox"/> Traditional savings account | 12 <input type="checkbox"/> Auto loan | 22 <input type="checkbox"/> 401(K) or 403(B) |
| 03 <input type="checkbox"/> High-yield online savings account | 13 <input type="checkbox"/> Life insurance | 23 <input type="checkbox"/> Annuities |
| 04 <input type="checkbox"/> Debit card | 14 <input type="checkbox"/> Disability insurance | 24 <input type="checkbox"/> 529 Plan |
| 05 <input type="checkbox"/> Credit card(s) | 15 <input type="checkbox"/> Long Term Care insurance | 25 <input type="checkbox"/> Health Savings Account |
| 06 <input type="checkbox"/> Student loan | 16 <input type="checkbox"/> Brokerage account | 26 <input type="checkbox"/> Options (puts, calls) |
| 07 <input type="checkbox"/> Personal line of credit | 17 <input type="checkbox"/> Stocks | 27 <input type="checkbox"/> ETFs |
| 08 <input type="checkbox"/> Mortgage | 18 <input type="checkbox"/> Mutual funds | 28 <input type="checkbox"/> None of these |
| 09 <input type="checkbox"/> Home equity loan/line | 19 <input type="checkbox"/> Bonds | |
| 10 <input type="checkbox"/> Home insurance | 20 <input type="checkbox"/> Money market/CD | |

17. Have you done any of the following activities online in the PAST 12 MONTHS? (X ALL That Apply)

- | | | | |
|--|--|--|---|
| 1 <input type="checkbox"/> Bought or sold stocks | 3 <input type="checkbox"/> Bought or sold mutual funds | 5 <input type="checkbox"/> Visited IRS.gov | 7 <input type="checkbox"/> Filed your taxes |
| 2 <input type="checkbox"/> Bought or sold bonds | 4 <input type="checkbox"/> Visited a federal government Web site | 6 <input type="checkbox"/> Prepared your taxes | 8 <input type="checkbox"/> None of these |

18. Have you done any of the following financial activities online in the **PAST 3 MONTHS? (X ALL That Apply)**

- 01 Tracked stocks, mutual funds, or bonds
- 02 Bought or sold stocks
- 03 Bought or sold bonds
- 04 Bought or sold mutual funds
- 05 Made transfers between bank accounts at same firm
- 06 Made transfers between bank accounts held at different financial firms
- 07 Paid bills at biller's own site (e.g., utility, credit card company)
- 08 Paid bills at bank's/credit union's site
- 09 Paid bills at a portal site (e.g., Yahoo!, AOL, MSN.Money)
- 10 Looked up bank account balances
- 11 Looked up investment account balances
- 12 Viewed eBills at a bank/credit union site (going to a Web site to view a bill online)
- 13 Viewed eBills at a biller's own site (going to a Web site to view a bill online)
- 14 Purchased auto insurance
- 15 Purchased life insurance
- 16 None of these

19a. Please indicate in **Column "A" whether you or someone in your household owns none, 1, or 2 or more of the following devices. (X ONE Box For EACH Item in Column "A")**

19b. Please indicate in **Column "B" if you personally REGULARLY use it. (X ONE Box For EACH in Column "B")**

	"A": Ownership			"B": Usage	
	Do Not Own	Own 1	Own 2 or More	I Regularly Use It	I Don't Regularly Use It
Desktop computer	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Laptop/notebook computer	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Videogame console (e.g., Xbox, PlayStation, Wii).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Handheld videogame player (e.g., Nintendo DS, PSP)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Portable MP3 player (e.g., iPod, Creative, Zune)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
HDTV set (high-definition TV)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Smartphone (e.g., Blackberry, iPhone, Windows Mobile) ...	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Digital camera	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Digital video camcorder (DV, MV).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Satellite radio (e.g., XM, Sirius).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Home theater audio system (separate speakers for a TV) ...	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Portable GPS/navigation device (e.g., Garmin, TomTom) ...	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

20. Which of the following devices do you plan to purchase in the **NEXT 6 MONTHS, even if you already own one? (X ALL That Apply)**

- 01 Desktop computer
- 02 Laptop/notebook computer
- 03 Video game console
- 04 MP3 player
- 05 HDTV set
- 06 Digital camera
- 07 Satellite radio
- 08 Smartphone
- 09 Cell phone
- 10 HD-DVD player
- 11 Blu-ray Disc player
- 12 None of these

21. Do you or someone in your household own any of the following video game consoles? (X ALL That Apply)

- 0 I don't own a video game console
- 1 Xbox
- 2 Xbox 360
- 3 PlayStation 2
- 4 PS3
- 5 Nintendo Wii
- 6 Other game console

22. Do you or someone in your household own any of the following types of DVD players (do NOT include PC drives)? (X ALL That Apply)

- 0 I don't own a DVD player
- 1 Regular DVD player
- 2 HD-DVD player
- 3 X-Box 360 HD-DVD player
- 4 Blu-Ray Disc player
- 5 PS3 Blu-Ray Disc player

23. Do you or someone in your household have any of the following types of printers at home? (X ALL That Apply)

- 0 I don't own a printer
- 1 Inkjet printer
- 2 Laser printer
- 3 Photo dedicated printer
- 4 All-in-one printer/copier/fax
- 5 Other type of printer

24. Which of the following describes the TV you watch most at home? (X ONE Box)

- 0 I don't own a TV (Skip to Qu. 31)
- 1 CRT (traditional/tube)
- 2 Plasma
- 3 LCD
- 4 Rear-projection or DLP
- 5 Other type of TV
- 6 Don't know

25. Is the TV you watch most at home an HDTV? (X ONE Box) 1 Yes 0 No

26. Who makes the brand of the TV you use the most at home? (X ONE Box)

- 01 Emerson
- 02 Fujitsu
- 03 Hitachi
- 04 HP
- 05 JVC
- 06 LG
- 07 Mitsubishi
- 08 Ölevia/Syntax
- 09 Panasonic
- 10 Philips/Magnavox
- 11 Pioneer
- 12 RCA/GE
- 13 Samsung
- 14 Sharp
- 15 Sony
- 16 Toshiba
- 17 Vizio
- 18 Zenith
- 19 Other
- 20 None of these

27. Which of the following television services do you subscribe to? (X ALL That Apply)

- 0 I don't subscribe to TV service →(Skip To Qu. 30a)
- 1 Satellite
- 2 Digital cable
- 3 Regular (analog) cable
- 4 TV from a phone company (e.g., AT&T, Verizon, Qwest)
- 5 Don't know

28. If you have TV service, which company is your TV service provider? (X ONE Box)

- 01 AT&T U-Verse
- 02 Bright House
- 03 Cablevision/Interactive Optimum (iO)
- 04 Charter Communications
- 05 Comcast
- 06 Cox Communication
- 07 DirecTV
- 08 Dish Network/Echostar
- 09 Insight
- 10 Mediacom
- 11 Qwest
- 12 Time Warner Cable
- 13 Verizon (FiOS TV)
- 14 Other Cable TV provider
- 15 Other Phone company
- 16 Other Satellite TV provider
- 17 Don't know

29. Have you used Pay-Per-View (PPV) or Video-On-Demand (VOD) IN THE LAST MONTH? (X ALL That Apply)

- 1 I've paid for VOD or PPV
- 2 I've watched free VOD or PPV
- 3 Neither

30a. In **Column "A"**, indicate whether or not you currently receive each of the following services. **(X ONE Box For EACH In Column "A")**

30b. For each service you currently **do not receive**, please indicate in **Column "B"** if you are interested in receiving it in the **NEXT 6 MONTHS**. **(X ONE Box For EACH In Column "B")**

	"A": Currently Receive		"B": Interested In Receiving It In The Next 6 Months	
	Yes	No	Yes	No
DVR device/service (like TiVo) to pause, skip or record live TV.....1	<input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
HDTV programming from your TV service provider.....1	<input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
TV programming from your Local Phone company (e.g., Verizon, AT&T)1	<input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Telephone service from your Cable/Satellite company1	<input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
A bundle of TV, Internet, and phone service from one company on one bill for a package price1	<input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

31. Do you use any of the following types of phone service at home? **(X ALL That Apply)**

- 1 Traditional landline local service from a phone company (e.g., Verizon, AT&T, or Qwest)
- 2 Phone service from a cable company like Comcast or Time Warner Cable
- 3 Internet voice (VoIP) phone service, such as Vonage, CallVantage, VoiceWing, or Packet8
- 4 A computer with a microphone or headset to call another computer user over the Internet
- 5 A computer with a microphone or headset to call a phone over the Internet
- 6 None of these

32. Who provides you with phone service at home (Do NOT include cell phones)? **(X ALL That Apply)**

- 00 I don't have phone service at home
- 01 AT&T/Bell South/SBC
- 02 CenturyTel
- 03 Cincinnati Bell
- 04 Embarq (formerly Sprint local)
- 05 Frontier
- 06 Qwest
- 07 Verizon (incl. MCI)
- 08 Windstream (formerly Alltel)
- 09 My cable company
- 10 VoIP provider (e.g., Vonage, Packet8)
- 11 Skype
- 12 Other
- 13 Don't know

33. On average, approximately how much money does your household spend each month on each type of service at home? **(X ONE Box For EACH Item)**

	\$0/Don't Have	Up To \$20	\$21 - \$40	\$41 - \$60	\$61 - \$80	\$81 - \$100	\$101 - \$120	Over \$120
Internet access.....	0 <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 <input type="checkbox"/>
TV service (e.g., cable, satellite).....	0 <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 <input type="checkbox"/>
All cell phones.....	0 <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 <input type="checkbox"/>
Home landline phones – local AND long distance.....	0 <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 <input type="checkbox"/>
A 3-service bundle (landline, Internet, and TV service) from one company on a single bill.....	0 <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 <input type="checkbox"/>

34. How many active cell phones (phones with a current service plan that you or someone else pays for) does each member of your household have? **(X ONE Box For EACH Row)**

	0	1	2	3 or More
Myself.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
My spouse or partner.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Children and other household members.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

If there are no active cell phones in your household, please skip to Qu. 42.

35. Of the active cell phones in your household, how many are on a family or shared plan? **(X ONE Box)**

- 1 Not on a family or shared minutes plan
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6 or more

36. Who is the **cell phone service provider** for your **primary** cell phone? **(X ONE Box)**

- 01 Alltel
- 02 AT&T (formerly Cingular)
- 03 Boost Mobile
- 04 CellularOne
- 05 Cricket (Leap Wireless)
- 06 Metro PCS
- 07 Nextel
- 08 Qwest
- 09 Sprint
- 10 T-Mobile
- 11 TracFone
- 12 US Cellular
- 13 Verizon Wireless
- 14 Virgin Mobile
- 15 Other
- 16 Don't know

37. When you are at home, how much of your long distance calling do you make using a cell phone? **(X ONE Box)**

- 1 None
- 2 Less than half
- 3 About half
- 4 More than half
- 5 All

38. Who makes the cell phone/smartphone you use the most (the phone itself)? **(X ONE Box)**

- 01 The only brand on my phone is my cell provider (e.g., AT&T)
- 02 Apple iPhone
- 03 Blackberry
- 04 Kyocera
- 05 LG
- 06 Motorola
- 07 Nokia
- 08 Palm (Treo)
- 09 Samsung
- 10 Sanyo
- 11 Sidekick
- 12 Sony Ericsson
- 13 Other
- 14 Don't know

39. Which of the following does your primary cell phone or smartphone have? **(X All That Apply)**

- 01 Bluetooth
- 02 Built-in camera
- 03 Built-in video camera
- 04 Ability to play video
- 05 Ability to play music (MP3) tracks
- 06 FM radio
- 07 Can access the Internet
- 08 Send/receive picture messages
- 09 Send/receive email
- 10 Full (QWERTY) keyboard
- 11 A slot for extra memory
- 12 Push to talk (walkie-talkie)
- 13 Touchscreen
- 14 WiFi connectivity
- 15 GPS/navigation support
- 16 Windows Mobile operating system
- 17 Ability to view/edit documents
- 18 None of these

40. How is your primary cell phone service paid for? (X ONE Box)

- 1 A monthly bill 2 Fixed number of minutes (by prepaid card, credit card, or other) 3 Don't know

41. Who pays some or all of your monthly cell phone bill? (X ALL That Apply)

- 1 Myself 2 Spouse/Partner 3 Parents 4 Employer 5 Someone else

42. How frequently do you do the following activities on a cell phone/smartphone or handheld wireless device? (X ONE Box For EACH Row)

Use a cell phone/smartphone or handheld wireless device to . . .	At Least Daily	At Least Weekly	At Least Monthly	Less Than Monthly	Never
Send or receive text messages.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Send or receive e-mail.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Send or receive picture messages (MMS).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Use instant messaging (e.g., AIM, MSN or Yahoo! Messenger).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Access the Internet (e.g., Yahoo!, Google, NYTimes.com).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Access my carrier's Web portal (e.g., AT&T MediaNet, Sprint Vision).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Read news.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Check the weather.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Check sports scores/updates.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Check stock quotes.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Check financial accounts (e.g., Check balance, pay bills).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Check flight status.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Download games.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Download or stream music.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Watch videos/TV.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Buy ring tones, games, videos, graphics, or other content.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Search telephone directories (e.g., yellow pages).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Search for information (through a browser, or text message).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Look up directions or maps.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Research products for purchase.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Receive coupons or promotions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Send a text message to vote or enter a contest (e.g., American Idol).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Buy a full music track (e.g., MP3).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

43. Which mobile Web site(s) do you visit/access on your mobile phone AT LEAST WEEKLY? (X ALL That Apply)

- 01 AOL 03 Facebook 05 MSN 07 The Weather Channel 09 Other
 02 ESPN 04 Google 06 MySpace 08 Yahoo! 10 None of these

44. What is the most you'd be willing to pay for a new computer (if desktop, include monitor)? (X ONE Box)

- 01 Less than \$250 04 \$750 - \$999 07 \$1,500 - \$1,749 10 \$2,250 - \$2,499
 02 \$250 - \$499 05 \$1,000 - \$1,249 08 \$1,750 - \$1,999 11 \$2,500 or more
 03 \$500 - \$749 06 \$1,250 - \$1,499 09 \$2,000 - \$2,249 12 Would not purchase at any price

45. How many computers are CURRENTLY USED by you or other members of your household? (X ONE Box For EACH Row)

	None	1	2	3	4 or more
Desktop computers.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Laptop/notebook computers.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

↳ (If "None" for both, skip to Qu. 57)

46. How old is the computer your household got most recently? (X ONE Box)

- 1 Less than 1 year old 2 1-2 years old 3 3-4 years old 4 5-6 years old 5 7 or more years old

47. Is the computer your household got most recently a desktop or a laptop/notebook? (X ONE Box)

- 1 Desktop 2 Laptop/notebook

48. Which brand of computer did your household get most recently? (X ONE Box)

- 01 Alienware 04 Apple/Mac 07 Dell 10 HP 13 Toshiba
 02 Asus 05 AVeratec 08 eMachines 11 Lenovo 14 Other
 03 Acer 06 Compaq 09 Gateway 12 Sony 15 Don't Know

49. Thinking about your household's most recent computer, where did you get it from? (X ONE Box)

- 01 Discount retailer (e.g., Wal-Mart) 05 Electronics store (e.g., Best Buy, Circuit City) 08 From family or a friend
 02 Membership club (e.g., Costco, BJ's) 09 From my employer
 03 Computer store (e.g., CompUSA) 06 Direct from manufacturer (e.g., Dell, Apple) 10 Other
 04 Office supply store (e.g., Staples) 07 Online retailer (e.g., Amazon.com, eBay) 11 Don't know

50. Which operating system does your household's most recent computer use? (X ONE Box)

- 01 Windows Vista 04 Other Windows 07 Mac OS 9 or earlier 10 Don't know
 02 Windows XP 05 Mac OSX 10.3, 10.4, 10.5 08 Linux/Linspire
 03 Windows XP Media Center Edition 06 Mac OSX 10.0, 10.1, 10.2 09 Other

51. Which, if any, Apple computer(s) do you have in your household? (X ALL That Apply)

- 00 None 02 MacBook Pro/Powerbook 04 MacPro/PowerMac G5 06 Don't know
 01 iMac/Mac Mini 03 MacBook 05 Other Mac

52. Which of the following activities do you **REGULARLY** use a home computer for, whether for business or personal use? **(X ALL That Apply)**

- | | | |
|---|--|---|
| <input type="checkbox"/> 01 View/manage personal photos | <input type="checkbox"/> 10 Record TV programs to a hard drive | <input type="checkbox"/> 19 Backup files |
| <input type="checkbox"/> 02 Edit personal photos | <input type="checkbox"/> 11 Play free computer games | <input type="checkbox"/> 20 Burn data CDs or DVDs |
| <input type="checkbox"/> 03 Print personal photos | <input type="checkbox"/> 12 Play computer games I bought | <input type="checkbox"/> 21 Scan for viruses, spyware, or adware |
| <input type="checkbox"/> 04 Store/listen to MP3's | <input type="checkbox"/> 13 Do/help with homework | <input type="checkbox"/> 22 Connect to or access an employer's computer network |
| <input type="checkbox"/> 05 Write (burn) audio CDs | <input type="checkbox"/> 14 Use educational software | <input type="checkbox"/> 23 Help run a business conducted from your home |
| <input type="checkbox"/> 06 Burn video DVDs | <input type="checkbox"/> 15 Word processing (e.g. Word) | <input type="checkbox"/> 24 None of these |
| <input type="checkbox"/> 07 Edit videos | <input type="checkbox"/> 16 Use spreadsheet programs (e.g. Excel) | |
| <input type="checkbox"/> 08 Record video with a webcam | <input type="checkbox"/> 17 Use presentation software (e.g., PowerPoint) | |
| <input type="checkbox"/> 09 Watch live TV programs | <input type="checkbox"/> 18 Manage personal or family finances/taxes | |

53. What software applications do you **REGULARLY** use at home? **(X ALL That Apply)**

- | | | |
|--|--|--|
| <input type="checkbox"/> 01 Adobe Photoshop | <input type="checkbox"/> 09 Corel/Ulead Video Studio | <input type="checkbox"/> 17 Microsoft Word |
| <input type="checkbox"/> 02 Adobe Photoshop Elements | <input type="checkbox"/> 10 Corel WordPerfect Office Suite | <input type="checkbox"/> 18 Microsoft Works |
| <input type="checkbox"/> 03 Adobe Premiere Elements | <input type="checkbox"/> 11 Google Picasa | <input type="checkbox"/> 19 Nova Photo Explosion |
| <input type="checkbox"/> 04 Apple iTunes | <input type="checkbox"/> 12 Google Docs (docs.google.com) | <input type="checkbox"/> 20 Pinnacle Studio |
| <input type="checkbox"/> 05 Corel CorelDraw Graphics Suite | <input type="checkbox"/> 13 Magix Movie Edit | <input type="checkbox"/> 21 Sony Vegas |
| <input type="checkbox"/> 06 Corel Paint Shop Pro | <input type="checkbox"/> 14 Microsoft Excel | <input type="checkbox"/> 22 WinDVD |
| <input type="checkbox"/> 07 Corel/Ulead DVD Movie Factory | <input type="checkbox"/> 15 Microsoft PowerPoint | <input type="checkbox"/> 23 Winzip |
| <input type="checkbox"/> 08 Corel/Ulead Photo Impact | <input type="checkbox"/> 16 Microsoft Publisher | <input type="checkbox"/> 24 None of these |

54. What kind of Internet connection do you usually use at home? **(X ONE Box)**

- 0 I don't have a home connection → (Skip To Qu. 57)
- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> 1 Cable modem | <input type="checkbox"/> 3 Dial-up modem | <input type="checkbox"/> 5 Fiber (e.g., Verizon FiOS, AT&T U-Verse) | <input type="checkbox"/> 7 Don't know |
| <input type="checkbox"/> 2 DSL | <input type="checkbox"/> 4 Satellite | <input type="checkbox"/> 6 Other | |

55. Which company provides your primary home Internet service? **(X ONE Box)**

- | | | |
|---|--|---|
| <input type="checkbox"/> 01 AOL (America Online) | <input type="checkbox"/> 08 Frontier | <input type="checkbox"/> 15 Verizon |
| <input type="checkbox"/> 02 AT&T/BellSouth/SBC/Yahoo! | <input type="checkbox"/> 09 MSN (Microsoft Network) | <input type="checkbox"/> 16 Other local phone company |
| <input type="checkbox"/> 03 Charter | <input type="checkbox"/> 10 Optimum Online (Cablevision) | <input type="checkbox"/> 17 Other local cable company |
| <input type="checkbox"/> 04 Clearwire | <input type="checkbox"/> 11 PeoplePC | <input type="checkbox"/> 18 School or university |
| <input type="checkbox"/> 05 Comcast | <input type="checkbox"/> 12 Qwest | <input type="checkbox"/> 19 My local government |
| <input type="checkbox"/> 06 Cox | <input type="checkbox"/> 13 Road Runner (Time Warner Cable) | <input type="checkbox"/> 20 Other |
| <input type="checkbox"/> 07 EarthLink/MindSpring | <input type="checkbox"/> 14 United Online (incl. Juno, NetZero, BlueLight) | <input type="checkbox"/> 21 Don't know |

56. A home network allows you to share an Internet connection among multiple PCs or go online from multiple rooms of the house. Home networks also allow PCs to share a printer or connect to other devices, including stereos and TVs in the home. Do you have a home network? **(X ONE Box)**

- | | |
|---|---|
| <input type="checkbox"/> 1 No, I don't have a home network | <input type="checkbox"/> 4 Yes, a wireless home network (e.g., WiFi) |
| <input type="checkbox"/> 2 Not sure if I have a home network | <input type="checkbox"/> 5 Yes, a mixed wired & wireless home network |
| <input type="checkbox"/> 3 Yes, a wired home network (e.g., Ethernet) | <input type="checkbox"/> 6 Yes, I have a home network, but I'm not sure what type |

57. Do you use a computer at work (outside of your home)? **(X ONE Box)** 1 Yes 0 No → (Skip To Qu. 59)

58. Do you ever bring a work laptop home with you? **(X ONE Box)** 1 Yes 2 No 3 Not applicable

59. How often do you go online (including weekdays and weekends)? This includes access from home, work, or elsewhere to an online service, the Internet, or the World Wide Web. **(X ONE Box)**

- 0 I do not go online at all (Skip to Qu. 68)
- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 1 Less often than once a month | <input type="checkbox"/> 3 Several times a month | <input type="checkbox"/> 5 Several times a week | <input type="checkbox"/> 7 Several times a day |
| <input type="checkbox"/> 2 About once a month | <input type="checkbox"/> 4 About once a week | <input type="checkbox"/> 6 About once a day | |

60. Where do you go online? **(X ALL That Apply)**

- | | | | |
|---------------------------------|---|--|---|
| <input type="checkbox"/> 1 Home | <input type="checkbox"/> 3 School | <input type="checkbox"/> 5 Internet café | <input type="checkbox"/> 7 Outdoors |
| <input type="checkbox"/> 2 Work | <input type="checkbox"/> 4 Restaurant/coffee shop | <input type="checkbox"/> 6 Library | <input type="checkbox"/> 8 Somewhere else |

61. Which of the following devices do you use to browse the Internet? **(X ALL That Apply)**

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> 1 Desktop | <input type="checkbox"/> 3 Cell phone | <input type="checkbox"/> 5 Video game console (e.g., Xbox) | <input type="checkbox"/> 7 Other portable device |
| <input type="checkbox"/> 2 Laptop/notebook | <input type="checkbox"/> 4 Smartphone or PDA | <input type="checkbox"/> 6 Portable game console (e.g., PSP) | <input type="checkbox"/> 8 None of these |

62. Who provides your primary email address? **(X ONE Box)**

- 0 I do not have an email address
- | | | | | | | |
|--------------------------------|---|--|-----------------------------------|-----------------------------------|--|----------------------------------|
| <input type="checkbox"/> 1 AOL | <input type="checkbox"/> 2 Google Gmail | <input type="checkbox"/> 3 MSN/Hotmail | <input type="checkbox"/> 4 Yahoo! | <input type="checkbox"/> 5 My ISP | <input type="checkbox"/> 6 My employer | <input type="checkbox"/> 7 Other |
|--------------------------------|---|--|-----------------------------------|-----------------------------------|--|----------------------------------|

63. Which of the following portal sites and search engines do you use **AT LEAST WEEKLY**? **(X ALL That Apply)**

- | | | | | |
|--|--|---|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> 0 None | <input type="checkbox"/> 2 AOL/AOL.com | <input type="checkbox"/> 4 Lycos | <input type="checkbox"/> 6 Netscape | <input type="checkbox"/> 8 My ISP |
| <input type="checkbox"/> 1 Ask.com | <input type="checkbox"/> 3 Google | <input type="checkbox"/> 5 MSN/Live.com | <input type="checkbox"/> 7 Yahoo! | <input type="checkbox"/> 9 Other |

64. Which services do you use **REGULARLY** on your primary portal site? **(X ALL That Apply)**

- | | | | | |
|-----------------------------------|------------------------------------|--|--------------------------------------|---|
| <input type="checkbox"/> 01 Email | <input type="checkbox"/> 03 Search | <input type="checkbox"/> 05 Photo/image search | <input type="checkbox"/> 07 RSS | <input type="checkbox"/> 09 Personalized layout |
| <input type="checkbox"/> 02 IM | <input type="checkbox"/> 04 Maps | <input type="checkbox"/> 06 Video search | <input type="checkbox"/> 08 Calendar | <input type="checkbox"/> 10 None of these |

65. Which of the following topics do you read about on the Internet, **AT LEAST WEEKLY**? **(X ALL That Apply)**

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 01 News | <input type="checkbox"/> 06 Work-related | <input type="checkbox"/> 11 Celebrities/gossip | <input type="checkbox"/> 16 Educational/research |
| <input type="checkbox"/> 02 Sports | <input type="checkbox"/> 07 Politics | <input type="checkbox"/> 12 Fashion | <input type="checkbox"/> 17 Travel |
| <input type="checkbox"/> 03 Technology/electronics | <input type="checkbox"/> 08 Science | <input type="checkbox"/> 13 Food/cooking | <input type="checkbox"/> 18 Hobbies/special interest |
| <input type="checkbox"/> 04 Computer/video games | <input type="checkbox"/> 09 Health | <input type="checkbox"/> 14 Home/decorating | <input type="checkbox"/> 19 Auto |
| <input type="checkbox"/> 05 Business/financial | <input type="checkbox"/> 10 TV/movies/music | <input type="checkbox"/> 15 Family/parenting | <input type="checkbox"/> 20 None of these |

66. Which of the following Web sites do you visit AT LEAST WEEKLY? (X ALL That Apply)

- | | | | |
|---|---|---|--|
| 01 <input type="checkbox"/> Your local newspaper online | 11 <input type="checkbox"/> Craigslist | 21 <input type="checkbox"/> HBO.com | 31 <input type="checkbox"/> Nickelodeon.com |
| 02 <input type="checkbox"/> ABC.com | 12 <input type="checkbox"/> Disney.com | 22 <input type="checkbox"/> HGTV.com | 32 <input type="checkbox"/> Style.com |
| 03 <input type="checkbox"/> About.com | 13 <input type="checkbox"/> Epicurious | 23 <input type="checkbox"/> LinkedIn | 33 <input type="checkbox"/> The Weather Channel
(weather.com) |
| 04 <input type="checkbox"/> Autotrader.com | 14 <input type="checkbox"/> ESPN.com | 24 <input type="checkbox"/> MapQuest | |
| 05 <input type="checkbox"/> CBS.com | 15 <input type="checkbox"/> Facebook | 25 <input type="checkbox"/> MarketWatch | 34 <input type="checkbox"/> Wall Street Journal (WSJ.com) |
| 06 <input type="checkbox"/> CBSNews.com | 16 <input type="checkbox"/> Flickr | 26 <input type="checkbox"/> MTV.com | 35 <input type="checkbox"/> WebMD |
| 07 <input type="checkbox"/> CBSSports.com | 17 <input type="checkbox"/> FoodNetwork.com | 27 <input type="checkbox"/> MySpace | 36 <input type="checkbox"/> Wikipedia |
| 08 <input type="checkbox"/> CNN.com | 18 <input type="checkbox"/> Fox.com | 28 <input type="checkbox"/> NBC.com | 37 <input type="checkbox"/> Wired.com |
| 09 <input type="checkbox"/> CNNMoney.com | 19 <input type="checkbox"/> FoxSports.com | 29 <input type="checkbox"/> NewYorker.com | 38 <input type="checkbox"/> YouTube |
| 10 <input type="checkbox"/> CNET.com | 20 <input type="checkbox"/> IMDB | 30 <input type="checkbox"/> NYTimes.com | 39 <input type="checkbox"/> None of these |

Now, we'd like to ask you about some activities you may do online. There are different ways you can use the Internet, and we'd like to know how often you participate in the following activities.

67a. How often do you participate in audio, video, or gaming activities online? (X ONE Box For EACH Row)

	At Least Daily	At Least Weekly	At Least Monthly	Less Than Monthly	Never
Upload video you created to a public Web site (e.g., YouTube, MySpace).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Upload audio/music you created to a public Web site.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Watch videos from other users (e.g., YouTube).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Listen to podcasts.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Watch any kind of video on the Internet (e.g., CNN.com).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Watch full-length TV shows on Internet sites (e.g., ABC.com, Joost)....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Pay to rent TV shows/movies online (e.g., Movielink, CinemaNow).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Pay to download TV shows/movies (e.g., iTunes, Amazon Unbox).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Listen to any kind of audio/radio on the Internet.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Listen to a radio station's online broadcast.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Pay to download music (e.g., iTunes).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Use peer-to-peer file sharing applications (e.g., BitTorrent, KaZaa).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Play online games alone (e.g., Yahoo! Games, Gamesville).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Play online games with others (e.g., World of Warcraft).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Participate in an online world (e.g., Second Life).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

67b. How often do you participate in the following social activities online? (X ONE Box For EACH Row)

	At Least Daily	At Least Weekly	At Least Monthly	Less Than Monthly	Never
Publish, maintain, or update a blog.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Publish or update your own Web pages.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Write articles, stories, poems, etc. and post them online (e.g., Gather, Helium).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Post ratings/reviews of products or services (e.g., Amazon, Epinions, Yelp).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Comment on someone else's blog.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Contribute to online forums or discussion groups.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Contribute to/edit articles in a wiki (e.g., Wikipedia).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Add labels or "tags" to Web pages, online photos, etc. (e.g., del.icio.us, Flickr).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
"Vote" for Web sites online (e.g., Digg, Reddit).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Visit social networking sites (e.g., MySpace, Facebook, LinkedIn).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Update/maintain a profile on a social networking site (e.g., MySpace, Facebook, LinkedIn).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Read blogs.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Read online forums or discussion groups.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Read customer ratings/reviews of products or services (e.g., Amazon, Epinions, Yelp).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Use personal portal/content sites (e.g., My Yahoo!, My MSN).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Use online personals (e.g., Match.com, Yahoo! Personals).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

67c. How often do you engage in the following ways to communicate and search for information online? (X ONE Box For EACH Row)

	At Least Daily	At Least Weekly	At Least Monthly	Less Than Monthly	Never
Use e-mail.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Use instant messaging.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Talk to someone using voice IM (e.g., Skype, Yahoo!Voice).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Use RSS (Really Simple Syndication) feeds.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Send electronic greeting cards.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Send or receive photos by email.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
View or post to photo-sharing sites (e.g., Snapfish, Flickr).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Use yellow pages or local search (e.g., SuperPages.com).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
View or post general classifieds (e.g., Craigslist).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Use job boards (e.g., Monster.com).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Use search engines (e.g., Google, Yahoo!, MSN).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

67d. How often do you engage in the following shopping activities online? (X ONE Box For EACH Row)

	At Least Daily	At Least Weekly	At Least Monthly	Less Than Monthly	Never
Research products for purchase.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Purchase products.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Sign up for free products (i.e. samples) or coupons.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Use comparison shopping sites (e.g., MySimon, BizRate).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Bid in online auctions (e.g., eBay).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Sell in online auctions (e.g., eBay).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Track the status of orders or packages.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

68a. In Column "A", indicate how often you generally purchase products or services from each of the following types of retail outlets. (X ONE Box For EACH Item In Column "A")

68b. In Column "B", for each product or service that you have purchased, how much did you spend in each of the following types of retail outlets in the PAST 12 MONTHS? (X ONE Box For EACH Item In Column "B")

	"A"			"B"				
	How Often Purchase			Amount Spent Past 12 Months				
	At Least Monthly	Less Than Monthly	Never	\$1-\$299	\$300-\$499	\$500-\$999	\$1000-\$2499	\$2500 or More
Online (e.g., Amazon.com, Bestbuy.com, eBay).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Print catalog.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Outlet mall.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Shopping mall.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Membership club (e.g., Sam's, BJ's, Costco).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
General department store (e.g., Macy's, JCPenney).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Television shopping channel (e.g., HSN, QVC).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Electronics store (e.g., Best Buy, Circuit City).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Direct from manufacturer's store or Web site (e.g., Dell.com).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Home improvement store (e.g., Lowe's, Home Depot).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Discount store (e.g., Wal-Mart, Target).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Office supply store (e.g., Office Depot, Staples).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Luxury brand store (e.g., Gucci, Tiffany's).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Upscale department store (e.g., Saks, Nordstrom).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

69. Have you ever bought any products or services online, regardless of how you paid? (X ALL That Apply)

- 1 Yes, I have ordered products/services online and paid online → (Continue)
- 2 Yes, I have ordered products/services online and paid offline → (Continue)
- 3 No, I have never bought any products/services online → (Skip To Qu. 74)

70. When did you start purchasing products or services online? (X ONE Box)

- 1 Less than 1 year ago
- 2 1-3 years ago
- 3 4-6 years ago
- 4 7-9 years ago
- 5 10-12 years ago
- 6 13 years or more

71. In total, how much have you spent online in the PAST 3 MONTHS (actually paid for the product or service online)? (X ONE Box)

- 0 \$0
- 1 \$1 to \$50
- 2 \$51 to \$100
- 3 \$101 to \$250
- 4 \$251 to \$500
- 5 \$501 to \$1,000
- 6 \$1,001 to \$5,000
- 7 \$5,001 or more
- 8 Don't know

72. In total, how much do you expect to spend online in the NEXT 3 MONTHS? (X ONE Box)

- 0 \$0
- 1 \$1 to \$50
- 2 \$51 to \$100
- 3 \$101 to \$250
- 4 \$251 to \$500
- 5 \$501 to \$1,000
- 6 \$1,001 to \$5,000
- 7 \$5,001 or more
- 8 Don't know

73. Which of these products have you purchased online in the PAST 3 MONTHS? (X ALL That Apply)

- 01 Software
- 02 Computer hardware
- 03 Consumer electronics
- 04 Office supplies
- 05 Books
- 06 Music (e.g., CDs, tapes, vinyl)
- 07 Digital Music/Video (e.g., mp3, streaming audio/video, subscription services)
- 08 Videos/DVDs
- 09 Video games
- 10 Toys
- 11 Sporting goods
- 12 General apparel/clothing
- 13 Footwear
- 14 Clothing accessories
- 15 Jewelry
- 16 Baby/Children's products (not including toys)
- 17 Beauty products (e.g., cosmetics, fragrances)
- 18 Health products (personal care & over-the-counter drugs)
- 19 Event tickets
- 20 Movie tickets
- 21 Food and beverages/groceries
- 22 Flowers/cards/gifts
- 23 Furniture
- 24 Linens/home décor
- 25 Personal appliances (e.g., hairdryer)
- 26 Domestic appliances (e.g., fridge, washing machine)
- 27 Tools/hardware/garden supplies
- 28 Automobiles
- 29 Auto parts
- 30 Airline tickets
- 31 Car rentals
- 32 Hotel reservations
- 33 None of these

74. Which of the following retailers have you shopped at (either online, at the physical store, by catalog, etc.) in the LAST 30 DAYS. (X ALL That Apply)

- 01 Abercrombie and Fitch
- 02 Amazon
- 03 Apple
- 04 Babies "R" Us
- 05 Banana Republic
- 06 Barnes & Noble
- 07 Bass Pro Shops
- 08 Bed Bath & Beyond
- 09 Best Buy
- 10 BJ's Wholesale Club
- 11 Borders
- 12 Bose
- 13 Circuit City
- 14 Costco
- 15 CVS
- 16 Dell
- 17 Dick's Sporting Goods
- 18 eBay
- 19 Gap
- 20 Hallmark
- 21 Home Depot
- 22 HSN
- 23 JCPenney
- 24 JCrew
- 25 Kmart
- 26 Kohl's
- 27 Lands' End
- 28 Linens 'N Things
- 29 L.L. Bean
- 30 Lowe's
- 31 Macy's
- 32 Nordstrom
- 33 Office Depot
- 34 OfficeMax
- 35 Old Navy
- 36 PetSmart
- 37 Polo
- 38 QVC
- 39 RadioShack
- 40 REI
- 41 Sam's Club
- 42 Sears
- 43 Sony Style
- 44 Sports Authority
- 45 Staples
- 46 Target
- 47 Toys "R" Us
- 48 Walgreens
- 49 Wal-Mart
- 50 None of these

75. Have you ever researched a product **online** and then purchased (actually paid for) the product **offline**?
(X ALL That Apply)

1 Yes, I have done this 2 Yes – I have done this in the **past three months** 3 No – I have **never** done this

76. Please indicate how much each statement describes your attitudes towards product purchasing and lifestyle.
(X ONE Box for EACH Row)

	Strongly Disagree ←-----→ Strongly Agree				
	1	2	3	4	5
I like to shop around before making a purchase.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I really want something I will buy it on credit rather than wait.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price is more important to me than brand names.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owning the best brand is important to me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am influenced by what's hot and what's not.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't bother with mail-in rebates or saving coupons.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would pay more for products consistent with an image I like.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I find a brand I like, I stick to it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to research products online and purchase them offline.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would pay more for products that save me time and hassles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm always willing to try or do new things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm annoyed by the amount of advertising today.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertisements help me decide what to buy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often tell my friends about products that interest me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rely a lot on recommendations from friends or family when making purchases.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I consider myself an active videogame player.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

77. What is the make of the vehicle that you purchased or leased most recently? **(X ONE Box)**

- 00 I have never purchased or leased a vehicle → (Skip To Qu. 80)
- | | | | | |
|---------------------------------------|--------------------------------------|---|--|--|
| 01 <input type="checkbox"/> Acura | 08 <input type="checkbox"/> Dodge | 15 <input type="checkbox"/> Jaguar | 22 <input type="checkbox"/> Mercury | 29 <input type="checkbox"/> Saturn |
| 02 <input type="checkbox"/> Audi | 09 <input type="checkbox"/> Ford | 16 <input type="checkbox"/> Jeep | 23 <input type="checkbox"/> Mini | 30 <input type="checkbox"/> Scion |
| 03 <input type="checkbox"/> BMW | 10 <input type="checkbox"/> GMC | 17 <input type="checkbox"/> Kia | 24 <input type="checkbox"/> Mitsubishi | 31 <input type="checkbox"/> Subaru |
| 04 <input type="checkbox"/> Buick | 11 <input type="checkbox"/> Honda | 18 <input type="checkbox"/> Lexus | 25 <input type="checkbox"/> Nissan | 32 <input type="checkbox"/> Toyota |
| 05 <input type="checkbox"/> Cadillac | 12 <input type="checkbox"/> Hummer | 19 <input type="checkbox"/> Lincoln | 26 <input type="checkbox"/> Pontiac | 33 <input type="checkbox"/> Volkswagen |
| 06 <input type="checkbox"/> Chevrolet | 13 <input type="checkbox"/> Hyundai | 20 <input type="checkbox"/> Mazda | 27 <input type="checkbox"/> Porsche | 34 <input type="checkbox"/> Volvo |
| 07 <input type="checkbox"/> Chrysler | 14 <input type="checkbox"/> Infiniti | 21 <input type="checkbox"/> Mercedes-Benz | 28 <input type="checkbox"/> Saab | 35 <input type="checkbox"/> Other make |

78. Which of the following best describes the type of vehicle you purchased or leased most recently? **(X ONE Box)**

- | | | | | |
|---|---|----------------------------------|------------------------------------|-----------------------------------|
| 1 <input type="checkbox"/> Convertible | 3 <input type="checkbox"/> Hatchback | 5 <input type="checkbox"/> Wagon | 7 <input type="checkbox"/> Truck | 9 <input type="checkbox"/> Van |
| 2 <input type="checkbox"/> Coupe (2 door) | 4 <input type="checkbox"/> Sedan (4 door) | 6 <input type="checkbox"/> SUV | 8 <input type="checkbox"/> Minivan | 10 <input type="checkbox"/> Other |

79. Which of the following statements describes the vehicle you purchased or leased most recently? **(X ONE Box)**

- | | |
|---|--|
| 1 <input type="checkbox"/> Bought/leased <u>new in 2007</u> | 3 <input type="checkbox"/> Bought/leased <u>used in 2007</u> |
| 2 <input type="checkbox"/> Bought/leased <u>new before 2007</u> | 4 <input type="checkbox"/> Bought/leased <u>used before 2007</u> |

80. Please indicate how much you agree or disagree with the following statements. **(X ONE Box For EACH Row)**

	Strongly Disagree ←-----→ Strongly Agree				
	1	2	3	4	5
I am very likely to purchase vehicles with the latest in-car electronics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I expect to purchase a hybrid vehicle (e.g., Toyota Prius) in the next year.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am an automotive enthusiast.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

81. Which of the following have you used in the **PAST 12 MONTHS**? **(X ALL That Apply)**

- | | | |
|--|--|--|
| 1 <input type="checkbox"/> Car company Web site (e.g., Chevrolet.com) | 4 <input type="checkbox"/> Wikipedia car entries | 7 <input type="checkbox"/> None of these |
| 2 <input type="checkbox"/> Owner/enthusiast forum (e.g., BMWBoard.com) | 5 <input type="checkbox"/> Independent auto site (e.g., KBB.com) | |
| 3 <input type="checkbox"/> Dealership Web site (e.g., GillmanAuto.com) | 6 <input type="checkbox"/> Consumer Reports Cars Web site | |

82. Thinking about the firms that you have interacted with most over the **PAST 6 MONTHS**, how much have you enjoyed doing business with these types of firms? **(X ONE Box For EACH Row)**

	Have Not Interacted with this Firm in the Past 6 Months	Dislike Doing Business ←-----→ Enjoy Doing Business				
		1	2	3	4	5
Bank.....	+ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit card provider.....	+ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment firm.....	+ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life insurance provider.....	+ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto or home insurance provider.....	+ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance provider.....	+ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage/loan provider.....	+ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Membership club (e.g., Sam's, BJ's, Costco).....	+ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General department store (e.g., JCPenney).....	+ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home improvement store (e.g., Home Depot).....	+ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discount store (e.g., Wal-Mart, Target).....	+ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upscale department store (e.g., Saks, Nordstrom).....	+ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wireless phone service provider (e.g., Verizon, Sprint).....	+ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airline.....	+ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable TV Provider.....	+ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Loan Provider.....	+ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

83. In which of the following way(s) do you prefer to **receive customer service support**? (X ALL That Apply)

- 1 Going to a store (not online)
- 2 Speaking with a company rep on the phone
- 3 Using a Web site
- 4 Sending regular mail
- 5 Sending an email
- 6 Speaking with a company rep over Chat/IM
- 7 Using an automated phone system
- 8 Don't know or haven't asked for support

84. Please indicate **how often** you have typically used the following sources in the **PAST 12 MONTHS** to research health-related information or to answer health-related questions? (X ONE Box For EACH Row)

	At Least Monthly	Less Than Monthly	Not At All
Doctor or other health care professional.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
General health/fitness Web sites (e.g., WebMD).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Government health Web site (e.g., CDC.gov, NIH.gov)1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Disease association Web sites (e.g., cancer.org).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Your health plan/HMO Web site.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Drug or medical device Web sites (e.g., celebex.com).....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

85a. Please indicate in **Column "A"**, how often you have performed each of the following activities **ONLINE** in the **PAST 12 MONTHS**. (X ONE Box In EACH Row For Column "A")

85b. Please indicate in **Column "B"**, how often you have performed each of the following activities **OFFLINE** (not on the Internet) in the **PAST 12 MONTHS**. (X ONE Box In EACH Row For Column "B")

	In Past 12 Months					
	"A": Done ONLINE			"B": Done OFFLINE		
	At Least Monthly	Less Than Monthly	Not At All	At Least Monthly	Less Than Monthly	Not At All
Researched a specific medical condition1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Researched a specific drug/medication.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Researched health insurance providers1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Applied for health insurance1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Purchased prescription medication for yourself1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Researched doctors' or hospitals' cost1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Researched a doctor's or hospital's quality1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Tracked healthcare expenses.....1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

86. Which of the following name brand prescription (Rx) medications are you currently taking? (X All That Apply)

- 00 **Not currently taking any prescription medications**
- 01 Actos 07 Cozaar 13 Fosamax 19 Lunesta 25 Prevacid 31 Zoloft
 - 02 Allegra 08 Crestor 14 Glucophage 20 Mevacor 26 Prozac/Serafem 32 Zyrtec
 - 03 Ambien 09 Diovan 15 Insulin 21 Nexium 27 Singular 33 Other branded drug(s)
 - 04 Avandia 10 Effexor 16 Lexapro 22 Norvasc 28 Wellbutrin 34 Other non-branded (generic) drugs
 - 05 Celebrex 11 Flonase 17 Lipitor 23 Paxil/Paxil CR 29 Zetia
 - 06 Clarinex 12 Flovent 18 Lotrel 24 Pravachol 30 Zocor

87a. In **Column "A"** please indicate which (if any) of the following diseases or medical conditions you have been diagnosed with. (X ALL That Apply In Column "A")

87b. In **Column "B"**, indicate whether you currently receive treatment or take medication to manage the condition. (X ALL That Apply In Column "B")

	"A"		"B"	
	Diagnosed With	Receiving Treatment For	Diagnosed With	Receiving Treatment For
+ <input type="checkbox"/> Not diagnosed with ANY disease/medical conditions				
Allergies01	<input type="checkbox"/>	01 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>
Arthritis.....02	<input type="checkbox"/>	02 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>
Migraine headaches.....03	<input type="checkbox"/>	03 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>
Other chronic pain.....04	<input type="checkbox"/>	04 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>
Asthma.....05	<input type="checkbox"/>	05 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>
Other respiratory condition (e.g., COPD, emphysema)06	<input type="checkbox"/>	06 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>
Bladder/urinary conditions07	<input type="checkbox"/>	07 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>
Cancer08	<input type="checkbox"/>	08 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>
High cholesterol09	<input type="checkbox"/>	09 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>
Congestive heart failure10	<input type="checkbox"/>	10 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>
High blood pressure.....11	<input type="checkbox"/>	11 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>
Other heart condition12	<input type="checkbox"/>	12 <input type="checkbox"/>		
Diabetes.....13	<input type="checkbox"/>	13 <input type="checkbox"/>		
Depression/anxiety.....14	<input type="checkbox"/>			
Other mood disorder (e.g., ADHD)15	<input type="checkbox"/>			
Erectile dysfunction16	<input type="checkbox"/>			
Gastrointestinal (e.g., IBS, acid reflux, ulcer)17	<input type="checkbox"/>			
Osteoporosis18	<input type="checkbox"/>			
Skin disorder (e.g., psoriasis, eczema).....19	<input type="checkbox"/>			
Thyroid condition20	<input type="checkbox"/>			
Weight problem/obesity.....21	<input type="checkbox"/>			
Physical disability that impedes mobility/walking22	<input type="checkbox"/>			
Sleep disorders (e.g., insomnia, sleep apnea).....23	<input type="checkbox"/>			
Other disease/medical condition24	<input type="checkbox"/>			

88. Which, if any, of the following health insurers is the provider of your primary health care plan?(X ALL That Apply)

- 00 **Don't have insurance -> (Skip To Qu. 90)**
- 01 Aetna 09 Empire (BCBS) 17 Independence Blue Cross 25 TriCare
 - 02 Anthem (BCBS) 10 GroupHealth Cooperative 18 Kaiser 26 United Healthcare
 - 03 BCBS of Tenn. 11 Health Net 19 Medicaid 27 Other Blue Cross Blue Shield Plan
 - 04 BCBS of N. Carolina 12 Health Now NY 20 Medicare 28 Other health insurer
 - 05 BCBS of Florida 13 Highmark (BCBS) 21 Oxford 29 Individually-purchased insurance
 - 06 Blue Shield of Calif. 14 HIP Health Plan 22 Pacificare 30 Don't know
 - 07 CareFirst (BCBS) 15 Horizon (BCBS) 23 Premera Blue Cross
 - 08 CIGNA 16 Humana 24 Regence (BCBS)

89. How do you currently purchase your primary health insurance? (X ALL That Apply)
- | | |
|--|--|
| 1 <input type="checkbox"/> Purchase through an employer | 3 <input type="checkbox"/> Receive health insurance through the government |
| 2 <input type="checkbox"/> Purchase an individual policy directly from a health plan | 4 <input type="checkbox"/> Don't know |
90. Do you own or operate your own business? (X ONE Box) 1 Yes → (Continue) 0 No → (Skip to Qu. 94)
91. Where is your business based? (X ONE Box)
- | | |
|--|--|
| 1 <input type="checkbox"/> Home → (Continue) | 2 <input type="checkbox"/> Outside of my home (e.g., an office) → (Skip To Qu. 93) |
|--|--|
92. Which of the following best describes your home-based business? (X ONE Box)
- | | | |
|---|---|--|
| 1 <input type="checkbox"/> My <u>primary source</u> of income | 2 <input type="checkbox"/> A <u>supplement</u> to my income | 3 <input type="checkbox"/> It's a hobby, making <u>money is not a priority</u> |
|---|---|--|
93. How many employees work in your business, including yourself? (X ONE Box)
- | | | | | | | |
|------------------------------|------------------------------|--------------------------------|---------------------------------|----------------------------------|----------------------------------|---------------------------------------|
| 1 <input type="checkbox"/> 1 | 2 <input type="checkbox"/> 2 | 3 <input type="checkbox"/> 3-5 | 4 <input type="checkbox"/> 6-10 | 5 <input type="checkbox"/> 11-24 | 6 <input type="checkbox"/> 25-49 | 7 <input type="checkbox"/> 50 or more |
|------------------------------|------------------------------|--------------------------------|---------------------------------|----------------------------------|----------------------------------|---------------------------------------|
94. Please indicate how strongly you agree or disagree with the following statements. (X ONE Box For EACH Row)
- | | Strongly Disagree | ← | → | Strongly Agree | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| I am concerned about the environment | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| I'm concerned about the amount of gas my car uses | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| I would pay more for products or services that are environmentally friendly..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| When purchasing products, I look for energy efficient labels (e.g., Energy Star)..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| I am concerned about global warming..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| I plan to calculate my carbon footprint during the next 12 months | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| I regularly purchase organic foods/beverages..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| I believe that the “green” movement is a fad..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| I regularly recycle paper, bottles, and cans | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| I believe that global warming is the government's problem to solve..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
95. Which of the following events have occurred to you, yourself, in the PAST 12 MONTHS? (X ALL That Apply)
- | | | | |
|---|---|--|--|
| 01 <input type="checkbox"/> Retired | 04 <input type="checkbox"/> Bought a home | 07 <input type="checkbox"/> Was diagnosed with a serious illness | 10 <input type="checkbox"/> Got married |
| 02 <input type="checkbox"/> Been laid off | 05 <input type="checkbox"/> Sold a home | 08 <input type="checkbox"/> Had a child or became pregnant | 11 <input type="checkbox"/> Got divorced/separated |
| 03 <input type="checkbox"/> Changed jobs | 06 <input type="checkbox"/> Moved | 09 <input type="checkbox"/> Bought a car | 12 <input type="checkbox"/> None of these |
96. Which of the following do you enjoy doing in your spare time? (X ALL That Apply)
- | | | | |
|---|---|---|---|
| 01 <input type="checkbox"/> Arts/Crafts | 06 <input type="checkbox"/> Gardening | 11 <input type="checkbox"/> Playing sports | 16 <input type="checkbox"/> Visiting museum/galleries |
| 02 <input type="checkbox"/> Attending sporting events | 07 <input type="checkbox"/> Going out to eat | 12 <input type="checkbox"/> Politics/Civic groups | 17 <input type="checkbox"/> Voluntary/charity work |
| 03 <input type="checkbox"/> Cooking | 08 <input type="checkbox"/> Going to music concerts | 13 <input type="checkbox"/> Reading | 18 <input type="checkbox"/> Watching movies |
| 04 <input type="checkbox"/> Exercise/fitness | 09 <input type="checkbox"/> Home improvement/DIY | 14 <input type="checkbox"/> Shopping | 19 <input type="checkbox"/> Watching sports |
| 05 <input type="checkbox"/> Faith-based activities | 10 <input type="checkbox"/> Outdoor activities | 15 <input type="checkbox"/> Traveling | 20 <input type="checkbox"/> None of these |
97. What is the highest level of education you have completed? (X ONE Box)
- | | | |
|---|--|--|
| 1 <input type="checkbox"/> Some high school or less | 3 <input type="checkbox"/> Some college – no degree | 5 <input type="checkbox"/> 4-year college degree |
| 2 <input type="checkbox"/> High school graduate | 4 <input type="checkbox"/> 2-year college/technical school | 6 <input type="checkbox"/> Post-graduate degree |
98. Which best describes your current employment status? (X ALL That Apply)
- | | | |
|--|---|---------------------------------------|
| 1 <input type="checkbox"/> Student Part-Time | 3 <input type="checkbox"/> Employed Part-Time | 5 <input type="checkbox"/> Retired |
| 2 <input type="checkbox"/> Student Full-Time | 4 <input type="checkbox"/> Employed Full-Time | 6 <input type="checkbox"/> Unemployed |
99. How often, if ever, do you telecommute (work from your home for your employer)? (X ONE Box)
- | | | | | |
|-------------------------------------|--|--|--|--|
| 1 <input type="checkbox"/> Never/NA | 2 <input type="checkbox"/> Less than once a week | 3 <input type="checkbox"/> About once a week | 4 <input type="checkbox"/> 2-4 days per week | 5 <input type="checkbox"/> 5 days per week |
|-------------------------------------|--|--|--|--|
100. What is your current marital status? (X ALL That Apply)
- | | | | | | |
|--|------------------------------------|--------------------------------------|------------------------------------|-------------------------------------|---|
| 1 <input type="checkbox"/> Never married | 2 <input type="checkbox"/> Married | 3 <input type="checkbox"/> Separated | 4 <input type="checkbox"/> Widowed | 5 <input type="checkbox"/> Divorced | 6 <input type="checkbox"/> Living with partner, not married |
|--|------------------------------------|--------------------------------------|------------------------------------|-------------------------------------|---|
101. Which of the following best describes you? (X ONE Box)
- | | | | | |
|---|--------------------------------|------------------------------------|-------------------------------------|---|
| 1 <input type="checkbox"/> Heterosexual | 2 <input type="checkbox"/> Gay | 3 <input type="checkbox"/> Lesbian | 4 <input type="checkbox"/> Bisexual | 5 <input type="checkbox"/> Prefer not to answer |
|---|--------------------------------|------------------------------------|-------------------------------------|---|
102. What range best describes YOUR personal annual income? (X ONE Box)
- | | | | |
|---|---|---|---|
| 01 <input type="checkbox"/> Under \$10,000 | 08 <input type="checkbox"/> \$30,000 - \$35,999 | 15 <input type="checkbox"/> \$65,000 - \$69,999 | 22 <input type="checkbox"/> \$100,000 - \$124,999 |
| 02 <input type="checkbox"/> \$10,000 - \$12,499 | 09 <input type="checkbox"/> \$35,000 - \$39,999 | 16 <input type="checkbox"/> \$70,000 - \$74,999 | 23 <input type="checkbox"/> \$125,000 - \$149,999 |
| 03 <input type="checkbox"/> \$12,500 - \$14,999 | 10 <input type="checkbox"/> \$40,000 - \$44,999 | 17 <input type="checkbox"/> \$75,000 - \$79,999 | 24 <input type="checkbox"/> \$150,000 - \$174,999 |
| 04 <input type="checkbox"/> \$15,000 - \$17,499 | 11 <input type="checkbox"/> \$45,000 - \$49,999 | 18 <input type="checkbox"/> \$80,000 - \$84,999 | 25 <input type="checkbox"/> \$175,000 - \$199,999 |
| 05 <input type="checkbox"/> \$17,500 - \$19,999 | 12 <input type="checkbox"/> \$50,000 - \$54,999 | 19 <input type="checkbox"/> \$85,000 - \$89,999 | 26 <input type="checkbox"/> \$200,000 - \$249,999 |
| 06 <input type="checkbox"/> \$20,000 - \$24,999 | 13 <input type="checkbox"/> \$55,000 - \$59,999 | 20 <input type="checkbox"/> \$90,000 - \$94,999 | 27 <input type="checkbox"/> \$250,000 - \$299,999 |
| 07 <input type="checkbox"/> \$25,000 - \$29,999 | 14 <input type="checkbox"/> \$60,000 - \$64,999 | 21 <input type="checkbox"/> \$95,000 - \$99,999 | 28 <input type="checkbox"/> \$300,000 or more |
103. What would you estimate to be the total value of your household members' combined financial assets (do NOT include the value of your primary home, employer-sponsored retirement accounts (e.g., 401(k), RSP), or any ownership of a private business)? (X ONE Box)
- | | | | |
|---|---|---|---|
| 00 <input type="checkbox"/> None | 04 <input type="checkbox"/> \$100,000 - \$149,999 | 08 <input type="checkbox"/> \$500,000 - \$749,999 | 12 <input type="checkbox"/> \$5,000,000 - \$9,999,999 |
| 01 <input type="checkbox"/> Under \$25,000 | 05 <input type="checkbox"/> \$150,000 - \$199,999 | 09 <input type="checkbox"/> \$750,000 - \$999,999 | 13 <input type="checkbox"/> \$10,000,000 - \$19,999,999 |
| 02 <input type="checkbox"/> \$25,000 - \$49,999 | 06 <input type="checkbox"/> \$200,000 - \$249,999 | 10 <input type="checkbox"/> \$1,000,000 - \$2,499,999 | 14 <input type="checkbox"/> \$20,000,000 or more |
| 03 <input type="checkbox"/> \$50,000 - \$99,999 | 07 <input type="checkbox"/> \$250,000 - \$499,999 | 11 <input type="checkbox"/> \$2,500,000 - \$4,999,999 | 15 <input type="checkbox"/> Prefer not to answer |
104. What is the approximate value of your household's employer-sponsored retirement accounts (e.g., 401(k), 403(b), RSP accounts)? (X ONE Box)
- | | | | |
|--|---|---|---|
| 00 <input type="checkbox"/> None – no one in my household has any employer-sponsored retirement accounts | | | |
| 01 <input type="checkbox"/> Under \$25,000 | 05 <input type="checkbox"/> \$150,000 - \$199,999 | 09 <input type="checkbox"/> \$750,000 - \$999,999 | 13 <input type="checkbox"/> \$10,000,000 - \$19,999,999 |
| 02 <input type="checkbox"/> \$25,000 - \$49,999 | 06 <input type="checkbox"/> \$200,000 - \$249,999 | 10 <input type="checkbox"/> \$1,000,000 - \$2,499,999 | 14 <input type="checkbox"/> \$20,000,000 or more |
| 03 <input type="checkbox"/> \$50,000 - \$99,999 | 07 <input type="checkbox"/> \$250,000 - \$499,999 | 11 <input type="checkbox"/> \$2,500,000 - \$4,999,999 | 15 <input type="checkbox"/> Prefer not to answer |
| 04 <input type="checkbox"/> \$100,000 - \$149,999 | 08 <input type="checkbox"/> \$500,000 - \$749,999 | 12 <input type="checkbox"/> \$5,000,000 - \$9,999,999 | |

Thank you for your help. Please return your completed questionnaire in the enclosed postage-paid envelope as soon as possible.