

**CANADIAN MEDIA HABITS SURVEY**

Thank you for taking the time to participate in the Canadian Media Habits Survey. We greatly appreciate your time and effort.

The second part of this survey focuses on the products and services you use. This knowledge, along with that from many other Canadians, is used by the business and media communities to provide the products and services needed by Canadians.

As with all data we collect, complete confidentiality is guaranteed. Please be assured that any survey responses and all personal information provided will be kept completely confidential by us, our partners or clients, and are used for research purposes only. As well, you will never be approached to purchase any product or service as a result of your participation.

**NAME**

FIRST: \_\_\_\_\_

LAST: \_\_\_\_\_

TEL. NO. (    ) \_\_\_\_\_ - \_\_\_\_\_

CHEQUE #: \_\_\_\_\_

**IF HOUSEHOLD ADDRESS NOT ON LABEL**

STREET NO. \_\_\_\_\_ APT. \_\_\_\_\_

STREET \_\_\_\_\_

CITY/TOWN \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

**FOR OFFICE USE**

**STUDY NO:** AN771 1-6

**YEAR:** 2007/2008

**SEX:** MALE   
FEMALE

**ROTATION:** 1  5   
2  6   
3  7   
4  8

**TYPE:** REGULAR 1

**LANGUAGE:** ENGLISH 1   
FRENCH 2

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## HOW TO COMPLETE THIS QUESTIONNAIRE

We have tried to make this questionnaire as easy as possible to complete. Under each heading, simply check the box that best matches your response. If you check "NO" under the dark shaded box, skip to the next dark shaded box. If you check "YES", complete the rest of the section.

TOOTHPASTE	PERSONALLY USE		DENTAL FLOSS	PERSONALLY USE		MOUTHWASH	PERSONALLY USE	
	Past 6 Months	Times/ Past 7 Days		Past 6 Months	Times/ Past 7 Days		Past 6 Months	Times/ Past 7 Days
YES ..... <input checked="" type="checkbox"/> NO ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input checked="" type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input checked="" type="checkbox"/>		
None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input checked="" type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>			None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>			None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>		
TOOTHPASTE	PERSONALLY USE		DENTAL FLOSS	PERSONALLY USE		MOUTHWASH	PERSONALLY USE	
	Most Often	Others Sometimes		Most Often	Others Sometimes		Most Often	Others Sometimes
<b>BRANDS:</b> Aim Extra Strength ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aqua-fresh ..... <input type="checkbox"/> ..... <input checked="" type="checkbox"/> Close-Up ..... <input checked="" type="checkbox"/> ..... <input type="checkbox"/> Colgate ..... <input checked="" type="checkbox"/> ..... <input type="checkbox"/> Crest ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepsodent ..... <input type="checkbox"/> ..... <input checked="" type="checkbox"/> Sensodyne ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ultra Brite ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>TYPES:</b> Waxed ..... <input type="checkbox"/> ..... <input type="checkbox"/> Unwaxed ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>BRANDS:</b> Cepacol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lavoris ..... <input type="checkbox"/> ..... <input type="checkbox"/> Listerine ..... <input type="checkbox"/> ..... <input type="checkbox"/> Listermint ..... <input type="checkbox"/> ..... <input type="checkbox"/> Plax ..... <input type="checkbox"/> ..... <input type="checkbox"/> Scope ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>		

### ABOVE EXAMPLES

<b>TOOTHPASTE:</b>	CHECKED: "YES", Used In Past 6 Months. THEN: Answered Number Of Times Used In Past 7 Days. THEN: Answered "BRANDS" Used "Most Often" And "Others Sometimes".
<b>DENTAL FLOSS:</b>	CHECKED: "NO", Not Used In Past 6 Months. THEN: Skipped To Next Shaded Box.
<b>MOUTHWASH:</b>	CHECKED: "NO", Not Used In Past 6 Months. THEN: Skipped To Next Shaded Box.

### DEFINITIONS

**HOUSEHOLD:**

Includes use and purchase of various products by all persons residing in household. Please include use and purchase of all products for your primary and any other home, such as a cottage, or other residence that you use.

**MOST OFTEN/OTHERS SOMETIMES:**

When answering these types of questions, think about use in the **Past Year**.

### HELPFUL HINT

Complete the questionnaire in pencil so that you can make any necessary changes.

# TELEVISION VIEWING, RADIO LISTENING

TELEVISION VIEWING	PERSONALLY WATCH				NEWS/SPORTS/ CURRENT AFFAIRS	PERSONALLY WATCH				
	6am- 5pm	5- 7pm	7- 11pm	Later		1	Times Per Week			4+
Business News	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>NEWS/CURRENT AFFAIRS:</b>  Daytime —Canada AM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —CBC Morning <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —CITY TV/ASN Breakfast TV <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —Global Morning News <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —Noon News <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  Early Evening —CBC@SIX <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —CityNews <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —CTV Early Evening News <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —Global National <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —Global Newshour <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  Late Night —CBC The National <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —CityNews <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —CTV Late Local News <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —CTV National News <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —Global News <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  Newsmagazines —Newsworld Business News (NBN) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —Market Call <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <b>SPORTS:</b> Off the Record <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sportsline/Sportspage <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rogers Sportsnet : Connected <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TSN SportsCentre <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Children's/Cartoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentaries/Biographies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Family Dramas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Fashion/Beauty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Game Shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Infomercials/Paid Programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Instructional Shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
—Home Improvement (Gardening/ Home Décor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
—Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Music Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Nature Shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
News/Current Affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Reality TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Science Fiction/Fantasy Dramas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Situation Comedies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Soap/Serial Dramas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Stand-Up Comedy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Suspense/Crime Dramas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Symphony/Opera/Ballet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Talk Shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Variety/Specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
OUT OF HOME TELEVISION VIEWING	PERSONALLY WATCH PER WEEK									
	1-59 Mins.	1-3 Hours	3+ Hours							
College/Campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Restaurant/Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
While At Vacation Residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Other (Family, Friends, Gym, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
TV SPORTS	PERSONALLY WATCH (IN SEASON)									
	Times Per Month									
	1	2	3	4+						
Auto Racing —NASCAR Races	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
—Formula 1 Races	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
—Champ Car/IRL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Major League Baseball										
—Regular Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
—Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NBA Basketball										
—Regular Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
—Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Boxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Curling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Equestrian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Extreme Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Figure Skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
CFL Football —Regular Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
—Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NFL Football —Regular Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
—Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NHL Hockey —Regular Season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
—Playoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Lacrosse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Poker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Skiing/Ski-Jumping/Snowboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Track & Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Wrestling—Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NEWS/SPORTS/ CURRENT AFFAIRS	PERSONALLY WATCH									
	Times Per Month									
	1	2	3	4+						
<b>NEWS MAGAZINES:</b> —20/20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —CBC News: Saturday Report <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —CBC News: Sunday AM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —CBC News: Sunday Night <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —Doc Zone <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —Global Currents <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —Good Morning Canada (Sat/Sun) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —Question Period <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —The Fifth Estate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> —W Five <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
	<b>SPORTS:</b>									
	CBC Hockey Night In Canada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	CBC Hockey Night In Canada— Pregame Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	Rogers Sportsnet: NHL Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	TSN Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	TV PROGRAMS	PERSONALLY WATCH								
		Times Per Month								
		1	2	3	4+					
	<b>ONCE A WEEK PROGRAMS:</b> 24 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Air Farce <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Amazing Race <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> America's Next Top Model <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> American Dad <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> American Idol <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Battlestar Gallactica <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bones <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Boston Legal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brothers & Sisters <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Buy Me! <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									

# TELEVISION VIEWING, RADIO LISTENING

TV PROGRAMS	PERSONALLY WATCH				TV PROGRAMS	PERSONALLY WATCH			
		Times Per Month						Times Per Week	
	1	2-3	4	5+		1	2-3	4	5+
<b>ONCE A WEEK PROGRAMS (Continued):</b>					<b>DAILY PROGRAMS:</b>				
Canadian Antiques Road Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access Hollywood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Idol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All My Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As The World Turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collin & Justin's Home Heist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beverly Hills 90210	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comedy Now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	City/ASN Great Movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corner Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CityLine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Minds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coronation Street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Planet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSI Miami	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Days of Our Lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSI: NY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Phil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing with the Stars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ellen Degeneres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deal or No Deal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entertainment Tonight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degrassi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entertainment Tonight: Canada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desperate Housewives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Etalk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirty Jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Guy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dragon's Den	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dresden Files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jeopardy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E! True Hollywood Stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jimmy Kimmel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entourage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Live with Regis & Kelly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Makeover: Home Edition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mike Duffy Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Guy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Millionaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fashion Television (FT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MTV Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funniest Videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Much on Demand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ghost Whisperer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oprah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grey's Anatomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Punch Much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heartland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	South Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Star! Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holmes on Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	That 70's Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Bold & The Beautiful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How Clean is your House?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Colbert Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How I Met Your Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Daily Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inside the Actor's Studio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instant Star	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Tonight Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The View	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Just For Laughs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Young & Restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
King of the Hill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Las Vegas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Law & Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Law & Order: Criminal Intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Law & Order: SVU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Little Mosque on the Prairie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Lost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
My Name is Earl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Mythbusters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NCIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Nip/Tuck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Numb3rs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Prison Break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Project Runway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Reba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
ReGenesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Rescue Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Restaurant Makeover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Rick Mercer's Monday Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Robson Arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Simpsons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Smallville	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Style By Jury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SuperNanny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Supernatural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Survivor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Take this House & Sell It	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
The Biggest Loser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
The Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
The Passionate Eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
The Shopping Bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
The Surreal Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
This Hour Has 22 Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Trailer Park Boys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Two and a Half Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Ugly Betty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Without a Trace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Wonderful World of Disney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

  

TV EVENT PROGRAMMING	PERSONALLY WATCHED WHEN LAST TELEVIEWED	
	Yes	No
<b>PROGRAMS:</b>		
Academy Awards	<input type="checkbox"/>	<input type="checkbox"/>
American Music Awards	<input type="checkbox"/>	<input type="checkbox"/>
Brit Awards	<input type="checkbox"/>	<input type="checkbox"/>
Billboard Awards	<input type="checkbox"/>	<input type="checkbox"/>
Calgary Stampede	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Country Music Awards	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Grand Prix	<input type="checkbox"/>	<input type="checkbox"/>
Emmy Awards	<input type="checkbox"/>	<input type="checkbox"/>
Figure Skating Major Events (World's, Canadians, Skate Canada)	<input type="checkbox"/>	<input type="checkbox"/>
Gemini Awards	<input type="checkbox"/>	<input type="checkbox"/>
Golden Globe Awards	<input type="checkbox"/>	<input type="checkbox"/>
Golf Major Event (Masters, US Open, PGA, British Open)	<input type="checkbox"/>	<input type="checkbox"/>
Grammy Awards	<input type="checkbox"/>	<input type="checkbox"/>
Grey Cup	<input type="checkbox"/>	<input type="checkbox"/>
Juno Awards	<input type="checkbox"/>	<input type="checkbox"/>
MuchMusic Video Awards	<input type="checkbox"/>	<input type="checkbox"/>
Olympics—Summer	<input type="checkbox"/>	<input type="checkbox"/>
Olympics—Winter	<input type="checkbox"/>	<input type="checkbox"/>
People's Choice Awards	<input type="checkbox"/>	<input type="checkbox"/>
Stanley Cup—Finals	<input type="checkbox"/>	<input type="checkbox"/>
Superbowl	<input type="checkbox"/>	<input type="checkbox"/>
Tennis Major Event (US, French, Australian, Wimbledon)	<input type="checkbox"/>	<input type="checkbox"/>
World Cup Soccer	<input type="checkbox"/>	<input type="checkbox"/>

# TELEVISION VIEWING, RADIO LISTENING

TV CHANNELS	PERSONALLY WATCH PER WEEK			TELEVISION	YOUR HOUSEHOLD	
	1-59 Mins.	1-3 Hours	3+ Hours		Reception	
<b>ENGLISH CHANNELS:</b>				<b>TELEVISION:</b>		
APT	Aboriginal Peoples Television Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cable	<input type="checkbox"/>
A&E	Arts & Entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Digital Cable	<input type="checkbox"/>
BNN	Business News Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite Service	<input type="checkbox"/>
BVO	Bravo!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Antenna	<input type="checkbox"/>
CNN	Cable News Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TV Via Phone Lines	<input type="checkbox"/>
CP24	CABLE Pulse 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TV Via the Internet	<input type="checkbox"/>
CLT	Canadian Learning Television	<input type="checkbox"/>	<input type="checkbox"/>	<b>NUMBER OF CHANNELS/STATIONS:</b>		
NW	CBC Newsworld	<input type="checkbox"/>	<input type="checkbox"/>	1-30	<input type="checkbox"/>	
COM	Comedy Network	<input type="checkbox"/>	<input type="checkbox"/>	31-100	<input type="checkbox"/>	
COMM	Community Channel	<input type="checkbox"/>	<input type="checkbox"/>	101+	<input type="checkbox"/>	
CMT	Country Music Television	<input type="checkbox"/>	<input type="checkbox"/>	<b>SERVICE PROVIDER:</b>		
NN	CTV Newsnet	<input type="checkbox"/>	<input type="checkbox"/>	Bell ExpressVu	<input type="checkbox"/>	
DIS	Discovery Channel (Canadian)	<input type="checkbox"/>	<input type="checkbox"/>	Cogeco Cable	<input type="checkbox"/>	
FAM	Family Channel	<input type="checkbox"/>	<input type="checkbox"/>	Rogers Cable	<input type="checkbox"/>	
FN	Food Network Canada	<input type="checkbox"/>	<input type="checkbox"/>	Shaw Cable	<input type="checkbox"/>	
HN	Headline News	<input type="checkbox"/>	<input type="checkbox"/>	Star Choice Satellite	<input type="checkbox"/>	
H&G	HGTV (Home & Garden Television) Canada	<input type="checkbox"/>	<input type="checkbox"/>	Videotron Cable	<input type="checkbox"/>	
HIS	History Television	<input type="checkbox"/>	<input type="checkbox"/>	Other Satellite	<input type="checkbox"/>	
MAX	Moviemax	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	
PIX	Moviepix	<input type="checkbox"/>	<input type="checkbox"/>	<b>TV REMOTE CONTROLLER</b>		
MTV	MTV Canada	<input type="checkbox"/>	<input type="checkbox"/>	PERSONALLY USE DURING COMMERCIALS		
MM+	MuchMore Music	<input type="checkbox"/>	<input type="checkbox"/>	To Switch Channels	To Mute Sound	
MM	MuchMusic	<input type="checkbox"/>	<input type="checkbox"/>	<b>NUMBER OF TIMES:</b>		
OLN	Outdoor Life Network	<input type="checkbox"/>	<input type="checkbox"/>	Never	<input type="checkbox"/>	<input type="checkbox"/>
NET	Rogers Sportsnet	<input type="checkbox"/>	<input type="checkbox"/>	Seldom (Less Than 25%)	<input type="checkbox"/>	<input type="checkbox"/>
SHOP	Shop TV Canada	<input type="checkbox"/>	<input type="checkbox"/>	Occasionally (25% To 49%)	<input type="checkbox"/>	<input type="checkbox"/>
SHO	Showcase	<input type="checkbox"/>	<input type="checkbox"/>	Frequently (50% To 75%)	<input type="checkbox"/>	<input type="checkbox"/>
SLICE	SLICE	<input type="checkbox"/>	<input type="checkbox"/>	Usually (Over 75%)	<input type="checkbox"/>	<input type="checkbox"/>
SPC	Space: The Imagination Station	<input type="checkbox"/>	<input type="checkbox"/>	<b>RADIO STATIONS</b>		
SPKE	Spike TV	<input type="checkbox"/>	<input type="checkbox"/>	PERSONALLY LISTEN TO		
STR	Star! The Entertainment Information Station	<input type="checkbox"/>	<input type="checkbox"/>	Most Often	Others Sometimes	
SC	Super Channel	<input type="checkbox"/>	<input type="checkbox"/>	<b>TYPES:</b>		
TEL	Teletoon	<input type="checkbox"/>	<input type="checkbox"/>	Album Rock/Classic Rock	<input type="checkbox"/>	<input type="checkbox"/>
TLC	The Learning Channel	<input type="checkbox"/>	<input type="checkbox"/>	All News	<input type="checkbox"/>	<input type="checkbox"/>
TMN	The Movie Network	<input type="checkbox"/>	<input type="checkbox"/>	All Sports	<input type="checkbox"/>	<input type="checkbox"/>
SCR	The Score	<input type="checkbox"/>	<input type="checkbox"/>	Big Band/Music of Your Life	<input type="checkbox"/>	<input type="checkbox"/>
TSC	The Shopping Channel	<input type="checkbox"/>	<input type="checkbox"/>	Classical/Fine Arts	<input type="checkbox"/>	<input type="checkbox"/>
TSN	The Sports Network	<input type="checkbox"/>	<input type="checkbox"/>	Dance	<input type="checkbox"/>	<input type="checkbox"/>
TWN	The Weather Network	<input type="checkbox"/>	<input type="checkbox"/>	Modern Rock/Alternative Rock	<input type="checkbox"/>	<input type="checkbox"/>
TRE	Treehouse TV	<input type="checkbox"/>	<input type="checkbox"/>	Multicultural	<input type="checkbox"/>	<input type="checkbox"/>
TROP	TVTropolis	<input type="checkbox"/>	<input type="checkbox"/>	New Country	<input type="checkbox"/>	<input type="checkbox"/>
TVO	TVOntario	<input type="checkbox"/>	<input type="checkbox"/>	News/Talk/Information/Sports	<input type="checkbox"/>	<input type="checkbox"/>
VC	Viewer's Choice/Pay-per-View	<input type="checkbox"/>	<input type="checkbox"/>	Oldies (50's, 60's, 70's)	<input type="checkbox"/>	<input type="checkbox"/>
V	Vision TV	<input type="checkbox"/>	<input type="checkbox"/>	Rap/Hip Hop	<input type="checkbox"/>	<input type="checkbox"/>
W	W Network/Women's Network	<input type="checkbox"/>	<input type="checkbox"/>	Retro (80's)	<input type="checkbox"/>	<input type="checkbox"/>
YTV	YTV	<input type="checkbox"/>	<input type="checkbox"/>	Soft Music/Adult Contemporary	<input type="checkbox"/>	<input type="checkbox"/>
<b>FRENCH CHANNELS:</b>				<b>PERSONALLY LISTEN TO</b>		
D	ARTV	<input type="checkbox"/>	<input type="checkbox"/>	Most Often	Others Sometimes	
	Canal D	<input type="checkbox"/>	<input type="checkbox"/>	<b>RADIO PROGRAMS</b>		
	Canal Evasion	<input type="checkbox"/>	<input type="checkbox"/>	PERSONALLY LISTEN TO		
	Canal Historia	<input type="checkbox"/>	<input type="checkbox"/>	Most Often	Others Sometimes	
LCN	Canal Indigo	<input type="checkbox"/>	<input type="checkbox"/>	<b>KINDS:</b>		
	Canal Nouvelles	<input type="checkbox"/>	<input type="checkbox"/>	Humour	<input type="checkbox"/>	<input type="checkbox"/>
	Canal Vie	<input type="checkbox"/>	<input type="checkbox"/>	Newscasts	<input type="checkbox"/>	<input type="checkbox"/>
	Canal Vox	<input type="checkbox"/>	<input type="checkbox"/>	Phone-In Shows	<input type="checkbox"/>	<input type="checkbox"/>
WEA	Canal Z	<input type="checkbox"/>	<input type="checkbox"/>	Sports—News	<input type="checkbox"/>	<input type="checkbox"/>
	MétéoMédia	<input type="checkbox"/>	<input type="checkbox"/>	Talk/Information	<input type="checkbox"/>	<input type="checkbox"/>
	Musimax	<input type="checkbox"/>	<input type="checkbox"/>	Traffic	<input type="checkbox"/>	<input type="checkbox"/>
	MusiquePlus	<input type="checkbox"/>	<input type="checkbox"/>	Weather	<input type="checkbox"/>	<input type="checkbox"/>
RDI	Réseau de l'Information	<input type="checkbox"/>	<input type="checkbox"/>	<b>OTHER OR NON-COMMERCIAL:</b>		
RDS	Réseau des Sports	<input type="checkbox"/>	<input type="checkbox"/>	Fairchild/Cathy International	<input type="checkbox"/>	<input type="checkbox"/>
	Series+	<input type="checkbox"/>	<input type="checkbox"/>	Telelatino	<input type="checkbox"/>	<input type="checkbox"/>
SE	Super Écran	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge Network, Access	<input type="checkbox"/>	<input type="checkbox"/>
TQ	Télé Québec	<input type="checkbox"/>	<input type="checkbox"/>	Alberta, PBS, etc.	<input type="checkbox"/>	<input type="checkbox"/>
TEL	Teletoon	<input type="checkbox"/>	<input type="checkbox"/>			
TV5	TV5	<input type="checkbox"/>	<input type="checkbox"/>			
	VRAK TV	<input type="checkbox"/>	<input type="checkbox"/>			



# PERSONAL CARE, HEALTH AND BEAUTY AIDS

TOOTHPASTE		PERSONALLY USE		TOOTHBRUSHES		PERSONALLY BOUGHT/ RECEIVED FROM DENTIST		TOOTH WHITENING SYSTEMS		PERSONALLY USE	
		Past 6 Months	Past 7 Days			Past 6 Months				Past 6 Months	Past 7 Days
YES ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/>			
NO ..... <input type="checkbox"/>				NO ..... <input type="checkbox"/>				NO ..... <input type="checkbox"/>			
<b>NUMBER OF TIMES:</b>				<b>NUMBER OF BRUSHES:</b>				<b>NUMBER OF TIMES:</b>			
None ..... <input type="checkbox"/>				1 ..... <input type="checkbox"/>				None ..... <input type="checkbox"/>			
Less Than Once A Day ..... <input type="checkbox"/>				2 ..... <input type="checkbox"/>				1-2 ..... <input type="checkbox"/>			
Once A Day ..... <input type="checkbox"/>				3 ..... <input type="checkbox"/>				3-5 ..... <input type="checkbox"/>			
Twice A Day ..... <input type="checkbox"/>				4 ..... <input type="checkbox"/>				6-9 ..... <input type="checkbox"/>			
Three Times A Day ..... <input type="checkbox"/>				5+ ..... <input type="checkbox"/>				10-14 ..... <input type="checkbox"/>			
More Than Three Times A Day ..... <input type="checkbox"/>								15+ ..... <input type="checkbox"/>			
TOOTHPASTE		PERSONALLY USE		TOOTHBRUSHES		PERSONALLY BOUGHT/ RECEIVED FROM DENTIST		BRANDS:		PERSONALLY USE	
		Most Often	Others Sometimes			Most Often	Others Sometimes			Past 6 Months	Past 7 Days
<b>KINDS:</b>				<b>TYPES:</b>				Crest Night Effects ..... <input type="checkbox"/>			
Acid Erosion Protection ..... <input type="checkbox"/>				Manual ..... <input type="checkbox"/>				Crest Night Effects Sensitive ..... <input type="checkbox"/>			
All In One ..... <input type="checkbox"/>				Rechargeable ..... <input type="checkbox"/>				Crest White Strips ..... <input type="checkbox"/>			
Anti-Gingivitis ..... <input type="checkbox"/>				Battery ..... <input type="checkbox"/>				Crest White Strips Premium ..... <input type="checkbox"/>			
Baking Soda ..... <input type="checkbox"/>				<b>RECEIVED FROM:</b>				Crest White Strips Premium Plus ..... <input type="checkbox"/>			
Breath Freshening ..... <input type="checkbox"/>				Dentist ..... <input type="checkbox"/>				Crest White Strips Renewal ..... <input type="checkbox"/>			
Natural ..... <input type="checkbox"/>				Store ..... <input type="checkbox"/>				Natural White ..... <input type="checkbox"/>			
Regular ..... <input type="checkbox"/>				<b>MANUAL BRANDS:</b>				Rapid White ..... <input type="checkbox"/>			
Sensitive ..... <input type="checkbox"/>				Aquafresh Flex ..... <input type="checkbox"/>				Rembrandt ..... <input type="checkbox"/>			
Whitening ..... <input type="checkbox"/>				Butler ..... <input type="checkbox"/>				Store Brand ..... <input type="checkbox"/>			
<b>TYPES:</b>				—Supertip ..... <input type="checkbox"/>				<i>Other</i> ..... <input type="checkbox"/>			
Paste ..... <input type="checkbox"/>				—Microtip ..... <input type="checkbox"/>							
Gel ..... <input type="checkbox"/>				—Regular ..... <input type="checkbox"/>							
<b>FORMS:</b>				Colgate							
Pump ..... <input type="checkbox"/>				—Precision/Total ..... <input type="checkbox"/>							
Stand Up Tube ..... <input type="checkbox"/>				—Regular ..... <input type="checkbox"/>							
Regular ..... <input type="checkbox"/>				—Sensation ..... <input type="checkbox"/>							
<b>BRANDS:</b>				Oral-B							
Aquafresh ..... <input type="checkbox"/>				—Advantage ..... <input type="checkbox"/>							
Arm & Hammer ..... <input type="checkbox"/>				—Advantage Artica ..... <input type="checkbox"/>							
Butler Gum ..... <input type="checkbox"/>				—Indicator ..... <input type="checkbox"/>							
Colgate ..... <input type="checkbox"/>				—CrossAction/Vitalizer ..... <input type="checkbox"/>							
Crest ..... <input type="checkbox"/>				—Sensitive Advantage ..... <input type="checkbox"/>							
ProNamel ..... <input type="checkbox"/>				Reach							
Rembrandt ..... <input type="checkbox"/>				—Interdental/Control ..... <input type="checkbox"/>							
Sensodyne ..... <input type="checkbox"/>				—J & J Tooth & Gum ..... <input type="checkbox"/>							
Tom's of Maine ..... <input type="checkbox"/>				—Plaque Sweeper ..... <input type="checkbox"/>							
Store Brand ..... <input type="checkbox"/>				—Regular ..... <input type="checkbox"/>							
<i>Other</i> ..... <input type="checkbox"/>				—Ultra Clean ..... <input type="checkbox"/>							
				Sensodyne ..... <input type="checkbox"/>							
				<i>Other</i> ..... <input type="checkbox"/>							
DENTAL FLOSS		PERSONALLY USE		RECHARGEABLE/BATTERY		PERSONALLY BOUGHT/ RECEIVED FROM DENTIST		MOUTHWASH/ DENTAL RINSE		PERSONALLY USE	
		Past 6 Months	Past 7 Days			Past 6 Months				Past 6 Months	Times/ Past 7 Days
YES ..... <input type="checkbox"/>				<b>BRANDS:</b>				YES ..... <input type="checkbox"/>			
NO ..... <input type="checkbox"/>				Colgate 360 ..... <input type="checkbox"/>				NO ..... <input type="checkbox"/>			
<b>NUMBER OF TIMES:</b>				Colgate Kids ..... <input type="checkbox"/>				None ..... <input type="checkbox"/>			
None ..... <input type="checkbox"/>				Colgate Microsonic Motion ..... <input type="checkbox"/>				1-2 ..... <input type="checkbox"/>			
1-2 ..... <input type="checkbox"/>				Crest Kids ..... <input type="checkbox"/>				3-5 ..... <input type="checkbox"/>			
3-5 ..... <input type="checkbox"/>				Crest Spinbrush				6-9 ..... <input type="checkbox"/>			
6-9 ..... <input type="checkbox"/>				—Classic Clean ..... <input type="checkbox"/>				10-14 ..... <input type="checkbox"/>			
10-14 ..... <input type="checkbox"/>				—Pro Clean ..... <input type="checkbox"/>				15+ ..... <input type="checkbox"/>			
15+ ..... <input type="checkbox"/>				—Pro Select ..... <input type="checkbox"/>							
<b>KINDS:</b>				—Pro Whitening ..... <input type="checkbox"/>							
Dental Tape ..... <input type="checkbox"/>				—Slim ..... <input type="checkbox"/>							
Flossers ..... <input type="checkbox"/>				Interplak ..... <input type="checkbox"/>							
Sensitive ..... <input type="checkbox"/>				Oral-B/Braun							
Unwaxed ..... <input type="checkbox"/>				—Advance Power Series ..... <input type="checkbox"/>							
Waxed ..... <input type="checkbox"/>				—Cross Action Power ..... <input type="checkbox"/>							
<b>TYPES:</b>				—Professional Care Series ..... <input type="checkbox"/>							
Flavoured ..... <input type="checkbox"/>				—Pulsar ..... <input type="checkbox"/>							
Unflavoured ..... <input type="checkbox"/>				—Sonic Complete ..... <input type="checkbox"/>							
				—Stages Power Kids ..... <input type="checkbox"/>							
				—Triumph ..... <input type="checkbox"/>							
				—Vitality ..... <input type="checkbox"/>							
				Reach							
				Sonicare ..... <input type="checkbox"/>							
				Teledyne Water Pik ..... <input type="checkbox"/>							
				<i>Other</i> ..... <input type="checkbox"/>							
MOUTHWASH/ DENTAL RINSE		PERSONALLY USE		MOUTHWASH/ DENTAL RINSE		PERSONALLY USE		TYPES:		PERSONALLY USE	
		Most Often	Others Sometimes			Most Often	Others Sometimes			Past 6 Months	Past 7 Days
				<b>KINDS:</b>				Dental Rinse ..... <input type="checkbox"/>			
				Alcohol Based ..... <input type="checkbox"/>				Fluoride Dental Rinse ..... <input type="checkbox"/>			
				Non-Alcohol Based ..... <input type="checkbox"/>				Mouthwash ..... <input type="checkbox"/>			
				<b>BRANDS:</b>				Pre-Brushing Rinse ..... <input type="checkbox"/>			
				Biotène ..... <input type="checkbox"/>							
				Cepacol ..... <input type="checkbox"/>							
				Crest Pro Health ..... <input type="checkbox"/>							
				Equate ..... <input type="checkbox"/>							
				Exact ..... <input type="checkbox"/>							
				Life Brand ..... <input type="checkbox"/>							
				Listerine							
				—Advanced ..... <input type="checkbox"/>							
				—Cool Citrus (Orange) ..... <input type="checkbox"/>							
				—Cool Mint (Blue) ..... <input type="checkbox"/>							
				—Fluoride (Green) ..... <input type="checkbox"/>							
				—Freshburst (Green) ..... <input type="checkbox"/>							
				—Original (Amber) ..... <input type="checkbox"/>							
				—Tartar Control (Blue) ..... <input type="checkbox"/>							
				—Vanilla Mint ..... <input type="checkbox"/>							
				—Whitening ..... <input type="checkbox"/>							
				Oral B ..... <input type="checkbox"/>							
				Plax ..... <input type="checkbox"/>							
				Scope ..... <input type="checkbox"/>							
				Store Brands ..... <input type="checkbox"/>							
				<i>Other</i> ..... <input type="checkbox"/>							

# PERSONAL CARE, HEALTH AND BEAUTY AIDS

	PERSONALLY USE		PERSONALLY USE		PERSONALLY USE	
<b>DENTURES</b>	Have	<b>BREATH FRESHENERS</b>	Past 6 Months	Times/ Past 7 Days	<b>LIP CARE</b>	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TYPES:</b> Full ..... <input type="checkbox"/> Partial ..... <input type="checkbox"/> Both Full And Partial ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>			<b>BRANDS:</b> Abreva ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aveeno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Blistex ..... <input type="checkbox"/> ..... <input type="checkbox"/> Burt's Bees ..... <input type="checkbox"/> ..... <input type="checkbox"/> Carmex ..... <input type="checkbox"/> ..... <input type="checkbox"/> Chapstick ..... <input type="checkbox"/> ..... <input type="checkbox"/> Labello ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lipactin ..... <input type="checkbox"/> ..... <input type="checkbox"/> Neutrogena ..... <input type="checkbox"/> ..... <input type="checkbox"/> Polysporin ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>	
<b>DENTURE CLEANSERS</b>	PERSONALLY USE	<b>BREATH FRESHENERS</b>	PERSONALLY USE	<b>DEODORANTS/ ANTIPERSPIRANTS</b>	PERSONALLY USE	
	Past 6 Months		Most Often		Past 6 Months	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>	Times/ Past 7 Days	<b>TYPES:</b> Breath Spray ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gum ..... <input type="checkbox"/> ..... <input type="checkbox"/> Instant Dissolve Strip ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mints ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mimi Mints ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Altoids ..... <input type="checkbox"/> ..... <input type="checkbox"/> Binaca Gel Blasts ..... <input type="checkbox"/> ..... <input type="checkbox"/> BreathSavers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Certs ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Power ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clorets Breath Strips ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clorets Gum ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clorets Mints ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dentyne ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dentyne Fire ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Gum ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Mints ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dentyne Frost Bites ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dentyne Ice ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Gum ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Mints ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dentyne Mint ..... <input type="checkbox"/> ..... <input type="checkbox"/> Excel Cool Blast ..... <input type="checkbox"/> ..... <input type="checkbox"/> Excel Extreme ..... <input type="checkbox"/> ..... <input type="checkbox"/> Excel Fuse ..... <input type="checkbox"/> ..... <input type="checkbox"/> Excel Gum ..... <input type="checkbox"/> ..... <input type="checkbox"/> Excel Mints ..... <input type="checkbox"/> ..... <input type="checkbox"/> Extra ..... <input type="checkbox"/> ..... <input type="checkbox"/> Frisk ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ice Breakers Mints ..... <input type="checkbox"/> ..... <input type="checkbox"/> LifeSavers (Mint) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Listerine PocketPaks ..... <input type="checkbox"/> ..... <input type="checkbox"/> Listerine Pocket Mist ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mentos ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Gum ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Mints ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tic-Tac ..... <input type="checkbox"/> ..... <input type="checkbox"/> Trident ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>	Times/ Past 7 Days	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>	Most Often	Times/ Past 7 Days
<b>DENTURE CLEANSERS</b>	PERSONALLY USE	<b>DENTURE ADHESIVE</b>	PERSONALLY USE	<b>DEODORANTS/ ANTIPERSPIRANTS</b>	PERSONALLY USE	
	Most Often		Most Often		Most Often	
<b>TYPES:</b> Powder ..... <input type="checkbox"/> ..... <input type="checkbox"/> Paste ..... <input type="checkbox"/> ..... <input type="checkbox"/> Effervescent Tablet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Foam ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Efferdent ..... <input type="checkbox"/> ..... <input type="checkbox"/> Novadent ..... <input type="checkbox"/> ..... <input type="checkbox"/> Polident Fresh Cleanse ..... <input type="checkbox"/> ..... <input type="checkbox"/> Polident Paste ..... <input type="checkbox"/> ..... <input type="checkbox"/> Polident Tablets ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>	Others Sometimes	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6+ ..... <input type="checkbox"/>	Others Sometimes	<b>TYPES:</b> Scented ..... <input type="checkbox"/> ..... <input type="checkbox"/> Unscented ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>KINDS:</b> Anti Perspirant/Deodorant ..... <input type="checkbox"/> ..... <input type="checkbox"/> Deodorant Only ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>FORMS:</b> Aerosol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Body Sprays ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clear Gel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clear Stick ..... <input type="checkbox"/> ..... <input type="checkbox"/> Invisible White Stick ..... <input type="checkbox"/> ..... <input type="checkbox"/> Roll-on ..... <input type="checkbox"/> ..... <input type="checkbox"/> Soft Solid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Stick ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Adidas —Men ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Women ..... <input type="checkbox"/> ..... <input type="checkbox"/> Arm & Hammer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Arrid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Axe ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ban ..... <input type="checkbox"/> ..... <input type="checkbox"/> Degree —Men ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Women ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dove ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dry Idea ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette Series ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mennen —Lady Speedstick ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Speedstick ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mitchum ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mitchum For Women ..... <input type="checkbox"/> ..... <input type="checkbox"/> Old Spice —High Endurance ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Red Zone ..... <input type="checkbox"/> ..... <input type="checkbox"/> Right Guard —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Sport ..... <input type="checkbox"/> ..... <input type="checkbox"/> —X-treme ..... <input type="checkbox"/> ..... <input type="checkbox"/> Secret ..... <input type="checkbox"/> ..... <input type="checkbox"/> Soft & Dri ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tag ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>	Others Sometimes	Others Sometimes
<b>DENTURE ADHESIVE</b>	PERSONALLY USE	<b>LIP CARE</b>	PERSONALLY USE	<b>LIP CARE</b>	PERSONALLY USE	
	Past 6 Months		Past 6 Months		Past 6 Months	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>	Times/ Past 7 Days	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>	Times/ Past 7 Days	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>	Times/ Past 7 Days	
<b>DENTURE ADHESIVE</b>	PERSONALLY USE	<b>LIP CARE</b>	PERSONALLY USE	<b>LIP CARE</b>	PERSONALLY USE	
	Most Often		Most Often		Most Often	
<b>BRANDS:</b> Fixodent—Paste ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fixodent—Powder ..... <input type="checkbox"/> ..... <input type="checkbox"/> Poli-Grip—Comfort Strips ..... <input type="checkbox"/> ..... <input type="checkbox"/> Poli-Grip—Paste ..... <input type="checkbox"/> ..... <input type="checkbox"/> Poli-Grip—Powder ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sea-Bond Liner ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>	Others Sometimes	<b>KINDS:</b> Lip Balm ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cold Sore Remedies ..... <input type="checkbox"/> ..... <input type="checkbox"/>	Others Sometimes	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>	Others Sometimes	

# PERSONAL CARE, HEALTH AND BEAUTY AIDS

PERFUME & COLOGNE WOMEN'S OR MEN'S		PERSONALLY USE		BODY WASH		PERSONALLY USE		SHAMPOO		PERSONALLY USE		
		Past 6 Months	Times/ Past 7 Days			Most Often	Others Sometimes			Past 6 Months	Times/ Past 7 Days	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>				BRANDS (Continued):				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-7 ..... <input type="checkbox"/> 8-10 ..... <input type="checkbox"/> 11+ ..... <input type="checkbox"/>				
PERFUME & COLOGNE WOMEN'S OR MEN'S		PERSONALLY USE		PERSONAL CARE SOAPS		PERSONALLY USE		SHAMPOO		PERSONALLY USE		
		Most Often	Others Sometimes			Past 6 Months	Times/ Past 7 Days			Most Often	Others Sometimes	
<b>TYPES:</b> After Bath Splash ..... <input type="checkbox"/> ..... <input type="checkbox"/> Body Spray ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cologne ..... <input type="checkbox"/> ..... <input type="checkbox"/> Eau de Toilette ..... <input type="checkbox"/> ..... <input type="checkbox"/> Perfume ..... <input type="checkbox"/> ..... <input type="checkbox"/>				PERSONAL CARE SOAPS				KINDS:				
PERFUME & COLOGNE WOMEN'S OR MEN'S		AMOUNT PERSONALLY SPENT PAST 12 MONTHS						BRANDS:				
		For Self	Gifts For Women	Gifts For Men					Alberto Balsam ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
									Alberto European ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
									Aussie ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
									Biologie Matrix ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
									Dove ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
									Down Under Naturals ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
									Frizz Ease ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
									Garnier Fructis ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
									Head & Shoulders ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
									Herbal Essences ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
									Infusium 23 ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
									Inner Science ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
									John Frieda ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
									Johnson & Johnson ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
									L'Oreal Professional Series Expert ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
									L'Oreal Vive Pro ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
BODY WASH		PERSONALLY USE		PERSONAL CARE SOAPS		PERSONALLY USE		BRANDS:				
		Past 6 Months	Times/ Past 7 Days			Most Often	Others Sometimes					
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>				TYPES:				Baby's Own ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Body Shop ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Canus Goat's Milk ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Cetaphil ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Clinique ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Dial ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Dove Baby ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Dove Bar ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Dove Cool Moisture ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Dove Nourishing Hand Wash ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Dove Sensitive Skin ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Fa ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Irish Spring ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Ivory ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Jergens ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Johnson & Johnson Baby ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Lever 2000 ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Method Hand Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Neutrogena ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Olay ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Pears ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Softsoap Hand Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Zest ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
								Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				



# PERSONAL CARE, HEALTH AND BEAUTY AIDS

HAIR COLOURING PRODUCTS	PERSONALLY USE		HAIR SALON	PERSONALLY USE		FACE & BODY SKINCARE	PERSONALLY BOUGHT	
	Most Often	Others Sometimes		Past 6 Months	Past 30 Days			
<b>TYPES:</b> Highlighting ..... <input type="checkbox"/> ..... <input type="checkbox"/> Permanent ..... <input type="checkbox"/> ..... <input type="checkbox"/> Semi-Permanent ..... <input type="checkbox"/> ..... <input type="checkbox"/> Temporary ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>FORMS:</b> Liquid/Lotion ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mousse ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gel/Creme ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Blondissima ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clairol —Frost & Tip ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Herbal Essences ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Herbal Essence Highlights ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Hydrience ..... <input type="checkbox"/> ..... <input type="checkbox"/> —L'Image ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Miss Clairol ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Natural Instincts ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Nice 'n Easy ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Nice 'n Easy Colour Boosting Glaze ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Nice 'n Easy Gray Solution ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Nice 'n Easy Root Touch-Up ..... <input type="checkbox"/> ..... <input type="checkbox"/> Crema Color ..... <input type="checkbox"/> ..... <input type="checkbox"/> Garnier —100% Color ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Belle Color ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Multi-Lights ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Nutrisse ..... <input type="checkbox"/> ..... <input type="checkbox"/> Just For Men ..... <input type="checkbox"/> ..... <input type="checkbox"/> L'Oreal —Casting ColorSpa ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Color Pulse ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Color Rays ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Couleur Experte ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Excellence ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Féria ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Hi-Light Styliste ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Natural Match ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Preference ..... <input type="checkbox"/> ..... <input type="checkbox"/> Revlon Custom Effects ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>HAIR SERVICES:</b> Hair Care Treatments ..... <input type="checkbox"/> Hair Cut ..... <input type="checkbox"/> Colouring ..... <input type="checkbox"/> Styling ..... <input type="checkbox"/>  <b>AMOUNT SPENT LAST TIME:</b> \$1–25 ..... <input type="checkbox"/> \$26–50 ..... <input type="checkbox"/> \$51–75 ..... <input type="checkbox"/> \$76–100 ..... <input type="checkbox"/> \$101+ ..... <input type="checkbox"/>			<b>WHERE BOUGHT (Continued):</b> Crabtree & Evelyn ..... <input type="checkbox"/> Dans un Jardin ..... <input type="checkbox"/> Faces ..... <input type="checkbox"/> Fruits & Passion ..... <input type="checkbox"/> Merle Norman ..... <input type="checkbox"/> The Body Shop ..... <input type="checkbox"/> Yves Rocher ..... <input type="checkbox"/> Other Specialty Store ..... <input type="checkbox"/>  Loblaws/Loblaws Superstore ..... <input type="checkbox"/> Real Canadian Superstore ..... <input type="checkbox"/> Grocery Stores ..... <input type="checkbox"/> Other Stores ..... <input type="checkbox"/> Mail Order ..... <input type="checkbox"/>		
			<b>BEAUTY SALON/ SPA</b>	PERSONALLY USE				
			Past 6 Months					
			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> 1–2 ..... <input type="checkbox"/> 3–4 ..... <input type="checkbox"/> 5–6 ..... <input type="checkbox"/> 7+ ..... <input type="checkbox"/>  <b>TYPE OF SERVICE:</b> Facial ..... <input type="checkbox"/> Manicure ..... <input type="checkbox"/> Massage ..... <input type="checkbox"/> Pedicure ..... <input type="checkbox"/> Hair Removal ..... <input type="checkbox"/>  <b>AMOUNT SPENT LAST TIME:</b> \$1–25 ..... <input type="checkbox"/> \$26–50 ..... <input type="checkbox"/> \$51–75 ..... <input type="checkbox"/> \$76–100 ..... <input type="checkbox"/> \$101+ ..... <input type="checkbox"/>			<b>HAND &amp; BODY CREAM/LOTION</b>		
			Past 6 Months		PERSONALLY USE			
			Past 6 Months		Past 6 Months			
					Times/Past 7 Days			
					YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1–2 ..... <input type="checkbox"/> 3–5 ..... <input type="checkbox"/> 6–9 ..... <input type="checkbox"/> 10–14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>			
					<b>HAND &amp; BODY CREAM/LOTION</b>			
			Past 30 Days		PERSONALLY USE			
			Past 30 Days		Most Often			
					Others Sometimes			
					<b>TYPES:</b> Aloe ..... <input type="checkbox"/> ..... <input type="checkbox"/> Anti Age/Wrinkle ..... <input type="checkbox"/> ..... <input type="checkbox"/> Medicated ..... <input type="checkbox"/> ..... <input type="checkbox"/> Night Time ..... <input type="checkbox"/> ..... <input type="checkbox"/> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> Self-Tanning ..... <input type="checkbox"/> ..... <input type="checkbox"/> Skin Firming ..... <input type="checkbox"/> ..... <input type="checkbox"/> With Sunscreen ..... <input type="checkbox"/> ..... <input type="checkbox"/> With Vitamins ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>FORMS:</b> Cream ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lotion ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>KINDS:</b> Scented ..... <input type="checkbox"/> ..... <input type="checkbox"/> Unscented ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sensitive Skin ..... <input type="checkbox"/> ..... <input type="checkbox"/> Extra Strength ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Aveeno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Avon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Body Shop ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cetaphil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Complex 15 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Curel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dove ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dove Energy Glow Beauty Body Lotion ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dove Firming Beauty Body Lotion ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dove pro-age ..... <input type="checkbox"/> ..... <input type="checkbox"/> Eucerin ..... <input type="checkbox"/> ..... <input type="checkbox"/> Glysomed ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gold Bond ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gold Bond Ultimate ..... <input type="checkbox"/> ..... <input type="checkbox"/> Jergens ..... <input type="checkbox"/> ..... <input type="checkbox"/> Keri Original (white) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Keri Fast Absorbing (blue) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lubriderm ..... <input type="checkbox"/> ..... <input type="checkbox"/> Moisturel ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
<b>SMALL APPLIANCES</b>			PERSONALLY USE					
			Past 6 Months		Past 30 Days			
					YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TYPE:</b> Blow Dryer ..... <input type="checkbox"/> Curling Iron ..... <input type="checkbox"/> Electric Curlers ..... <input type="checkbox"/> Hair Straightener/Flat Iron ..... <input type="checkbox"/>			
<b>HAIR SALON</b>			PERSONALLY USE					
			Past 6 Months					
					YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> 1–2 ..... <input type="checkbox"/> 3–4 ..... <input type="checkbox"/> 5–6 ..... <input type="checkbox"/> 7+ ..... <input type="checkbox"/>  <b>WHERE BOUGHT:</b> Costco ..... <input type="checkbox"/> Holt Renfrew ..... <input type="checkbox"/> Les Ailes de la Mode ..... <input type="checkbox"/> Ogilvy ..... <input type="checkbox"/> Sears ..... <input type="checkbox"/> The Bay ..... <input type="checkbox"/> Wal-Mart ..... <input type="checkbox"/> Zellers ..... <input type="checkbox"/>  Brunet ..... <input type="checkbox"/> Famili-prix ..... <input type="checkbox"/> Guardian Drug ..... <input type="checkbox"/> IDA ..... <input type="checkbox"/> Jean Coutu ..... <input type="checkbox"/> Lawton's ..... <input type="checkbox"/> London Drugs ..... <input type="checkbox"/> Pharma Plus ..... <input type="checkbox"/> PharmaSave ..... <input type="checkbox"/> Proxim ..... <input type="checkbox"/> Shoppers Drug Mart/Pharmaprix ..... <input type="checkbox"/> Uniprix ..... <input type="checkbox"/> Other Drug Store ..... <input type="checkbox"/>			

# PERSONAL CARE, HEALTH AND BEAUTY AIDS

HAND & BODY CREAM/LOTION	PERSONALLY USE		FACIAL CLEANSERS	PERSONALLY USE		FACIAL MOISTURIZERS	PERSONALLY USE				
	Most Often	Others Sometimes		Most Often	Others Sometimes		Most Often	Others Sometimes			
<b>BRANDS (Continued):</b> Neutrogena ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nivea ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nivea Extra Nourishing Milk ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nivea Firming ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nivea Firming Q10 Plus ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nivea Moisturizing Lotion ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nivea Renewal Night Crème ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nivea Soft ..... <input type="checkbox"/> ..... <input type="checkbox"/> Noxzema ..... <input type="checkbox"/> ..... <input type="checkbox"/> Olay ..... <input type="checkbox"/> ..... <input type="checkbox"/> Olay Quench ..... <input type="checkbox"/> ..... <input type="checkbox"/> Palmer's ..... <input type="checkbox"/> ..... <input type="checkbox"/> St. Ives/Swiss Formula ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vaseline Cocoa Butter ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vaseline Problem Skin Therapy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>BRANDS (Continued):</b> Cetaphil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clarins ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clearasil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clinique ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dove ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dove Sensitive Skin ..... <input type="checkbox"/> ..... <input type="checkbox"/> Estée Lauder ..... <input type="checkbox"/> ..... <input type="checkbox"/> Garnier Skin Naturals ..... <input type="checkbox"/> ..... <input type="checkbox"/> Jergens ..... <input type="checkbox"/> ..... <input type="checkbox"/> Johnson & Johnson Clean & Clear ..... <input type="checkbox"/> ..... <input type="checkbox"/> Johnson & Johnson PH 5.5 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lancôme ..... <input type="checkbox"/> ..... <input type="checkbox"/> La Roche Posay ..... <input type="checkbox"/> ..... <input type="checkbox"/> L'Oreal Dermo-Expertise ..... <input type="checkbox"/> ..... <input type="checkbox"/> L'Oreal Pure Zone ..... <input type="checkbox"/> ..... <input type="checkbox"/> Marcelle ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mary Kay ..... <input type="checkbox"/> ..... <input type="checkbox"/> Neutrogena ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nivea Visage Skin Balance Cleanser ..... <input type="checkbox"/> ..... <input type="checkbox"/> Noxzema ..... <input type="checkbox"/> ..... <input type="checkbox"/> Noxzema Skin Fitness ..... <input type="checkbox"/> ..... <input type="checkbox"/> Olay ..... <input type="checkbox"/> ..... <input type="checkbox"/> Olay Daily Facials ..... <input type="checkbox"/> ..... <input type="checkbox"/> Olay Quench ..... <input type="checkbox"/> ..... <input type="checkbox"/> Olay Regenerist ..... <input type="checkbox"/> ..... <input type="checkbox"/> Oxy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Phisoderm Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pond's/Pond's Cold Cream ..... <input type="checkbox"/> ..... <input type="checkbox"/> Spectro Derm ..... <input type="checkbox"/> ..... <input type="checkbox"/> Spectro Jel ..... <input type="checkbox"/> ..... <input type="checkbox"/> St. Ives ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vichy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>BRANDS:</b> Aveeno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Avon ..... <input type="checkbox"/> ..... <input type="checkbox"/> bioré ..... <input type="checkbox"/> ..... <input type="checkbox"/> Biotherm ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cetaphil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clarins ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clinique ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dior ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dove ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dove Pro-Age ..... <input type="checkbox"/> ..... <input type="checkbox"/> Estée Lauder ..... <input type="checkbox"/> ..... <input type="checkbox"/> Eucerin ..... <input type="checkbox"/> ..... <input type="checkbox"/> Garnier Skin Naturals ..... <input type="checkbox"/> ..... <input type="checkbox"/> Keri Lotion ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lancôme ..... <input type="checkbox"/> ..... <input type="checkbox"/> L'Oreal Age Perfect ..... <input type="checkbox"/> ..... <input type="checkbox"/> L'Oreal Pure Zone ..... <input type="checkbox"/> ..... <input type="checkbox"/> L'Oreal Revitalift ..... <input type="checkbox"/> ..... <input type="checkbox"/> L'Oreal Wrinkle Decrease ..... <input type="checkbox"/> ..... <input type="checkbox"/> La Roche Posay ..... <input type="checkbox"/> ..... <input type="checkbox"/> Marcelle ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mary Kay ..... <input type="checkbox"/> ..... <input type="checkbox"/> NeoStrata AHA ..... <input type="checkbox"/> ..... <input type="checkbox"/> Neutrogena ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nivea Cream (Blue) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nivea Visage Q10 Plus ..... <input type="checkbox"/> ..... <input type="checkbox"/> Olay ..... <input type="checkbox"/> ..... <input type="checkbox"/> Olay Regenerist ..... <input type="checkbox"/> ..... <input type="checkbox"/> Olay Total Effects ..... <input type="checkbox"/> ..... <input type="checkbox"/> Revlon ..... <input type="checkbox"/> ..... <input type="checkbox"/> ROC ..... <input type="checkbox"/> ..... <input type="checkbox"/> St. Ives ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vichy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
<b>USED FOR:</b> Hands ..... <input type="checkbox"/> ..... <input type="checkbox"/> Face ..... <input type="checkbox"/> ..... <input type="checkbox"/> Feet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rest Of Body ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>PERSONAL</b> Skin Condition			<b>PERSONALLY USE</b> Past 6 Months ..... <input type="checkbox"/> Times/Past 7 Days ..... <input type="checkbox"/>			<b>PERSONALLY USE</b> Past 6 Months ..... <input type="checkbox"/> Times/Past 7 Days ..... <input type="checkbox"/>		
<b>HAND &amp; BODY CREAM/LOTION</b> Dry ..... <input type="checkbox"/> Extra Dry ..... <input type="checkbox"/> Normal ..... <input type="checkbox"/> Oily ..... <input type="checkbox"/> Sensitive ..... <input type="checkbox"/>			<b>FACIAL CLEANSERS</b> YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>			<b>FACIAL MOISTURIZERS</b> YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>			<b>ACNE PRODUCTS</b> YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>		
<b>FACIAL CLEANSERS</b> Most Often ..... <input type="checkbox"/> Others Sometimes ..... <input type="checkbox"/>			<b>FACIAL MOISTURIZERS</b> Most Often ..... <input type="checkbox"/> Others Sometimes ..... <input type="checkbox"/>			<b>ACNE PRODUCTS</b> Most Often ..... <input type="checkbox"/> Others Sometimes ..... <input type="checkbox"/>					
<b>KINDS:</b> Bar ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cream ..... <input type="checkbox"/> ..... <input type="checkbox"/> Facial Cleansing Cloths ..... <input type="checkbox"/> ..... <input type="checkbox"/> Foaming Cleansers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lotion/Milk ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mask ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nose/Facial Strips ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pillows ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pre-Moistened Cloths ..... <input type="checkbox"/> ..... <input type="checkbox"/> Scrub ..... <input type="checkbox"/> ..... <input type="checkbox"/> Toner ..... <input type="checkbox"/> ..... <input type="checkbox"/> Towelettes ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>TYPES:</b> Cream ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lotion ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>KINDS:</b> Medicated (Prescription) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Medicated (Non-Prescription) ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
<b>BRANDS:</b> Almay ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aveeno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Avon ..... <input type="checkbox"/> ..... <input type="checkbox"/> bioré ..... <input type="checkbox"/> ..... <input type="checkbox"/> Biotherm ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>KINDS:</b> Fragrance Free ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hypoallergenic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Oil Free ..... <input type="checkbox"/> ..... <input type="checkbox"/> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> With Sunscreen (SPF) ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>TYPES:</b> Astringent/Toner ..... <input type="checkbox"/> ..... <input type="checkbox"/> Body Wash ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cleanser ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hypoallergenic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cover Up ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cream/Lotion ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
<b>HOW USED:</b> Anti-Wrinkle/Anti-Aging ..... <input type="checkbox"/> ..... <input type="checkbox"/> Exfoliating ..... <input type="checkbox"/> ..... <input type="checkbox"/> Eye Cream ..... <input type="checkbox"/> ..... <input type="checkbox"/> Moisturizing ..... <input type="checkbox"/> ..... <input type="checkbox"/> Night Cream ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sunscreen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Under Make-Up ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>FORMS:</b> Bottles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cleansing Cloths ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pads ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sticks ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tubes ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>FORMS:</b> Bottles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cleansing Cloths ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pads ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sticks ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tubes ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>					

# PERSONAL CARE, HEALTH AND BEAUTY AIDS

ACNE PRODUCTS	PERSONALLY USE		RAZORS/ SHAVERS	PERSONALLY USE		HAIR REMOVAL	PERSONALLY USE							
	Most Often	Others Sometimes		Most Often	Others Sometimes		Most Often	Others Sometimes						
<b>BRANDS:</b> Clean & Clear ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clearasil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Neutrogena ..... <input type="checkbox"/> ..... <input type="checkbox"/> Oxy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Spectro Acne Care ..... <input type="checkbox"/> ..... <input type="checkbox"/> Spectro Jel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>						<b>KINDS:</b> Electric Shaver ..... <input type="checkbox"/> ..... <input type="checkbox"/> Disposable Razor ..... <input type="checkbox"/> ..... <input type="checkbox"/> Manual Razors With Replacement Blades ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Gillette ATRA/Trac II ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette Fusion ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette M3 Power ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette Mach 3/Turbo ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette Power ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette Sensor/Sensor Excel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette Venus ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette Venus Divine ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette Venus Vibrance ..... <input type="checkbox"/> ..... <input type="checkbox"/> Schick Intuition/Intuition Plus ..... <input type="checkbox"/> ..... <input type="checkbox"/> Schick Quattro ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Manual Razors With Replacement Blades ..... <input type="checkbox"/> ..... <input type="checkbox"/>  BIC Disposables ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette Disposables ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gillette Venus Disposables ..... <input type="checkbox"/> ..... <input type="checkbox"/> Schick ST ..... <input type="checkbox"/> ..... <input type="checkbox"/> Schick Xtreme 3 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Schick Disposables ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Disposables ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Braun Electric ..... <input type="checkbox"/> ..... <input type="checkbox"/> Philips Electric ..... <input type="checkbox"/> ..... <input type="checkbox"/> Remington Electric ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Electric Shaver ..... <input type="checkbox"/> ..... <input type="checkbox"/>						<b>TYPES:</b> Bladeless Kits ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cream/Lotion ..... <input type="checkbox"/> ..... <input type="checkbox"/> Electrolysis ..... <input type="checkbox"/> ..... <input type="checkbox"/> Laser ..... <input type="checkbox"/> ..... <input type="checkbox"/> Non-Razor ..... <input type="checkbox"/> ..... <input type="checkbox"/> Wax —At Home (Hot) ..... <input type="checkbox"/> ..... <input type="checkbox"/> —At Home (Cold) ..... <input type="checkbox"/> ..... <input type="checkbox"/> —At Salon ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Alexandria ..... <input type="checkbox"/> ..... <input type="checkbox"/> Andrea ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nair ..... <input type="checkbox"/> ..... <input type="checkbox"/> Parissa ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sally Hansen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Veet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
<b>COTTON SWABS</b>			PERSONALLY USE		<b>COUGH DROPS</b>			PERSONALLY USE						
			Past 6 Months	Times/ Past 7 Days				Past 6 Months	Times/ Past 30 Days					
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>						YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>								
<b>MEN'S AFTERSHAVE LOTION</b>			PERSONALLY USE		<b>COUGH DROPS</b>			PERSONALLY USE						
			Past 6 Months	Past 7 Days				Most Often	Others Sometimes					
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>						<b>BRANDS:</b> Bentasil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cepacol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cloraseptic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fisherman's Friend ..... <input type="checkbox"/> ..... <input type="checkbox"/> Halls ..... <input type="checkbox"/> ..... <input type="checkbox"/> Halls Centres ..... <input type="checkbox"/> ..... <input type="checkbox"/> Halls Fruit Breezers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Halls Extra Strong ..... <input type="checkbox"/> ..... <input type="checkbox"/> Halls Oxygen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Herbon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Natural/Herbal Products ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ricola ..... <input type="checkbox"/> ..... <input type="checkbox"/> Strepsils ..... <input type="checkbox"/> ..... <input type="checkbox"/> Valda Pastilles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vicks ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>								
<b>MEN'S AFTERSHAVE LOTION</b>			PERSONALLY USE		<b>SHAVING CREAMS OR GELS</b>			PERSONALLY USE						
			Most Often	Others Sometimes				Past 6 Months	Past 7 Days					
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TYPES:</b> After Shave Splash ..... <input type="checkbox"/> ..... <input type="checkbox"/> After Shave Lotion ..... <input type="checkbox"/> ..... <input type="checkbox"/> After Shave Gel ..... <input type="checkbox"/> ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TYPES:</b> Cream/Foam ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Soap ..... <input type="checkbox"/> ..... <input type="checkbox"/>								
<b>RAZORS/SHAVERS</b>			PERSONALLY USE		<b>HAIR REMOVAL</b>			PERSONALLY USE						
			Past 6 Months	Times/ Past 7 Days				Past 6 Months	Times/ Past 30 Days					
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>RAZORS/SHAVERS</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>			<b>USED FOR:</b> Allergy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cough ..... <input type="checkbox"/> ..... <input type="checkbox"/> Preventing A Cold ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sore Throat ..... <input type="checkbox"/> ..... <input type="checkbox"/> Stuffy Nose ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>								
<b>RAZORS/SHAVERS</b>			PERSONALLY USE		<b>HAIR REMOVAL</b>			PERSONALLY USE						
			Past 6 Months	Times/ Past 7 Days				Most Often	Others Sometimes					
None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>			<b>HAIR REMOVAL</b> <b>KINDS:</b> Tubs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Strips ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>COUGH SYRUP</b> YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>								

# PERSONAL CARE, HEALTH AND BEAUTY AIDS

COUGH SYRUP	PERSONALLY USE		EYE DROPS	PERSONALLY USE		TOPICAL PAIN RELIEVERS	PERSONALLY USE	
	Most Often	Others Sometimes		Most Often	Others Sometimes		Most Often	Others Sometimes
<b>BRANDS:</b> Benlyn All-In-One <input type="checkbox"/> ..... <input type="checkbox"/> Benlyn Extra Strength <input type="checkbox"/> ..... <input type="checkbox"/> Benlyn Regular Strength <input type="checkbox"/> ..... <input type="checkbox"/> Buckley's <input type="checkbox"/> ..... <input type="checkbox"/> Delsym <input type="checkbox"/> ..... <input type="checkbox"/> Dimetapp <input type="checkbox"/> ..... <input type="checkbox"/> Life Brand <input type="checkbox"/> ..... <input type="checkbox"/> Robitussin <input type="checkbox"/> ..... <input type="checkbox"/> Triaminic <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol Cool Burst Cold & Flu <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol Cool Burst Cough & Cold <input type="checkbox"/> ..... <input type="checkbox"/> Vicks Formula 44 <input type="checkbox"/> ..... <input type="checkbox"/> Vicks Dayquil <input type="checkbox"/> ..... <input type="checkbox"/> Vicks Nyquil <input type="checkbox"/> ..... <input type="checkbox"/> Store Brands <input type="checkbox"/> ..... <input type="checkbox"/> Other <input type="checkbox"/> ..... <input type="checkbox"/>			<b>BRANDS (Continued):</b> Opticrom Anti-Allergy <input type="checkbox"/> ..... <input type="checkbox"/> Optrex <input type="checkbox"/> ..... <input type="checkbox"/> Refresh Liquigel Drops <input type="checkbox"/> ..... <input type="checkbox"/> Refresh Tears <input type="checkbox"/> ..... <input type="checkbox"/> Systane <input type="checkbox"/> ..... <input type="checkbox"/> Tears Naturale II <input type="checkbox"/> ..... <input type="checkbox"/> Visine —Advance Triple Action <input type="checkbox"/> ..... <input type="checkbox"/> —Advance True Tears <input type="checkbox"/> ..... <input type="checkbox"/> —Advance True Tears UniDose <input type="checkbox"/> ..... <input type="checkbox"/> —Allergy <input type="checkbox"/> ..... <input type="checkbox"/> —Advance Allergy <input type="checkbox"/> ..... <input type="checkbox"/> —Contact Lens <input type="checkbox"/> ..... <input type="checkbox"/> —Cool <input type="checkbox"/> ..... <input type="checkbox"/> —Original <input type="checkbox"/> ..... <input type="checkbox"/> —Workplace <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand <input type="checkbox"/> ..... <input type="checkbox"/> Other <input type="checkbox"/> ..... <input type="checkbox"/>			<b>BRANDS (Continued):</b> Rub A535/Antiphlogistine —Regular Strength <input type="checkbox"/> ..... <input type="checkbox"/> —Extra Strength <input type="checkbox"/> ..... <input type="checkbox"/> —No Odour <input type="checkbox"/> ..... <input type="checkbox"/> —Sport-Ultra Heat <input type="checkbox"/> ..... <input type="checkbox"/> —Sport-Ice <input type="checkbox"/> ..... <input type="checkbox"/> —Dual Action Patch <input type="checkbox"/> ..... <input type="checkbox"/> —Dual Action Sleeve <input type="checkbox"/> ..... <input type="checkbox"/> Tensor —Heat Patch <input type="checkbox"/> ..... <input type="checkbox"/> —Hot/Cold Compress <input type="checkbox"/> ..... <input type="checkbox"/> Tiger Balm <input type="checkbox"/> ..... <input type="checkbox"/> Thermacare —Lower Back Wrap <input type="checkbox"/> ..... <input type="checkbox"/> —Knee Wrap <input type="checkbox"/> ..... <input type="checkbox"/> —Neck/Arm Wrap <input type="checkbox"/> ..... <input type="checkbox"/> Other <input type="checkbox"/> ..... <input type="checkbox"/>		
<b>MEDICATED THROAT REMEDIES</b>	PERSONALLY USE		<b>TOPICAL PAIN RELIEVERS</b>	PERSONALLY USE				
YES <input type="checkbox"/> NO <input type="checkbox"/>  None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>	Past 6 Months	Times/ Past 30 Days	YES <input type="checkbox"/> NO <input type="checkbox"/>  None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>	Past 6 Months	Times/ Past 30 Days			
<b>MEDICATED THROAT REMEDIES</b>	PERSONALLY USE		<b>TOPICAL PAIN RELIEVERS</b>	PERSONALLY USE		<b>FIRST AID CREAMS/OINTMENTS</b>		PERSONALLY USE
YES <input type="checkbox"/> NO <input type="checkbox"/>  None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>	Most Often	Others Sometimes	YES <input type="checkbox"/> NO <input type="checkbox"/>  None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>	Most Often	Others Sometimes	Past 6 Months	Times/ Past 30 Days	
<b>KINDS:</b> Spray <input type="checkbox"/> ..... <input type="checkbox"/> Lozenges <input type="checkbox"/> ..... <input type="checkbox"/>			<b>FORMS:</b> Rubs <input type="checkbox"/> ..... <input type="checkbox"/> Microwave/Freezer Compress <input type="checkbox"/> ..... <input type="checkbox"/> Patch <input type="checkbox"/> ..... <input type="checkbox"/> Wraps/Sleeve <input type="checkbox"/> ..... <input type="checkbox"/>					
<b>EYE DROPS</b>	PERSONALLY USE		<b>KINDS:</b> Hot <input type="checkbox"/> ..... <input type="checkbox"/> Cold <input type="checkbox"/> ..... <input type="checkbox"/> Hot/Cold Combination <input type="checkbox"/> ..... <input type="checkbox"/>			<b>FIRST AID CREAMS/OINTMENTS</b>		PERSONALLY USE
YES <input type="checkbox"/> NO <input type="checkbox"/>  None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>	Past 6 Months	Times/ Past 30 Days	<b>TYPES:</b> Natural Sourced Remedy <input type="checkbox"/> ..... <input type="checkbox"/> No Odour <input type="checkbox"/> ..... <input type="checkbox"/> Strengths —Regular <input type="checkbox"/> ..... <input type="checkbox"/> —Ultra/Extra <input type="checkbox"/> ..... <input type="checkbox"/>	Past 6 Months	Times/ Past 30 Days	Most Often	Others Sometimes	
<b>EYE DROPS</b>	PERSONALLY USE		<b>BRANDS:</b> Absorbine Junior <input type="checkbox"/> ..... <input type="checkbox"/> Bengay <input type="checkbox"/> ..... <input type="checkbox"/> Icy Hot —Rub <input type="checkbox"/> ..... <input type="checkbox"/> —Patch <input type="checkbox"/> ..... <input type="checkbox"/> —Sleeve <input type="checkbox"/> ..... <input type="checkbox"/> Lakota —Arthritis Rub <input type="checkbox"/> ..... <input type="checkbox"/> —Cool Sport Rub <input type="checkbox"/> ..... <input type="checkbox"/> —Joint Care Roll-On <input type="checkbox"/> ..... <input type="checkbox"/> Mentholatum Deep Cold —Rub <input type="checkbox"/> ..... <input type="checkbox"/> —Patch <input type="checkbox"/> ..... <input type="checkbox"/> Mentholatum Deep Heating —Rub <input type="checkbox"/> ..... <input type="checkbox"/> —Patch <input type="checkbox"/> ..... <input type="checkbox"/> Myoflex —Rub <input type="checkbox"/> ..... <input type="checkbox"/> —Patch <input type="checkbox"/> ..... <input type="checkbox"/> O24 <input type="checkbox"/> ..... <input type="checkbox"/>			<b>PAIN RELIEVERS FOR ARTHRITIS/RHEUMATISM</b>		PERSONALLY USE
<b>TYPES:</b> Non-Prescription <input type="checkbox"/> ..... <input type="checkbox"/> Prescription <input type="checkbox"/> ..... <input type="checkbox"/>	Most Often	Others Sometimes	YES <input type="checkbox"/> NO <input type="checkbox"/>  None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>	Past 6 Months	Times/ Past 30 Days	Past 6 Months	Times/ Past 30 Days	

# PERSONAL CARE, HEALTH AND BEAUTY AIDS

PAIN RELIEVERS FOR ARTHRITIS/RHEUMATISM	PERSONALLY USE		PAIN RELIEVERS FOR HEADACHES	PERSONALLY USE		NON-PRESCRIPTION PRODUCTS FOR PREVENTING HEART ATTACK/STROKE	PERSONALLY USE				
	Most Often	Others Sometimes		Most Often	Others Sometimes		Most Often	Others Sometimes			
<b>BRANDS:</b> Advil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Advil ES ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Arthritis Pain Relief (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Regular Strength (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Extra Strength (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bengay ..... <input type="checkbox"/> ..... <input type="checkbox"/> Entrophen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lakota ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motrin ES ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motrin IB ..... <input type="checkbox"/> ..... <input type="checkbox"/> Myoflex ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rub A535/Antiphlogistine ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol Arthritis ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol EZ Tabs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other Natural or Herbal Remedies</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>TYPES:</b> Caplets ..... <input type="checkbox"/> ..... <input type="checkbox"/> Capsules ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gelcaps ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquigels ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tablets ..... <input type="checkbox"/> ..... <input type="checkbox"/> <b>KINDS:</b> With Codeine ..... <input type="checkbox"/> ..... <input type="checkbox"/> Without Codeine ..... <input type="checkbox"/> ..... <input type="checkbox"/> <b>BRANDS:</b> Advil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Advil ES ..... <input type="checkbox"/> ..... <input type="checkbox"/> Advil Liqui-Gels ..... <input type="checkbox"/> ..... <input type="checkbox"/> Advil Migraine ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Reg. Strength (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Extra Strength (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motrin ES/SES ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motrin IB ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol 8 Hour ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol EZ Tabs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol Ultra Relief ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>BRANDS:</b> Advil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Asaphen Low Dose ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Children's Aspirin ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cholestanol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Coated Aspirin ..... <input type="checkbox"/> ..... <input type="checkbox"/> Coated Aspirin Daily Low Dose ..... <input type="checkbox"/> ..... <input type="checkbox"/> Entrophen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Equate Low Dose ASA ..... <input type="checkbox"/> ..... <input type="checkbox"/> Libracol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Life Brand Daily Low Dose ..... <input type="checkbox"/> ..... <input type="checkbox"/> London Drugs Low Dose ASA ..... <input type="checkbox"/> ..... <input type="checkbox"/> Omega 3 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Personnelle Low Dose ..... <input type="checkbox"/> ..... <input type="checkbox"/> Stanley ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vegapure ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ASA/Coated ASA ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Non-Prescription Product ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
<b>PAIN RELIEVERS FOR BACK PAIN</b>	PERSONALLY USE		<b>PAIN RELIEVERS FOR MUSCLE &amp; BODY PAIN</b>	PERSONALLY USE		<b>COLD REMEDIES</b>	PERSONALLY USE				
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>	Past 6 Months	Times/Past 30 Days	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>	Past 6 Months	Times/Past 30 Days	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>	Past 6 Months	Times/Past 30 Days			
<b>PAIN RELIEVERS FOR BACK PAIN</b>	PERSONALLY USE		<b>PAIN RELIEVERS FOR MUSCLE &amp; BODY PAIN</b>	PERSONALLY USE		<b>COLD REMEDIES</b>	PERSONALLY USE				
<b>BRANDS:</b> Advil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Reg. Strength (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Extra Strength (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Extra Strength Robaxacet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Extra Strength Robaxisal ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motrin IB ..... <input type="checkbox"/> ..... <input type="checkbox"/> Norflex ..... <input type="checkbox"/> ..... <input type="checkbox"/> Robaxacet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Robaxisal ..... <input type="checkbox"/> ..... <input type="checkbox"/> Robax Platinum ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol Aches & Strains ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>	Most Often	Others Sometimes	<b>BRANDS:</b> Advil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Advil ES ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Reg. Strength (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Coated (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Extra Strength (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin Nighttime ..... <input type="checkbox"/> ..... <input type="checkbox"/> Entrophen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lakota ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motrin ES/SES ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motrin IB ..... <input type="checkbox"/> ..... <input type="checkbox"/> Myoflex ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol 8 Hour ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol EZ Tabs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other Natural or Herbal Remedies</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>	Most Often	Others Sometimes	<b>KINDS:</b> Caplets ..... <input type="checkbox"/> ..... <input type="checkbox"/> Capsules ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gelcaps ..... <input type="checkbox"/> ..... <input type="checkbox"/> Instant Dissolve Strips ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Powders ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rubs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tablets ..... <input type="checkbox"/> ..... <input type="checkbox"/> <b>BRANDS:</b> Actifed ..... <input type="checkbox"/> ..... <input type="checkbox"/> Advil Cold & Sinus ..... <input type="checkbox"/> ..... <input type="checkbox"/> Advil Cold & Sinus Plus ..... <input type="checkbox"/> ..... <input type="checkbox"/> Benylin All In One ..... <input type="checkbox"/> ..... <input type="checkbox"/> Benylin Cold & Sinus ..... <input type="checkbox"/> ..... <input type="checkbox"/> Benylin Cold & Sinus Plus ..... <input type="checkbox"/> ..... <input type="checkbox"/> Benylin Rapid Gels ..... <input type="checkbox"/> ..... <input type="checkbox"/> Breathe Right ..... <input type="checkbox"/> ..... <input type="checkbox"/> Buckley's Cough, Cold, Flu Caplets ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cold F/X ..... <input type="checkbox"/> ..... <input type="checkbox"/> Contac ..... <input type="checkbox"/> ..... <input type="checkbox"/> Coricidin II ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dimetapp ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dristan ..... <input type="checkbox"/> ..... <input type="checkbox"/> Neo Citran ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sinutab ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sudafed ..... <input type="checkbox"/> ..... <input type="checkbox"/> Triaminic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol Sinus Pain & Congestion ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol Cold ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol Flu ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol Sinus ..... <input type="checkbox"/> ..... <input type="checkbox"/>	Most Often	Others Sometimes			
<b>PAIN RELIEVERS FOR HEADACHES</b>	PERSONALLY USE		<b>NON-PRESCRIPTION PRODUCTS FOR PREVENTING HEART ATTACK/STROKE</b>	PERSONALLY USE		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  Daily ..... <input type="checkbox"/> Every Other Day ..... <input type="checkbox"/> Once A Week ..... <input type="checkbox"/> Less Often ..... <input type="checkbox"/>	Use	How Often	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  Daily ..... <input type="checkbox"/> Every Other Day ..... <input type="checkbox"/> Once A Week ..... <input type="checkbox"/> Less Often ..... <input type="checkbox"/>	Use	How Often

# PERSONAL CARE, HEALTH AND BEAUTY AIDS

COLD REMEDIES	PERSONALLY USE		<b>SLEEPING TABLETS</b> — Non-Prescription —	PERSONALLY USE		<b>ANTI-NAUSEANT/ MOTION SICKNESS REMEDIES</b>	PERSONALLY USE	
	Most Often	Others Sometimes		Past 6 Months	Times/ Past 30 Days		Past 6 Months	Past 6 Months
<b>BRANDS (Continued):</b> Vicks Dayquil <input type="checkbox"/> <input type="checkbox"/> Vicks Nyquil <input type="checkbox"/> <input type="checkbox"/> Vicks Vaporub <input type="checkbox"/> <input type="checkbox"/> Store Brands <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>  None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6+ <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>		
<b>ALLERGY AND SINUS REMEDIES</b>	PERSONALLY USE		<b>UPSET STOMACH REMEDIES</b>	PERSONALLY USE		<b>ANTI-NAUSEANT/ MOTION SICKNESS REMEDIES</b>	PERSONALLY USE	
YES <input type="checkbox"/> NO <input type="checkbox"/>  None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>	Past 6 Months	Times/ Past 30 Days		Past 6 Months	Times/ Past 30 Days		Most Often	Others Sometimes
<b>ALLERGY AND SINUS REMEDIES</b> YES <input type="checkbox"/> NO <input type="checkbox"/>  None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15+ <input type="checkbox"/>			<b>UPSET STOMACH REMEDIES</b>	PERSONALLY USE		<b>TYPES:</b> Chewable Tablet <input type="checkbox"/> <input type="checkbox"/> Liquid <input type="checkbox"/> <input type="checkbox"/> Long Acting Caplet <input type="checkbox"/> <input type="checkbox"/> Natural/Herbal Products <input type="checkbox"/> <input type="checkbox"/> Natural Source Ginger <input type="checkbox"/> <input type="checkbox"/> Soft Gels <input type="checkbox"/> <input type="checkbox"/> Suppositories <input type="checkbox"/> <input type="checkbox"/> Swallowable Tablet <input type="checkbox"/> <input type="checkbox"/> Transdermal Patch <input type="checkbox"/> <input type="checkbox"/>  <b>BRANDS:</b> Bonamine <input type="checkbox"/> <input type="checkbox"/> Gravol <input type="checkbox"/> <input type="checkbox"/> Novo/Apo Dimenatate <input type="checkbox"/> <input type="checkbox"/> Transderm V <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>  <b>USED FOR:</b> Flu <input type="checkbox"/> <input type="checkbox"/> General <input type="checkbox"/> <input type="checkbox"/> Migraine <input type="checkbox"/> <input type="checkbox"/> Motion/Travel Sickness <input type="checkbox"/> <input type="checkbox"/> Nausea <input type="checkbox"/> <input type="checkbox"/> Sleep Aid <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>		
<b>ALLERGY AND SINUS REMEDIES</b>	PERSONALLY USE		<b>UPSET STOMACH REMEDIES</b>	PERSONALLY USE		<b>BRANDS:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>  None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>		
Most Often	Others Sometimes	Most Often		Others Sometimes				
<b>KINDS:</b> Caplets <input type="checkbox"/> <input type="checkbox"/> Capsules <input type="checkbox"/> <input type="checkbox"/> Gelcaps <input type="checkbox"/> <input type="checkbox"/> Instant Dissolve Strips <input type="checkbox"/> <input type="checkbox"/> Liquid <input type="checkbox"/> <input type="checkbox"/> Nasal Strip <input type="checkbox"/> <input type="checkbox"/> Tablets <input type="checkbox"/> <input type="checkbox"/>  <b>BRANDS:</b> Actifed <input type="checkbox"/> <input type="checkbox"/> Advil Cold & Sinus <input type="checkbox"/> <input type="checkbox"/> Aerius <input type="checkbox"/> <input type="checkbox"/> Allegra 12 Hour <input type="checkbox"/> <input type="checkbox"/> Allegra 24 Hour <input type="checkbox"/> <input type="checkbox"/> Allegra D <input type="checkbox"/> <input type="checkbox"/> Apo-Certirizine <input type="checkbox"/> <input type="checkbox"/> Benadryl <input type="checkbox"/> <input type="checkbox"/> Breathe Right <input type="checkbox"/> <input type="checkbox"/> Chlor-tripolon <input type="checkbox"/> <input type="checkbox"/> Claritin <input type="checkbox"/> <input type="checkbox"/> Claritin Axeleris <input type="checkbox"/> <input type="checkbox"/> Claritin Extra <input type="checkbox"/> <input type="checkbox"/> Contac <input type="checkbox"/> <input type="checkbox"/> Dayquil <input type="checkbox"/> <input type="checkbox"/> Dimetapp <input type="checkbox"/> <input type="checkbox"/> Dristan <input type="checkbox"/> <input type="checkbox"/> Liberator <input type="checkbox"/> <input type="checkbox"/> Reactine <input type="checkbox"/> <input type="checkbox"/> Reactine Allergy & Sinus <input type="checkbox"/> <input type="checkbox"/> Sinutab <input type="checkbox"/> <input type="checkbox"/> Sudafed <input type="checkbox"/> <input type="checkbox"/> Tylenol Allergy <input type="checkbox"/> <input type="checkbox"/> Tylenol Sinus <input type="checkbox"/> <input type="checkbox"/> Tylenol Sinus Pain & Congestion <input type="checkbox"/> <input type="checkbox"/>  Prescriptions <input type="checkbox"/> <input type="checkbox"/> Store Brands <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>  <b>USED FOR:</b> Allergy —Skin <input type="checkbox"/> <input type="checkbox"/> —Food <input type="checkbox"/> <input type="checkbox"/> —Other <input type="checkbox"/> <input type="checkbox"/> Sinus <input type="checkbox"/> <input type="checkbox"/>			<b>UPSET STOMACH REMEDIES</b>	PERSONALLY USE		<b>BRANDS:</b> Alka Seltzer <input type="checkbox"/> <input type="checkbox"/> Beano <input type="checkbox"/> <input type="checkbox"/> Bromo-Seltzer <input type="checkbox"/> <input type="checkbox"/> Diovol <input type="checkbox"/> <input type="checkbox"/> Eno <input type="checkbox"/> <input type="checkbox"/> Gas-X <input type="checkbox"/> <input type="checkbox"/> Gaviscon <input type="checkbox"/> <input type="checkbox"/> Maalox <input type="checkbox"/> <input type="checkbox"/> Mylanta <input type="checkbox"/> <input type="checkbox"/> Ovol <input type="checkbox"/> <input type="checkbox"/> Pepcid AC <input type="checkbox"/> <input type="checkbox"/> Pepcid Complete <input type="checkbox"/> <input type="checkbox"/> Pepcid Max <input type="checkbox"/> <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> <input type="checkbox"/> Phazyme <input type="checkbox"/> <input type="checkbox"/> Roloids <input type="checkbox"/> <input type="checkbox"/> Roloids Plus Gas <input type="checkbox"/> <input type="checkbox"/> Tums <input type="checkbox"/> <input type="checkbox"/> Zantac 75 <input type="checkbox"/> <input type="checkbox"/> Zantac 150 <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>  <b>USED FOR:</b> Acid Indigestion <input type="checkbox"/> <input type="checkbox"/> Acid Reflux <input type="checkbox"/> <input type="checkbox"/> Calcium Supplement <input type="checkbox"/> <input type="checkbox"/> Gas/Bloating <input type="checkbox"/> <input type="checkbox"/> Heartburn <input type="checkbox"/> <input type="checkbox"/> Upset Stomach <input type="checkbox"/> <input type="checkbox"/>		
<b>LAXATIVES</b>	PERSONALLY USE		<b>BRANDS:</b> Citrucel <input type="checkbox"/> <input type="checkbox"/> Correctol <input type="checkbox"/> <input type="checkbox"/> Dulcolax <input type="checkbox"/> <input type="checkbox"/> Ex-Lax <input type="checkbox"/> <input type="checkbox"/> Metamucil <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>					
YES <input type="checkbox"/> NO <input type="checkbox"/>  None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>	Past 6 Months	Times/ Past 30 Days	Most Often	Others Sometimes				
<b>LAXATIVES</b> YES <input type="checkbox"/> NO <input type="checkbox"/>  None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>			<b>LAXATIVES</b>	PERSONALLY USE				
Most Often	Others Sometimes							
<b>KINDS:</b> Chewable Tablets <input type="checkbox"/> <input type="checkbox"/> Liquids <input type="checkbox"/> <input type="checkbox"/> Natural Bulk Fibre <input type="checkbox"/> <input type="checkbox"/> Pills <input type="checkbox"/> <input type="checkbox"/>  <b>BRANDS:</b> Citrucel <input type="checkbox"/> <input type="checkbox"/> Correctol <input type="checkbox"/> <input type="checkbox"/> Dulcolax <input type="checkbox"/> <input type="checkbox"/> Ex-Lax <input type="checkbox"/> <input type="checkbox"/> Metamucil <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>								

# PERSONAL CARE, HEALTH AND BEAUTY AIDS

<b>DIARRHEA REMEDIES</b>	PERSONALLY USE		<b>EYEWEAR</b>	PERSONALLY		<b>DIET CONTROL/ WEIGHT MANAGEMENT</b>	PERSONALLY CONTROL																		
	Past 6 Months	Times/ Past 30 Days		Bought Past 12 Months				Diet																	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6+ ..... <input type="checkbox"/>			<b>TYPES:</b> Prescription Eyeglasses ..... <input type="checkbox"/> Bi-Focals ..... <input type="checkbox"/> Contact Lenses ..... <input type="checkbox"/> Disposable Contact Lenses ..... <input type="checkbox"/> Prescription Sunglasses ..... <input type="checkbox"/> Non-Prescription Sunglasses ..... <input type="checkbox"/>			<b>METHODS:</b> Atkins ..... <input type="checkbox"/> Dr. Bernstein ..... <input type="checkbox"/> Glycemic Index Diet ..... <input type="checkbox"/> Herbal Magic ..... <input type="checkbox"/> High Protein Diet ..... <input type="checkbox"/> Jenny Craig ..... <input type="checkbox"/> Low Carbohydrate Diet ..... <input type="checkbox"/> Mince à Vie ..... <input type="checkbox"/> SlimFast Optima ..... <input type="checkbox"/> Weight Watchers ..... <input type="checkbox"/> Natural/Organic ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>																			
<b>TYPES:</b> Liquid ..... <input type="checkbox"/> Pill ..... <input type="checkbox"/>			<b>AMOUNT SPENT ON LAST PAIR:</b> Under \$50 ..... <input type="checkbox"/> \$51-99 ..... <input type="checkbox"/> \$100-199 ..... <input type="checkbox"/> \$200-399 ..... <input type="checkbox"/> \$400+ ..... <input type="checkbox"/>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="background-color: black; color: white; text-align: center; vertical-align: middle;"><b>MEDICAL CONDITIONS/ PRESCRIPTION REMEDIES</b></td> <td colspan="2" style="text-align: center;">PERSONALLY USE/HAVE</td> </tr> <tr> <td style="text-align: center;">Past 6 Months</td> <td></td> </tr> <tr> <td colspan="3">                 YES ..... <input type="checkbox"/>                  NO ..... <input type="checkbox"/> </td> </tr> <tr> <td colspan="3"> <b>CONDITIONS:</b>                  Arthritis ..... <input type="checkbox"/>                  Asthma ..... <input type="checkbox"/>                  Decreased Female Sexual Desire ..... <input type="checkbox"/>                  Depression ..... <input type="checkbox"/>                  Diabetes ..... <input type="checkbox"/>                  Erectile Difficulties ..... <input type="checkbox"/>                  Fibromyalgia ..... <input type="checkbox"/>                  High Blood Pressure ..... <input type="checkbox"/>                  High Cholesterol ..... <input type="checkbox"/>                  Incontinence ..... <input type="checkbox"/>                  Insomnia ..... <input type="checkbox"/>                  Irritable Bowel Syndrome ..... <input type="checkbox"/>                  Migraine ..... <input type="checkbox"/>                  Overactive Bladder ..... <input type="checkbox"/>                  Ulcer ..... <input type="checkbox"/>                  Ulcerative Colitis ..... <input type="checkbox"/> </td> </tr> <tr> <td colspan="3"> <b>KINDS:</b>                  Anti-Arthritics ..... <input type="checkbox"/>                  Anti-Asthmatics ..... <input type="checkbox"/>                  Anti-Cholesterol ..... <input type="checkbox"/>                  Anti-Depressants ..... <input type="checkbox"/>                  Anti-Hypertensives ..... <input type="checkbox"/>                  Anti-Migraine ..... <input type="checkbox"/>                  Oral Contraceptives ..... <input type="checkbox"/>                  Prescription Painkillers ..... <input type="checkbox"/> </td> </tr> <tr> <td colspan="3"> <b>BRANDS:</b>                  Accupril ..... <input type="checkbox"/>                  Actonel ..... <input type="checkbox"/>                  Celebrex ..... <input type="checkbox"/>                  Crestor ..... <input type="checkbox"/>                  Lipitor ..... <input type="checkbox"/>                  Viagra ..... <input type="checkbox"/>                  Other ..... <input type="checkbox"/> </td> </tr> </table>			<b>MEDICAL CONDITIONS/ PRESCRIPTION REMEDIES</b>	PERSONALLY USE/HAVE		Past 6 Months		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>			<b>CONDITIONS:</b> Arthritis ..... <input type="checkbox"/> Asthma ..... <input type="checkbox"/> Decreased Female Sexual Desire ..... <input type="checkbox"/> Depression ..... <input type="checkbox"/> Diabetes ..... <input type="checkbox"/> Erectile Difficulties ..... <input type="checkbox"/> Fibromyalgia ..... <input type="checkbox"/> High Blood Pressure ..... <input type="checkbox"/> High Cholesterol ..... <input type="checkbox"/> Incontinence ..... <input type="checkbox"/> Insomnia ..... <input type="checkbox"/> Irritable Bowel Syndrome ..... <input type="checkbox"/> Migraine ..... <input type="checkbox"/> Overactive Bladder ..... <input type="checkbox"/> Ulcer ..... <input type="checkbox"/> Ulcerative Colitis ..... <input type="checkbox"/>			<b>KINDS:</b> Anti-Arthritics ..... <input type="checkbox"/> Anti-Asthmatics ..... <input type="checkbox"/> Anti-Cholesterol ..... <input type="checkbox"/> Anti-Depressants ..... <input type="checkbox"/> Anti-Hypertensives ..... <input type="checkbox"/> Anti-Migraine ..... <input type="checkbox"/> Oral Contraceptives ..... <input type="checkbox"/> Prescription Painkillers ..... <input type="checkbox"/>			<b>BRANDS:</b> Accupril ..... <input type="checkbox"/> Actonel ..... <input type="checkbox"/> Celebrex ..... <input type="checkbox"/> Crestor ..... <input type="checkbox"/> Lipitor ..... <input type="checkbox"/> Viagra ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>		
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	Past 6 Months																								
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>																									
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<b>BRANDS:</b> Accupril ..... <input type="checkbox"/> Actonel ..... <input type="checkbox"/> Celebrex ..... <input type="checkbox"/> Crestor ..... <input type="checkbox"/> Lipitor ..... <input type="checkbox"/> Viagra ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>																									
<b>HEMORRHOID REMEDIES</b>	PERSONALLY USE		PERSONALLY USE		PERSONALLY CONTROL																				
	Past 6 Months	Times/ Past 30 Days	Past 6 Months	Times/ Past 30 Days																					
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			<b>WHERE BOUGHT:</b> F. Farhat ..... <input type="checkbox"/> Greiche & Scaff ..... <input type="checkbox"/> Hakim ..... <input type="checkbox"/> Le Lunetier ..... <input type="checkbox"/> Lenscrafters ..... <input type="checkbox"/> Lunetterie New Look ..... <input type="checkbox"/> Optical Factory ..... <input type="checkbox"/> Pearle Vision ..... <input type="checkbox"/> Sears ..... <input type="checkbox"/> The Bay ..... <input type="checkbox"/> Vogue Optical ..... <input type="checkbox"/> Wal-Mart ..... <input type="checkbox"/> Zellers ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="background-color: black; color: white; text-align: center; vertical-align: middle;"><b>CONTACT LENS CLEANING SOLUTIONS</b></td> <td colspan="2" style="text-align: center;">PERSONALLY USE</td> </tr> <tr> <td style="text-align: center;">Past 6 Months</td> <td style="text-align: center;">Times/ Past 30 Days</td> </tr> <tr> <td colspan="3">                 YES ..... <input type="checkbox"/>                  NO ..... <input type="checkbox"/>                   None ..... <input type="checkbox"/>                  1-2 ..... <input type="checkbox"/>                  3-5 ..... <input type="checkbox"/>                  6-9 ..... <input type="checkbox"/>                  10-14 ..... <input type="checkbox"/>                  15+ ..... <input type="checkbox"/> </td> </tr> </table>			<b>CONTACT LENS CLEANING SOLUTIONS</b>	PERSONALLY USE		Past 6 Months	Times/ Past 30 Days	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>											
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<b>ADHESIVE BANDAGES</b>	PERSONALLY USE		PERSONALLY USE		PERSONALLY CONTROL																				
	Past 6 Months	Past 30 Days	Past 6 Months	Past 30 Days																					
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>			<b>DIET CONTROL/ WEIGHT MANAGEMENT</b> YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>																						
<b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6+ ..... <input type="checkbox"/>			<b>REASONS:</b> Blood Sugar Level ..... <input type="checkbox"/> Cholesterol Level ..... <input type="checkbox"/> Lactose Intolerance ..... <input type="checkbox"/> Maintain Weight ..... <input type="checkbox"/> Physical Fitness ..... <input type="checkbox"/> Regularity ..... <input type="checkbox"/> Salt Restriction ..... <input type="checkbox"/> Weight Gain ..... <input type="checkbox"/> Weight Loss ..... <input type="checkbox"/>																						
<b>TYPES :</b> Clear ..... <input type="checkbox"/> Fabric ..... <input type="checkbox"/> Fast Acting ..... <input type="checkbox"/> Foam ..... <input type="checkbox"/> Liquid ..... <input type="checkbox"/> Medicated ..... <input type="checkbox"/> Plastic ..... <input type="checkbox"/> Polysporin ..... <input type="checkbox"/> Spray ..... <input type="checkbox"/> Waterproof ..... <input type="checkbox"/>			<b>TREATMENTS:</b> Diet Pills ..... <input type="checkbox"/> Exercise ..... <input type="checkbox"/> Lactose Intolerance Medication ..... <input type="checkbox"/> Meal Replacements ..... <input type="checkbox"/> Monitor Diet ..... <input type="checkbox"/> Nutritionist ..... <input type="checkbox"/> Weight Control Centre ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>																						
<b>ADHESIVE BANDAGES</b>	PERSONALLY USE		PERSONALLY USE		HAD DONE BY PHYSICIAN/SPECIALIST																				
	Most Often	Others Sometimes	Most Often	Others Sometimes	Past 12 Months																				
<b>BRANDS:</b> 3M Nexcare ..... <input type="checkbox"/> Band-Aid ..... <input type="checkbox"/> Elastoplast ..... <input type="checkbox"/> New Skin ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="background-color: black; color: white; text-align: center; vertical-align: middle;"><b>COSMETIC FACIAL TREATMENTS</b></td> <td colspan="2" style="text-align: center;">HAD DONE BY PHYSICIAN/SPECIALIST</td> </tr> <tr> <td style="text-align: center;">Past 12 Months</td> <td></td> </tr> <tr> <td colspan="3">                 YES ..... <input type="checkbox"/>                  NO ..... <input type="checkbox"/> </td> </tr> <tr> <td colspan="3"> <b>TREATMENTS:</b>                  Chemical Peel ..... <input type="checkbox"/>                  Cosmetic Dental Surgery ..... <input type="checkbox"/>                  Dermabrasion ..... <input type="checkbox"/>                  Injectable Fillers                      —Botox ..... <input type="checkbox"/>                      —Collagen/Restylane/Juvéderm ..... <input type="checkbox"/>                  Laser Resurfacing ..... <input type="checkbox"/>                  Other ..... <input type="checkbox"/> </td> </tr> </table>			<b>COSMETIC FACIAL TREATMENTS</b>	HAD DONE BY PHYSICIAN/SPECIALIST		Past 12 Months		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>			<b>TREATMENTS:</b> Chemical Peel ..... <input type="checkbox"/> Cosmetic Dental Surgery ..... <input type="checkbox"/> Dermabrasion ..... <input type="checkbox"/> Injectable Fillers —Botox ..... <input type="checkbox"/> —Collagen/Restylane/Juvéderm ..... <input type="checkbox"/> Laser Resurfacing ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>											
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<b>EYEWEAR</b>	PERSONALLY		PERSONALLY		PERSONALLY CONTROL																				
		Wear																							
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>																									

# PERSONAL CARE, HEALTH AND BEAUTY AIDS

SMOKING CESSATION PRODUCTS	PERSONALLY USED	HEALTH CARE	PERSONALLY VISITED	SUNTAN & SUNSCREEN PRODUCTS	PERSONALLY BOUGHT
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>	Past 12 Months	Acupuncturist ..... <input type="checkbox"/> Aromatherapy ..... <input type="checkbox"/> Chiropractor ..... <input type="checkbox"/> Cosmetic Surgeon ..... <input type="checkbox"/> GP/Family Physician ..... <input type="checkbox"/> Homeopathy ..... <input type="checkbox"/> Massage Therapy ..... <input type="checkbox"/> Naturopathy ..... <input type="checkbox"/> Osteopathy ..... <input type="checkbox"/> Physiotherapist ..... <input type="checkbox"/>	Past 6 Months	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>	Past 12 Months
<b>VITAMINS, MINERALS, HERBAL SUPPLEMENTS</b>	PERSONALLY USE Past 6 Months Number Taken Per Day	<b>HOME HEALTH CARE PRODUCTS</b>	YOU PERSONALLY Have	<b>NUMBER OF CONTAINERS:</b> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6+ ..... <input type="checkbox"/>	PERSONALLY BOUGHT Most Often      Others Sometimes
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>	1 Per Day ..... <input type="checkbox"/> 2 Per Day ..... <input type="checkbox"/> 3 To 6 Per Day ..... <input type="checkbox"/> 7 Or More Per Day ..... <input type="checkbox"/>	Hearing Aid ..... <input type="checkbox"/> Prosthetic Device ..... <input type="checkbox"/> Supports And Braces ..... <input type="checkbox"/> Therapeutic Mattress ..... <input type="checkbox"/> Walker ..... <input type="checkbox"/> Wheelchair ..... <input type="checkbox"/>		<b>SUNTAN &amp; SUNSCREEN PRODUCTS</b>	<b>KINDS:</b> Suntan Oil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sunscreen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Self Tanner ..... <input type="checkbox"/> ..... <input type="checkbox"/> <b>TYPES:</b> SPF 1-14 ..... <input type="checkbox"/> ..... <input type="checkbox"/> SPF 15 ..... <input type="checkbox"/> ..... <input type="checkbox"/> SPF 16-35 ..... <input type="checkbox"/> ..... <input type="checkbox"/> SPF 36+ ..... <input type="checkbox"/> ..... <input type="checkbox"/>
<b>VITAMINS, MINERALS, HERBAL SUPPLEMENTS</b>	PERSONALLY Use	<b>INCONTINENCE PRODUCTS</b>	PERSONALLY USED Past 6 Months	<b>BRANDS:</b> Avon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bain de Soleil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Biotherm ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clinique ..... <input type="checkbox"/> ..... <input type="checkbox"/> Coppertone ..... <input type="checkbox"/> ..... <input type="checkbox"/> Estée Lauder ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hawaiian Tropic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Johnsons Baby Oil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lancôme ..... <input type="checkbox"/> ..... <input type="checkbox"/> LaRoche Posay Anthelios ..... <input type="checkbox"/> ..... <input type="checkbox"/> L'Oreal Sublime Bronze ..... <input type="checkbox"/> ..... <input type="checkbox"/> Neutrogena ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nivea ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ombrelle ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sea & Ski ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vichy Capital Soleil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>	PERSONALLY BOUGHT Past 12 Months
<b>VITAMINS &amp; MINERALS:</b> Vitamin A Or D ..... <input type="checkbox"/> B Vitamins ..... <input type="checkbox"/> Vitamin C ..... <input type="checkbox"/> Vitamin E ..... <input type="checkbox"/> Folic Acid ..... <input type="checkbox"/> Calcium Magnesium ..... <input type="checkbox"/> Calcium ..... <input type="checkbox"/> Glucosamine/Chondroitin Sulfate ..... <input type="checkbox"/> Coenzyme Q10 ..... <input type="checkbox"/> Iron ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>		<b>CONDOMS/ CONTRACEPTIVES</b>	PERSONALLY BOUGHT Past 6 Months	<b>SUNBURN/ AFTER SUN PRODUCTS</b>	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>
<b>HERBAL SUPPLEMENTS:</b> Chamomile ..... <input type="checkbox"/> Don Quai ..... <input type="checkbox"/> Echinacea ..... <input type="checkbox"/> Evening Primrose Oil ..... <input type="checkbox"/> Flax Seed Oil ..... <input type="checkbox"/> Garlic ..... <input type="checkbox"/> Ginkgo Biloba ..... <input type="checkbox"/> Ginseng ..... <input type="checkbox"/> Lecithin/Omega (Essential) ..... <input type="checkbox"/> Omega 3/Fish Oil ..... <input type="checkbox"/> Plant Sterols ..... <input type="checkbox"/> Saw Palmetto ..... <input type="checkbox"/> St. John's Wort ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>		<b>NUMBER OF CONTAINERS:</b> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>	PERSONALLY BOUGHT Past 12 Months
<b>MULTI-VITAMINS</b>	PERSONALLY USE Past 30 Days	<b>CONDOMS/ CONTRACEPTIVES</b>	PERSONALLY BOUGHT Most Often      Others Sometimes	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>	PERSONALLY BOUGHT Past 12 Months
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>	Daily ..... <input type="checkbox"/> Every Other Day ..... <input type="checkbox"/> Once A Week ..... <input type="checkbox"/> Less Often ..... <input type="checkbox"/>	<b>TYPES:</b> Condoms —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Textured ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Thin/Sensitive ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Flavours/Colours ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Non-Latex ..... <input type="checkbox"/> ..... <input type="checkbox"/> Spermicidal Foams, Creams Or Jellies ..... <input type="checkbox"/> ..... <input type="checkbox"/> Birth Control Pills ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>		<b>NUMBER OF CONTAINERS:</b> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6+ ..... <input type="checkbox"/>	PERSONALLY BOUGHT Past 12 Months
<b>BRANDS:</b> One-A-Day Women's ..... <input type="checkbox"/> One-A-Day Men's ..... <input type="checkbox"/> One-A-Day Women's 50+ ..... <input type="checkbox"/> One-A-Day Men's 50+ ..... <input type="checkbox"/> Jamieson Vita-Vim ..... <input type="checkbox"/> Centrum Performance ..... <input type="checkbox"/> Centrum Forte ..... <input type="checkbox"/> Centrum Protegra ..... <input type="checkbox"/> Centrum Select ..... <input type="checkbox"/> Centrum Silver ..... <input type="checkbox"/> Multi-Sure ..... <input type="checkbox"/> Prevention ..... <input type="checkbox"/> Life Brand ..... <input type="checkbox"/> Health Food Store Brand ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>		<b>INSECT REPELLENTS</b>	PERSONALLY BOUGHT Past 12 Months	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>	PERSONALLY BOUGHT Past 12 Months
		<b>BRANDS OF CONDOMS:</b> Durex ..... <input type="checkbox"/> ..... <input type="checkbox"/> Durex Avanti ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lifestyles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lifestyles Mr. Big ..... <input type="checkbox"/> ..... <input type="checkbox"/> Trojan ..... <input type="checkbox"/> ..... <input type="checkbox"/> Trojan Elexa ..... <input type="checkbox"/> ..... <input type="checkbox"/> Trojan Her Pleasure ..... <input type="checkbox"/> ..... <input type="checkbox"/> Trojan Supra ..... <input type="checkbox"/> ..... <input type="checkbox"/> Trojan Magnum Large ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>		<b>NUMBER OF CONTAINERS:</b> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6+ ..... <input type="checkbox"/>	

# COSMETICS, WOMEN'S PRODUCTS — WOMEN ONLY

MAKE-UP	PERSONALLY BOUGHT		FOUNDATION MAKE-UP	PERSONALLY USE		LIPSTICK, LIPLINER, LIP GLOSS	PERSONALLY USE			
	Past 30 Days			Most Often	Others Sometimes		Past 6 Months	Past 7 Days		
YES .....	<input type="checkbox"/>		<b>TYPES:</b> Cream ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cream/Powder Compact ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Powder Compact ..... <input type="checkbox"/> ..... <input type="checkbox"/> Stick Foundation ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>KINDS:</b> Anti-Aging ..... <input type="checkbox"/> ..... <input type="checkbox"/> Long Wear ..... <input type="checkbox"/> ..... <input type="checkbox"/> With Sunscreen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Almay ..... <input type="checkbox"/> ..... <input type="checkbox"/> Annabelle ..... <input type="checkbox"/> ..... <input type="checkbox"/> Avon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bonne Bell ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clinique ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cover Girl ..... <input type="checkbox"/> ..... <input type="checkbox"/> Elizabeth Arden ..... <input type="checkbox"/> ..... <input type="checkbox"/> Estée Lauder ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lancôme ..... <input type="checkbox"/> ..... <input type="checkbox"/> L'Oreal ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lise Watier ..... <input type="checkbox"/> ..... <input type="checkbox"/> MAC ..... <input type="checkbox"/> ..... <input type="checkbox"/> Marcelle ..... <input type="checkbox"/> ..... <input type="checkbox"/> Maybelline ..... <input type="checkbox"/> ..... <input type="checkbox"/> Personnelle ..... <input type="checkbox"/> ..... <input type="checkbox"/> Quo ..... <input type="checkbox"/> ..... <input type="checkbox"/> Revlon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rimmel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>	<b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>  <b>TYPES:</b> Lipstick ..... <input type="checkbox"/> Lip Gloss ..... <input type="checkbox"/> Lipstick With SPF ..... <input type="checkbox"/> Lipliner ..... <input type="checkbox"/>  <b>BRANDS:</b> Almay ..... <input type="checkbox"/> Annabelle ..... <input type="checkbox"/> Avon ..... <input type="checkbox"/> Bonne Bell ..... <input type="checkbox"/> Clinique ..... <input type="checkbox"/> Cover Girl ..... <input type="checkbox"/> Elizabeth Arden ..... <input type="checkbox"/> Estée Lauder ..... <input type="checkbox"/> Lancôme ..... <input type="checkbox"/> L'Oreal ..... <input type="checkbox"/> Lise Watier ..... <input type="checkbox"/> MAC ..... <input type="checkbox"/> Marcelle ..... <input type="checkbox"/> Max Factor ..... <input type="checkbox"/> Maybelline ..... <input type="checkbox"/> NYC ..... <input type="checkbox"/> Personnelle ..... <input type="checkbox"/> Prestige ..... <input type="checkbox"/> Quo ..... <input type="checkbox"/> Revlon ..... <input type="checkbox"/> Rimmel ..... <input type="checkbox"/> Wet 'n' Wild ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>	YES .....	<input type="checkbox"/>	NO .....	<input type="checkbox"/>		
<b>AMOUNT SPENT:</b>					PERSONALLY USE					
\$1-4 .....	<input type="checkbox"/>				Past	Past			Past	Past
\$5-9 .....	<input type="checkbox"/>				6 Months	7 Days			6 Months	7 Days
\$10-19 .....	<input type="checkbox"/>									
\$20-49 .....	<input type="checkbox"/>									
\$50-99 .....	<input type="checkbox"/>									
\$100+ .....	<input type="checkbox"/>									
<b>WHERE BOUGHT:</b>										
Costco .....	<input type="checkbox"/>									
Holt Renfrew .....	<input type="checkbox"/>									
Les Ailes de la Mode .....	<input type="checkbox"/>									
Ogilvy .....	<input type="checkbox"/>									
Sears .....	<input type="checkbox"/>									
The Bay .....	<input type="checkbox"/>									
Wal-Mart .....	<input type="checkbox"/>									
Zellers .....	<input type="checkbox"/>									
Brunet .....	<input type="checkbox"/>									
Famili-prix .....	<input type="checkbox"/>									
Guardian Drug .....	<input type="checkbox"/>									
IDA .....	<input type="checkbox"/>									
Jean Coutu .....	<input type="checkbox"/>									
Lawton's .....	<input type="checkbox"/>									
London Drugs .....	<input type="checkbox"/>									
Pharma Plus .....	<input type="checkbox"/>									
Pharmasave .....	<input type="checkbox"/>									
Proxim .....	<input type="checkbox"/>									
Shoppers Drug Mart/Pharmaprix .....	<input type="checkbox"/>									
Uniprix .....	<input type="checkbox"/>									
Other Drug Store .....	<input type="checkbox"/>									
Crabtree & Evelyn .....	<input type="checkbox"/>									
Dans un jardin .....	<input type="checkbox"/>									
Faces .....	<input type="checkbox"/>									
Fruits et Passion .....	<input type="checkbox"/>									
Merle Norman .....	<input type="checkbox"/>									
The Body Shop .....	<input type="checkbox"/>									
Yves Rocher .....	<input type="checkbox"/>									
Other Specialty Store .....	<input type="checkbox"/>									
Loblaws/Loblaws Superstore .....	<input type="checkbox"/>									
Real Canadian Superstore .....	<input type="checkbox"/>									
Grocery Stores/Supermarkets .....	<input type="checkbox"/>									
Other Stores .....	<input type="checkbox"/>									
Mail Order .....	<input type="checkbox"/>									
FOUNDATION MAKE-UP	PERSONALLY USE		BLUSH	PERSONALLY USE		EYE SHADOW	PERSONALLY USE			
YES .....	<input type="checkbox"/>			Past	Past				Most	Others
NO .....	<input type="checkbox"/>		6 Months	7 Days			Often	Sometimes		
<b>NUMBER OF TIMES:</b>										
None .....	<input type="checkbox"/>									
1-2 .....	<input type="checkbox"/>									
3-5 .....	<input type="checkbox"/>									
6-9 .....	<input type="checkbox"/>									
10-14 .....	<input type="checkbox"/>									
15+ .....	<input type="checkbox"/>									
<b>TYPES:</b>										
Cream/Gel/Liquid .....	<input type="checkbox"/>	<input type="checkbox"/>								
Powder/Cake .....	<input type="checkbox"/>	<input type="checkbox"/>								
YES .....	<input type="checkbox"/>									
NO .....	<input type="checkbox"/>									
<b>NUMBER OF TIMES:</b>										
None .....	<input type="checkbox"/>									
1-2 .....	<input type="checkbox"/>									
3-5 .....	<input type="checkbox"/>									
6-9 .....	<input type="checkbox"/>									
10-14 .....	<input type="checkbox"/>									
15+ .....	<input type="checkbox"/>									
<b>TYPES:</b>										
Crayon/Pencil .....	<input type="checkbox"/>	<input type="checkbox"/>								
Cream .....	<input type="checkbox"/>	<input type="checkbox"/>								
Powder .....	<input type="checkbox"/>	<input type="checkbox"/>								

# COSMETICS, WOMEN'S PRODUCTS — WOMEN ONLY

EYE LINER		PERSONALLY USE		NAIL CARE PRODUCTS & POLISH		PERSONALLY USE		TAMPONS		PERSONALLY USE	
		Past 6 Months	Past 7 Days			Past 6 Months	Past 7 Days			Past 6 Months	Past 30 Days
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>			
<b>NUMBER OF TIMES:</b>				<b>NUMBER OF TIMES:</b>				<b>NUMBER OF TIMES:</b>			
None ..... <input type="checkbox"/>				None ..... <input type="checkbox"/>				None ..... <input type="checkbox"/>			
1-2 ..... <input type="checkbox"/>				1-2 ..... <input type="checkbox"/>				1-2 ..... <input type="checkbox"/>			
3-5 ..... <input type="checkbox"/>				3-5 ..... <input type="checkbox"/>				3-5 ..... <input type="checkbox"/>			
6-9 ..... <input type="checkbox"/>				6-9 ..... <input type="checkbox"/>				6-9 ..... <input type="checkbox"/>			
10-14 ..... <input type="checkbox"/>				10-14 ..... <input type="checkbox"/>				10-14 ..... <input type="checkbox"/>			
15+ ..... <input type="checkbox"/>				15+ ..... <input type="checkbox"/>				15+ ..... <input type="checkbox"/>			
<b>EYE LINER</b>		PERSONALLY USE		<b>FEMINE HYGIENE/ CLEANSING &amp; CARE</b>		PERSONALLY USE		<b>TAMPONS</b>		PERSONALLY USE	
		Most Often	Others Sometimes			Most Often	Others Sometimes				
<b>TYPES:</b>				<b>TYPES:</b>				<b>TAMPONS</b>			
Cake ..... <input type="checkbox"/>				Basecoat ..... <input type="checkbox"/>				Plastic ..... <input type="checkbox"/>			
Liquid ..... <input type="checkbox"/>				Polish ..... <input type="checkbox"/>				Cardboard/Flushable ..... <input type="checkbox"/>			
Pen (Felt Tip) ..... <input type="checkbox"/>				Strengthen/Hardener ..... <input type="checkbox"/>				No Applicator ..... <input type="checkbox"/>			
Pencil ..... <input type="checkbox"/>				Topcoat ..... <input type="checkbox"/>				<b>BRANDS:</b>			
				Remover ..... <input type="checkbox"/>				Kotex ..... <input type="checkbox"/>			
				False Nails ..... <input type="checkbox"/>				o.b.			
								—Regular ..... <input type="checkbox"/>			
								—Multipack ..... <input type="checkbox"/>			
								—Pro Comfort ..... <input type="checkbox"/>			
								—SilkEase ..... <input type="checkbox"/>			
								—To Go ..... <input type="checkbox"/>			
<b>MASCARA</b>		PERSONALLY USE		<b>FEMINE HYGIENE/ CLEANSING &amp; CARE</b>		PERSONALLY USE		<b>APPLICATOR:</b>		PERSONALLY USE	
		Past 6 Months	Times/ Past 7 Days			Past 6 Months	Past 30 Days			Most Often	Others Sometimes
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				Plastic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cardboard/Flushable ..... <input type="checkbox"/> ..... <input type="checkbox"/> No Applicator ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
<b>NUMBER OF TIMES:</b>				<b>NUMBER OF TIMES:</b>				<b>BRANDS:</b>			
None ..... <input type="checkbox"/>				None ..... <input type="checkbox"/>				Playtex			
1-2 ..... <input type="checkbox"/>				1-2 ..... <input type="checkbox"/>				—Beyond ..... <input type="checkbox"/>			
3-5 ..... <input type="checkbox"/>				3-5 ..... <input type="checkbox"/>				—Portables ..... <input type="checkbox"/>			
6-9 ..... <input type="checkbox"/>				6-9 ..... <input type="checkbox"/>				—Sport ..... <input type="checkbox"/>			
10-14 ..... <input type="checkbox"/>				10-14 ..... <input type="checkbox"/>				—Soft Comfort ..... <input type="checkbox"/>			
15+ ..... <input type="checkbox"/>				15+ ..... <input type="checkbox"/>				Tampax			
<b>MASCARA</b>		PERSONALLY USE		<b>FEMINE HYGIENE/ CLEANSING &amp; CARE</b>		PERSONALLY USE		<b>APPLICATOR:</b>		PERSONALLY USE	
		Most Often	Others Sometimes			Most Often	Others Sometimes				
<b>TYPES:</b>				<b>KINDS:</b>				Cardboard			
Regular ..... <input type="checkbox"/>				Douche ..... <input type="checkbox"/>				—Compak ..... <input type="checkbox"/>			
Waterproof ..... <input type="checkbox"/>				External Feminine Itch Relief ..... <input type="checkbox"/>				—Multipack ..... <input type="checkbox"/>			
				Feminine Bath & Shower Gel ..... <input type="checkbox"/>				—Pearl ..... <input type="checkbox"/>			
				Feminine Cleansing Cloths ..... <input type="checkbox"/>				—Satin/Satin Teen ..... <input type="checkbox"/>			
				Feminine Deodorant Spray ..... <input type="checkbox"/>				Store Brands ..... <input type="checkbox"/>			
				Feminine Powder ..... <input type="checkbox"/>				<i>Other</i> ..... <input type="checkbox"/>			
				Feminine Wash ..... <input type="checkbox"/>							
<b>MASCARA</b>		PERSONALLY USE		<b>FEMINE HYGIENE/ CLEANSING &amp; CARE</b>		PERSONALLY USE		<b>APPLICATOR:</b>		PERSONALLY USE	
		Most Often	Others Sometimes			Most Often	Others Sometimes				
<b>BRANDS:</b>				<b>BRANDS:</b>				Always (Cleansing Cloths) ... <input type="checkbox"/>			
Almay ..... <input type="checkbox"/>				Bacti-Control ..... <input type="checkbox"/>				Bacti-Control ..... <input type="checkbox"/>			
Annabelle ..... <input type="checkbox"/>				FDS ..... <input type="checkbox"/>				FDS ..... <input type="checkbox"/>			
Avon ..... <input type="checkbox"/>				Massengill ..... <input type="checkbox"/>				Massengill ..... <input type="checkbox"/>			
Bonne Bell ..... <input type="checkbox"/>				Playtex (Cleansing Cloths) ... <input type="checkbox"/>				Playtex (Cleansing Cloths) ... <input type="checkbox"/>			
Clinique ..... <input type="checkbox"/>				Private Label ..... <input type="checkbox"/>				Private Label ..... <input type="checkbox"/>			
Cover Girl ..... <input type="checkbox"/>				Summer's Eve ..... <input type="checkbox"/>				Summer's Eve ..... <input type="checkbox"/>			
Dior ..... <input type="checkbox"/>				Vagisil ..... <input type="checkbox"/>				Vagisil ..... <input type="checkbox"/>			
Elizabeth Arden ..... <input type="checkbox"/>				<i>Other</i> ..... <input type="checkbox"/>				<i>Other</i> ..... <input type="checkbox"/>			
Estée Lauder ..... <input type="checkbox"/>											
Lancôme ..... <input type="checkbox"/>											
L'Oreal ..... <input type="checkbox"/>											
Lise Watier ..... <input type="checkbox"/>											
MAC ..... <input type="checkbox"/>											
Marcelle ..... <input type="checkbox"/>											
Mary Kay ..... <input type="checkbox"/>											
Maybelline ..... <input type="checkbox"/>											
Personnelle ..... <input type="checkbox"/>											
Revlon ..... <input type="checkbox"/>											
Rimmel ..... <input type="checkbox"/>											
<i>Other</i> ..... <input type="checkbox"/>											

# COSMETICS, WOMEN'S PRODUCTS — WOMEN ONLY

SANITARY NAPKINS		PERSONALLY USE		IN-HOME PREGNANCY TEST		PERSONALLY USE		MENOPAUSE REMEDIES		PERSONALLY USE		
		Past 6 Months	Number/ Past 30 Days			Past 12 Months				Past 6 Months	Past 30 Days	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				
SANITARY NAPKINS		PERSONALLY USE		IN-HOME PREGNANCY TEST		PERSONALLY USE		MENOPAUSE REMEDIES		PERSONALLY USE		
		Most Often	Others Sometimes			Most Often	Others Sometimes					
<b>TYPES:</b> Thick ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ultra-thin ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>TYPES:</b> Non Digital Tests ..... <input type="checkbox"/> ..... <input type="checkbox"/> Digital Tests ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15-29 ..... <input type="checkbox"/> 30+ ..... <input type="checkbox"/>				
<b>KINDS:</b> Wings ..... <input type="checkbox"/> ..... <input type="checkbox"/> Non-wings ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>BRANDS:</b> First Response ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clearblue ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fact Plus ..... <input type="checkbox"/> ..... <input type="checkbox"/> Private Label ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>TYPES:</b> Patches ..... <input type="checkbox"/> Pills ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>				
<b>BRANDS:</b> Always ..... <input type="checkbox"/> ..... <input type="checkbox"/> Incognito ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kotex ..... <input type="checkbox"/> ..... <input type="checkbox"/> Stayfree/Stayfree Prima ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				PRE-MENSTRUAL OR PERIOD PAIN REMEDIES		PERSONALLY USE		YEAST INFECTION PRODUCTS		PERSONALLY USE		
		Past 6 Months	Past 30 Days			Past 12 Months				Past 12 Months		
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				
<b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>				<b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>				<b>NUMBER OF TIMES:</b> 1 ..... <input type="checkbox"/> 2-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>				
PANTILINERS		PERSONALLY USE		PRE-MENSTRUAL OR PERIOD PAIN REMEDIES		PERSONALLY USE		YEAST INFECTION PRODUCTS		PERSONALLY USE		
		Past 6 Months	Number/ Past 30 Days			Most Often		Others Sometimes		Most Often		Others Sometimes
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>				<b>BRANDS:</b> Advil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Advil Extra Strength ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aspirin (Bayer) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Evening Primrose Oil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Midol —Teen ..... <input type="checkbox"/> ..... <input type="checkbox"/> —PMS Extra Strength ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Menstrual Extra Strength ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motrin Extra/Super Extra Strength ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pamprin ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —8 Hour ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Menstrual ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>BRANDS:</b> Canesten 1-Day ..... <input type="checkbox"/> ..... <input type="checkbox"/> Canesten 3-Day ..... <input type="checkbox"/> ..... <input type="checkbox"/> Canesten 6-Day ..... <input type="checkbox"/> ..... <input type="checkbox"/> Certified 3-Day ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diflucan ..... <input type="checkbox"/> ..... <input type="checkbox"/> Equate 3-Day ..... <input type="checkbox"/> ..... <input type="checkbox"/> Exact 3-Day ..... <input type="checkbox"/> ..... <input type="checkbox"/> Life Brand 1-Day ..... <input type="checkbox"/> ..... <input type="checkbox"/> Life Brand 3-Day ..... <input type="checkbox"/> ..... <input type="checkbox"/> London Drugs 3-Day ..... <input type="checkbox"/> ..... <input type="checkbox"/> Monistat 1 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Monistat 3 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Monistat 7 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Monistat With Wipes ..... <input type="checkbox"/> ..... <input type="checkbox"/> Option Plus 3-Day ..... <input type="checkbox"/> ..... <input type="checkbox"/> Personelle 3-Day ..... <input type="checkbox"/> ..... <input type="checkbox"/> Personelle 7-Day ..... <input type="checkbox"/> ..... <input type="checkbox"/> Proxim 3-Day ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rexall 3-Day ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Prescription Oral ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
<b>TYPES:</b> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> Long ..... <input type="checkbox"/> ..... <input type="checkbox"/> Thong ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>USED FOR:</b> Backaches ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bloating ..... <input type="checkbox"/> ..... <input type="checkbox"/> Breast Tenderness ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cramps ..... <input type="checkbox"/> ..... <input type="checkbox"/> Headaches ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mood Swing/Irritability ..... <input type="checkbox"/> ..... <input type="checkbox"/>								
<b>KINDS:</b> Black ..... <input type="checkbox"/> ..... <input type="checkbox"/> White ..... <input type="checkbox"/> ..... <input type="checkbox"/>												
<b>BRANDS:</b> Alldays/Always ..... <input type="checkbox"/> ..... <input type="checkbox"/> Carefree ..... <input type="checkbox"/> ..... <input type="checkbox"/> Incognito ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kotex Lightdays ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>												

# AUTOMOTIVE

AUTOMOBILES/VANS/ UTILITY TRUCKS	NUMBER IN HOUSEHOLD		AUTOMOBILES/VANS/ UTILITY TRUCKS	MAKE AND MODEL	
	Owned Or Leased			Most Recently Acquired	2nd Most Recently Acquired
NONE .....	<input type="checkbox"/>		<b>Chrysler</b>		
ONE .....	<input type="checkbox"/>		300/300C .....	<input type="checkbox"/>	<input type="checkbox"/>
TWO .....	<input type="checkbox"/>		Aspen .....	<input type="checkbox"/>	<input type="checkbox"/>
THREE OR MORE .....	<input type="checkbox"/>		Crossfire .....	<input type="checkbox"/>	<input type="checkbox"/>
			Pacifica .....	<input type="checkbox"/>	<input type="checkbox"/>
			PT Cruiser .....	<input type="checkbox"/>	<input type="checkbox"/>
			Sebring .....	<input type="checkbox"/>	<input type="checkbox"/>
			Town & Country .....	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Other Chrysler</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
AUTOMOBILES/VANS/ UTILITY TRUCKS	MAKE AND MODEL		<b>Daewoo</b>		
	Most Recently Acquired	2nd Most Recently Acquired	Any Model .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Acura</b>			<b>Dodge</b>		
EL/CSX .....	<input type="checkbox"/>	<input type="checkbox"/>	Avenger .....	<input type="checkbox"/>	<input type="checkbox"/>
MDX .....	<input type="checkbox"/>	<input type="checkbox"/>	Caliber .....	<input type="checkbox"/>	<input type="checkbox"/>
RDX .....	<input type="checkbox"/>	<input type="checkbox"/>	Caravan/Grand Caravan .....	<input type="checkbox"/>	<input type="checkbox"/>
RSX .....	<input type="checkbox"/>	<input type="checkbox"/>	Charger .....	<input type="checkbox"/>	<input type="checkbox"/>
TSX .....	<input type="checkbox"/>	<input type="checkbox"/>	Dakota .....	<input type="checkbox"/>	<input type="checkbox"/>
TL .....	<input type="checkbox"/>	<input type="checkbox"/>	Durango .....	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other Acura</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	Magnum .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Audi</b>			Nitro .....	<input type="checkbox"/>	<input type="checkbox"/>
A2/A3 .....	<input type="checkbox"/>	<input type="checkbox"/>	Ram Pick-Up .....	<input type="checkbox"/>	<input type="checkbox"/>
A4/A6 .....	<input type="checkbox"/>	<input type="checkbox"/>	Sprinter .....	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other Audi</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<i>Other Dodge</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>BMW</b>			<b>Eagle</b>		
3 Series .....	<input type="checkbox"/>	<input type="checkbox"/>	Any Model .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Series .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>Ford</b>		
X3, X5 .....	<input type="checkbox"/>	<input type="checkbox"/>	Crown Victoria .....	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other BMW</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	Econoline .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Buick</b>			Edge .....	<input type="checkbox"/>	<input type="checkbox"/>
Allure .....	<input type="checkbox"/>	<input type="checkbox"/>	Escape .....	<input type="checkbox"/>	<input type="checkbox"/>
Century .....	<input type="checkbox"/>	<input type="checkbox"/>	Escort/ZX2 .....	<input type="checkbox"/>	<input type="checkbox"/>
Enclave .....	<input type="checkbox"/>	<input type="checkbox"/>	Expedition .....	<input type="checkbox"/>	<input type="checkbox"/>
LeSabre .....	<input type="checkbox"/>	<input type="checkbox"/>	Explorer/Sport Trac .....	<input type="checkbox"/>	<input type="checkbox"/>
Lucerne .....	<input type="checkbox"/>	<input type="checkbox"/>	Five Hundred .....	<input type="checkbox"/>	<input type="checkbox"/>
Park Avenue/Ultra .....	<input type="checkbox"/>	<input type="checkbox"/>	Flex .....	<input type="checkbox"/>	<input type="checkbox"/>
Rainier .....	<input type="checkbox"/>	<input type="checkbox"/>	Focus .....	<input type="checkbox"/>	<input type="checkbox"/>
Regal .....	<input type="checkbox"/>	<input type="checkbox"/>	Freestar .....	<input type="checkbox"/>	<input type="checkbox"/>
Rendezvous .....	<input type="checkbox"/>	<input type="checkbox"/>	Freestyle/Taurus X .....	<input type="checkbox"/>	<input type="checkbox"/>
Terraza .....	<input type="checkbox"/>	<input type="checkbox"/>	Fusion .....	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other Buick</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	Mustang .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cadillac</b>			Pick-Up (Full Size) .....	<input type="checkbox"/>	<input type="checkbox"/>
CTS .....	<input type="checkbox"/>	<input type="checkbox"/>	Ranger .....	<input type="checkbox"/>	<input type="checkbox"/>
De Ville/Concours/DTS .....	<input type="checkbox"/>	<input type="checkbox"/>	Taurus .....	<input type="checkbox"/>	<input type="checkbox"/>
Escalade/EXT/ESV .....	<input type="checkbox"/>	<input type="checkbox"/>	Thunderbird .....	<input type="checkbox"/>	<input type="checkbox"/>
Seville/STS .....	<input type="checkbox"/>	<input type="checkbox"/>	Windstar .....	<input type="checkbox"/>	<input type="checkbox"/>
SRX .....	<input type="checkbox"/>	<input type="checkbox"/>	<i>Other Ford</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other Cadillac</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>GMC</b>		
<b>Chevrolet</b>			Acadia .....	<input type="checkbox"/>	<input type="checkbox"/>
Astro .....	<input type="checkbox"/>	<input type="checkbox"/>	Envoy/Jimmy .....	<input type="checkbox"/>	<input type="checkbox"/>
Avalanche .....	<input type="checkbox"/>	<input type="checkbox"/>	Safari .....	<input type="checkbox"/>	<input type="checkbox"/>
Aveo .....	<input type="checkbox"/>	<input type="checkbox"/>	Savana Van .....	<input type="checkbox"/>	<input type="checkbox"/>
C/K 1500-3500/Silverado .....	<input type="checkbox"/>	<input type="checkbox"/>	Sierra 1500-3500 .....	<input type="checkbox"/>	<input type="checkbox"/>
Camaro .....	<input type="checkbox"/>	<input type="checkbox"/>	Sonoma/Canyon .....	<input type="checkbox"/>	<input type="checkbox"/>
Cavalier .....	<input type="checkbox"/>	<input type="checkbox"/>	Suburban/Yukon/Yukon XL/Denali .....	<input type="checkbox"/>	<input type="checkbox"/>
Cobalt .....	<input type="checkbox"/>	<input type="checkbox"/>	<i>Other GMC</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
Corvette .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>Honda</b>		
Epica .....	<input type="checkbox"/>	<input type="checkbox"/>	Accord .....	<input type="checkbox"/>	<input type="checkbox"/>
Equinox .....	<input type="checkbox"/>	<input type="checkbox"/>	Civic .....	<input type="checkbox"/>	<input type="checkbox"/>
Express Van .....	<input type="checkbox"/>	<input type="checkbox"/>	Civic Hybrid .....	<input type="checkbox"/>	<input type="checkbox"/>
HHR .....	<input type="checkbox"/>	<input type="checkbox"/>	CRV .....	<input type="checkbox"/>	<input type="checkbox"/>
Impala .....	<input type="checkbox"/>	<input type="checkbox"/>	Fit .....	<input type="checkbox"/>	<input type="checkbox"/>
Malibu/Malibu Maxx .....	<input type="checkbox"/>	<input type="checkbox"/>	Odyssey .....	<input type="checkbox"/>	<input type="checkbox"/>
Monte Carlo .....	<input type="checkbox"/>	<input type="checkbox"/>	Pilot .....	<input type="checkbox"/>	<input type="checkbox"/>
Optra/Optra 5 .....	<input type="checkbox"/>	<input type="checkbox"/>	Ridgeline .....	<input type="checkbox"/>	<input type="checkbox"/>
S-10 Series/Colorado .....	<input type="checkbox"/>	<input type="checkbox"/>	<i>Other Honda</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
SSR .....	<input type="checkbox"/>	<input type="checkbox"/>			
Suburban/Tahoe .....	<input type="checkbox"/>	<input type="checkbox"/>			
Tracker .....	<input type="checkbox"/>	<input type="checkbox"/>			
Trail Blazer/Blazer .....	<input type="checkbox"/>	<input type="checkbox"/>			
Venture/Uplander .....	<input type="checkbox"/>	<input type="checkbox"/>			
<i>Other Chevrolet</i> .....	<input type="checkbox"/>	<input type="checkbox"/>			

# AUTOMOTIVE

AUTOMOBILES/VANS/ UTILITY TRUCKS	MAKE AND MODEL		AUTOMOBILES/VANS/ UTILITY TRUCKS	MAKE AND MODEL	
	Most Recently Acquired	2nd Most Recently Acquired		Most Recently Acquired	2nd Most Recently Acquired
<b>Hummer</b>			<b>Mazda</b>		
Any Model	<input type="checkbox"/>	<input type="checkbox"/>	CX-7	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hyundai</b>			CX-9	<input type="checkbox"/>	<input type="checkbox"/>
Accent	<input type="checkbox"/>	<input type="checkbox"/>	Mazda 3/Protégé	<input type="checkbox"/>	<input type="checkbox"/>
Elantra	<input type="checkbox"/>	<input type="checkbox"/>	Mazda 5	<input type="checkbox"/>	<input type="checkbox"/>
Entourage	<input type="checkbox"/>	<input type="checkbox"/>	Mazda 6/626	<input type="checkbox"/>	<input type="checkbox"/>
Santa Fe	<input type="checkbox"/>	<input type="checkbox"/>	Miata/MX-5	<input type="checkbox"/>	<input type="checkbox"/>
Sonata	<input type="checkbox"/>	<input type="checkbox"/>	MPV	<input type="checkbox"/>	<input type="checkbox"/>
Tiburon	<input type="checkbox"/>	<input type="checkbox"/>	RX8	<input type="checkbox"/>	<input type="checkbox"/>
Tucson	<input type="checkbox"/>	<input type="checkbox"/>	Tribute	<input type="checkbox"/>	<input type="checkbox"/>
Veracruz	<input type="checkbox"/>	<input type="checkbox"/>	Truck/SUV	<input type="checkbox"/>	<input type="checkbox"/>
XG 300/Azera	<input type="checkbox"/>	<input type="checkbox"/>	Other Mazda	<input type="checkbox"/>	<input type="checkbox"/>
Other Hyundai	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mercedes-Benz</b>		
<b>Infiniti</b>			B Class	<input type="checkbox"/>	<input type="checkbox"/>
FX35/45	<input type="checkbox"/>	<input type="checkbox"/>	C Class Sedan	<input type="checkbox"/>	<input type="checkbox"/>
G35	<input type="checkbox"/>	<input type="checkbox"/>	E Class	<input type="checkbox"/>	<input type="checkbox"/>
M35/45	<input type="checkbox"/>	<input type="checkbox"/>	M Class	<input type="checkbox"/>	<input type="checkbox"/>
QX56	<input type="checkbox"/>	<input type="checkbox"/>	Other Mercedes Car	<input type="checkbox"/>	<input type="checkbox"/>
Other Infiniti Car	<input type="checkbox"/>	<input type="checkbox"/>	Other Mercedes Truck/SUV	<input type="checkbox"/>	<input type="checkbox"/>
Other Infiniti Truck/SUV	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mercury</b>		
<b>Jaguar</b>			Cougar	<input type="checkbox"/>	<input type="checkbox"/>
Any Model	<input type="checkbox"/>	<input type="checkbox"/>	Grand Marquis	<input type="checkbox"/>	<input type="checkbox"/>
<b>Jeep</b>			Mystique	<input type="checkbox"/>	<input type="checkbox"/>
Compass	<input type="checkbox"/>	<input type="checkbox"/>	Sable	<input type="checkbox"/>	<input type="checkbox"/>
Commander	<input type="checkbox"/>	<input type="checkbox"/>	Villager	<input type="checkbox"/>	<input type="checkbox"/>
Grand Cherokee	<input type="checkbox"/>	<input type="checkbox"/>	Other Mercury	<input type="checkbox"/>	<input type="checkbox"/>
Liberty	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mini</b>		
Patriot	<input type="checkbox"/>	<input type="checkbox"/>	Cooper	<input type="checkbox"/>	<input type="checkbox"/>
TJ/Wrangler	<input type="checkbox"/>	<input type="checkbox"/>	Other Mini	<input type="checkbox"/>	<input type="checkbox"/>
Other Jeep	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mitsubishi</b>		
<b>Kia</b>			Any Model	<input type="checkbox"/>	<input type="checkbox"/>
Rio	<input type="checkbox"/>	<input type="checkbox"/>	<b>Nissan</b>		
Rio V	<input type="checkbox"/>	<input type="checkbox"/>	Altima	<input type="checkbox"/>	<input type="checkbox"/>
Sedona	<input type="checkbox"/>	<input type="checkbox"/>	Armada	<input type="checkbox"/>	<input type="checkbox"/>
Sorento	<input type="checkbox"/>	<input type="checkbox"/>	Frontier	<input type="checkbox"/>	<input type="checkbox"/>
Spectra	<input type="checkbox"/>	<input type="checkbox"/>	Maxima	<input type="checkbox"/>	<input type="checkbox"/>
Sportage	<input type="checkbox"/>	<input type="checkbox"/>	Murano	<input type="checkbox"/>	<input type="checkbox"/>
Other Kia	<input type="checkbox"/>	<input type="checkbox"/>	Pathfinder	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lada</b>			Quest	<input type="checkbox"/>	<input type="checkbox"/>
Any Model	<input type="checkbox"/>	<input type="checkbox"/>	Sentra	<input type="checkbox"/>	<input type="checkbox"/>
<b>Land Rover</b>			Titan	<input type="checkbox"/>	<input type="checkbox"/>
Any Model	<input type="checkbox"/>	<input type="checkbox"/>	Versa	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lexus</b>			Xterra	<input type="checkbox"/>	<input type="checkbox"/>
Hybrid	<input type="checkbox"/>	<input type="checkbox"/>	Xtrail	<input type="checkbox"/>	<input type="checkbox"/>
IS Series	<input type="checkbox"/>	<input type="checkbox"/>	Other Nissan	<input type="checkbox"/>	<input type="checkbox"/>
ES Series	<input type="checkbox"/>	<input type="checkbox"/>	<b>Oldsmobile</b>		
RX Series	<input type="checkbox"/>	<input type="checkbox"/>	Alero	<input type="checkbox"/>	<input type="checkbox"/>
Other Lexus Car	<input type="checkbox"/>	<input type="checkbox"/>	Intrigue	<input type="checkbox"/>	<input type="checkbox"/>
Other Lexus SUV	<input type="checkbox"/>	<input type="checkbox"/>	Silhouette	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lincoln</b>			Other Oldsmobile	<input type="checkbox"/>	<input type="checkbox"/>
Aviator	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pontiac</b>		
LS	<input type="checkbox"/>	<input type="checkbox"/>	Aztek	<input type="checkbox"/>	<input type="checkbox"/>
Mark LT	<input type="checkbox"/>	<input type="checkbox"/>	Bonneville	<input type="checkbox"/>	<input type="checkbox"/>
MKS	<input type="checkbox"/>	<input type="checkbox"/>	Firebird	<input type="checkbox"/>	<input type="checkbox"/>
MKX	<input type="checkbox"/>	<input type="checkbox"/>	G6	<input type="checkbox"/>	<input type="checkbox"/>
Navigator	<input type="checkbox"/>	<input type="checkbox"/>	G8	<input type="checkbox"/>	<input type="checkbox"/>
Town Car	<input type="checkbox"/>	<input type="checkbox"/>	Grand Am	<input type="checkbox"/>	<input type="checkbox"/>
Zephyr/MKZ	<input type="checkbox"/>	<input type="checkbox"/>	Grand Prix	<input type="checkbox"/>	<input type="checkbox"/>
Other Lincoln	<input type="checkbox"/>	<input type="checkbox"/>	Pursuit/G5	<input type="checkbox"/>	<input type="checkbox"/>
			Solstice	<input type="checkbox"/>	<input type="checkbox"/>
			Sunfire	<input type="checkbox"/>	<input type="checkbox"/>
			Torrent	<input type="checkbox"/>	<input type="checkbox"/>
			Trans Sport/Montana/SV6	<input type="checkbox"/>	<input type="checkbox"/>
			Vibe	<input type="checkbox"/>	<input type="checkbox"/>
			Wave	<input type="checkbox"/>	<input type="checkbox"/>
			Other Pontiac	<input type="checkbox"/>	<input type="checkbox"/>

# AUTOMOTIVE

AUTOMOBILES/VANS/ UTILITY TRUCKS	MAKE AND MODEL		AUTOMOBILES/VANS/ UTILITY TRUCKS	MAKE AND MODEL	
	Most Recently Acquired	2nd Most Recently Acquired		Most Recently Acquired	2nd Most Recently Acquired
<b>Porsche</b>			<b>Volkswagen</b>		
Any Model . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Beetle . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Saab</b>			Cabriolet/EOS . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
9.2X . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	City Golf/City Jetta . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
9.3 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Golf/Rabbit . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
9.5 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Jetta . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
9.7 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Passat . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Other Saab . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Touareg . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
			Other Volkswagen . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Saturn</b>			<b>Volvo</b>		
Aura . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	30 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Ion . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	40/50 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Outlook . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	60/70 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Relay . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	S80 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Sky . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	850 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Vue . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Other Volvo . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
L-Series . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
S-Series . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Other Saturn . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Subaru</b>					
Forester . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Impreza/WRX . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Legacy . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Outback . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Other Subaru . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Suzuki</b>					
Any Model . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Toyota</b>					
4Runner . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Avalon . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Camry . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Camry Hybrid . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Corolla . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
FJ Cruiser . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Highlander . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Highlander Hybrid . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Matrix . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Prius . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
RAV4 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Sequoia . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Sienna . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Solara . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Tundra . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Tacoma . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Echo/Yaris . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Yaris Hatchback . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Yaris Hybrid . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			
Other Toyota . . . . .	<input type="checkbox"/>	<input type="checkbox"/>			

If not listed above please WRITE IN:

Make: \_\_\_\_\_  . . . . .

Model: \_\_\_\_\_

## ABOUT YOUR VEHICLE(S)

AUTOMOBILES/VANS/ UTILITY TRUCKS	Most Recently Acquired	2nd Most Recently Acquired	AUTOMOBILES/VANS/ UTILITY TRUCKS	Most Recently Acquired	2nd Most Recently Acquired
<b>NEW/USED:</b>			<b>TOTAL AMOUNT SPENT:</b>		
New .....	<input type="checkbox"/>	<input type="checkbox"/>	Under \$10,000 .....	<input type="checkbox"/>	<input type="checkbox"/>
Used .....	<input type="checkbox"/>	<input type="checkbox"/>	\$10,000–\$14,999 .....	<input type="checkbox"/>	<input type="checkbox"/>
			\$15,000–\$19,999 .....	<input type="checkbox"/>	<input type="checkbox"/>
			\$20,000–\$29,999 .....	<input type="checkbox"/>	<input type="checkbox"/>
			\$30,000–\$39,999 .....	<input type="checkbox"/>	<input type="checkbox"/>
			\$40,000–\$49,999 .....	<input type="checkbox"/>	<input type="checkbox"/>
			\$50,000+ .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>MODEL YEAR:</b>			<b>LENGTH OF LEASE:</b>		
2008 .....	<input type="checkbox"/>	<input type="checkbox"/>	12 Months .....	<input type="checkbox"/>	<input type="checkbox"/>
2007 .....	<input type="checkbox"/>	<input type="checkbox"/>	24 Months .....	<input type="checkbox"/>	<input type="checkbox"/>
2006 .....	<input type="checkbox"/>	<input type="checkbox"/>	36 Months .....	<input type="checkbox"/>	<input type="checkbox"/>
2005 .....	<input type="checkbox"/>	<input type="checkbox"/>	48 Months .....	<input type="checkbox"/>	<input type="checkbox"/>
2004 .....	<input type="checkbox"/>	<input type="checkbox"/>	60 Months Or Longer .....	<input type="checkbox"/>	<input type="checkbox"/>
2003 .....	<input type="checkbox"/>	<input type="checkbox"/>			
2002 .....	<input type="checkbox"/>	<input type="checkbox"/>			
2001 .....	<input type="checkbox"/>	<input type="checkbox"/>			
2000 .....	<input type="checkbox"/>	<input type="checkbox"/>			
1999 Or Earlier .....	<input type="checkbox"/>	<input type="checkbox"/>			
<b>OWNED/LEASED BY:</b>			<b>PRINCIPAL DRIVER:</b>		
Yourself .....	<input type="checkbox"/>	<input type="checkbox"/>	Yourself .....	<input type="checkbox"/>	<input type="checkbox"/>
Other Household Member .....	<input type="checkbox"/>	<input type="checkbox"/>	Someone Else .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>FEATURES:</b>			<b>MAINTENANCE—PRIMARILY RESPONSIBLE:</b>		
Convertible .....	<input type="checkbox"/>	<input type="checkbox"/>	Yourself .....	<input type="checkbox"/>	<input type="checkbox"/>
Station Wagon .....	<input type="checkbox"/>	<input type="checkbox"/>	Someone Else .....	<input type="checkbox"/>	<input type="checkbox"/>
2 Door .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>PRIMARILY SERVICED BY:</b>		
4 Door .....	<input type="checkbox"/>	<input type="checkbox"/>	Car Dealership:		
3 Or 5 Door/Hatchback .....	<input type="checkbox"/>	<input type="checkbox"/>	Chrysler .....	<input type="checkbox"/>	<input type="checkbox"/>
Regular Cab Truck .....	<input type="checkbox"/>	<input type="checkbox"/>	Ford .....	<input type="checkbox"/>	<input type="checkbox"/>
Extended Cab Truck .....	<input type="checkbox"/>	<input type="checkbox"/>	General Motors/Goodwrench .....	<input type="checkbox"/>	<input type="checkbox"/>
Other .....	<input type="checkbox"/>	<input type="checkbox"/>	Honda .....	<input type="checkbox"/>	<input type="checkbox"/>
			Toyota .....	<input type="checkbox"/>	<input type="checkbox"/>
			Other .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>PURCHASE INFLUENCE:</b>			Department Store Auto Repair Centre:		
Yourself .....	<input type="checkbox"/>	<input type="checkbox"/>	Canadian Tire .....	<input type="checkbox"/>	<input type="checkbox"/>
Your Husband/Wife .....	<input type="checkbox"/>	<input type="checkbox"/>	Costco .....	<input type="checkbox"/>	<input type="checkbox"/>
Son .....	<input type="checkbox"/>	<input type="checkbox"/>	Sears .....	<input type="checkbox"/>	<input type="checkbox"/>
Other Male .....	<input type="checkbox"/>	<input type="checkbox"/>	Wal-Mart .....	<input type="checkbox"/>	<input type="checkbox"/>
Daughter .....	<input type="checkbox"/>	<input type="checkbox"/>	Other .....	<input type="checkbox"/>	<input type="checkbox"/>
Other Female .....	<input type="checkbox"/>	<input type="checkbox"/>	Local Repair Shop/Service Station .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>WHEN PURCHASED OR LEASED:</b>			Auto Repair/Specialized Chain Store:		
In Past 12 Months .....	<input type="checkbox"/>	<input type="checkbox"/>	Midas .....	<input type="checkbox"/>	<input type="checkbox"/>
1–2 Years Ago .....	<input type="checkbox"/>	<input type="checkbox"/>	Speedy .....	<input type="checkbox"/>	<input type="checkbox"/>
3–4 Years Ago .....	<input type="checkbox"/>	<input type="checkbox"/>	Specialized Oil Retailers .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Or More Years Ago .....	<input type="checkbox"/>	<input type="checkbox"/>	Specialized Tire Retailers .....	<input type="checkbox"/>	<input type="checkbox"/>
			Other .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>IF PURCHASED—HOW:</b>			Yourself .....	<input type="checkbox"/>	<input type="checkbox"/>
With Cash .....	<input type="checkbox"/>	<input type="checkbox"/>	Someone Else .....	<input type="checkbox"/>	<input type="checkbox"/>
With Trade-In .....	<input type="checkbox"/>	<input type="checkbox"/>			
With Financing From A Dealer/Manufacturer .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>UNDER WARRANTY:</b>		
With A Bank Loan .....	<input type="checkbox"/>	<input type="checkbox"/>	YES .....	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card Points/Savings .....	<input type="checkbox"/>	<input type="checkbox"/>	NO .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>FUEL/ENGINE TYPE:</b>					
Gasoline .....	<input type="checkbox"/>	<input type="checkbox"/>			
Diesel .....	<input type="checkbox"/>	<input type="checkbox"/>			
Hybrid .....	<input type="checkbox"/>	<input type="checkbox"/>			

# ABOUT YOUR VEHICLE(S)/AUTOMOTIVE

WORK DONE PAST 12 MONTHS	Most Recently Acquired	2nd Most Recently Acquired	WORK DONE PAST 12 MONTHS	Most Recently Acquired	2nd Most Recently Acquired	
<b>MAINTENANCE ITEMS:</b> Body Work ..... <input type="checkbox"/> ..... <input type="checkbox"/> Brake Lining Or Pad Replacement ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clutch Replacement ..... <input type="checkbox"/> ..... <input type="checkbox"/> Major Engine Repair ..... <input type="checkbox"/> ..... <input type="checkbox"/> Minor Engine Repair ..... <input type="checkbox"/> ..... <input type="checkbox"/> Paint Job ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tune-Up ..... <input type="checkbox"/> ..... <input type="checkbox"/> Windshield Repair ..... <input type="checkbox"/> ..... <input type="checkbox"/> Windshield Replacement ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>UPGRADES/ACCESSORIES ADDED:</b> Alloy Wheels ..... <input type="checkbox"/> ..... <input type="checkbox"/> Audio Upgrades ..... <input type="checkbox"/> ..... <input type="checkbox"/> Body Lowering Kits ..... <input type="checkbox"/> ..... <input type="checkbox"/> Engine Performance Enhancer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hood Protector/Front Bra ..... <input type="checkbox"/> ..... <input type="checkbox"/> Navigation System ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rear Trunk Spoilers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Remote Starter/Command Start ..... <input type="checkbox"/> ..... <input type="checkbox"/> Roof Rack ..... <input type="checkbox"/> ..... <input type="checkbox"/> Running Boards ..... <input type="checkbox"/> ..... <input type="checkbox"/> Satellite Radio ..... <input type="checkbox"/> ..... <input type="checkbox"/> Splashguards/Mudflaps ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
<b>ALIGNMENT:</b> <b>Done By:</b> Car Dealership ..... <input type="checkbox"/> ..... <input type="checkbox"/> Local Repair Shop/Service Station ..... <input type="checkbox"/> ..... <input type="checkbox"/> Auto Repair, Specialized Chain Store ..... <input type="checkbox"/> ..... <input type="checkbox"/> Department/Discount Department Store Auto Centre ..... <input type="checkbox"/> ..... <input type="checkbox"/> Myself ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Member Of Household ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>ROADSIDE ASSISTANCE PROGRAM</b>			HOUSEHOLD  Subscribes
<b>BRAKES:</b> <b>Repaired By:</b> Car Dealership ..... <input type="checkbox"/> ..... <input type="checkbox"/> Local Repair Shop/Service Station ..... <input type="checkbox"/> ..... <input type="checkbox"/> Auto Repair, Specialized Chain Store ..... <input type="checkbox"/> ..... <input type="checkbox"/> Department/Discount Department Store Auto Centre ..... <input type="checkbox"/> ..... <input type="checkbox"/> Myself ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Member Of Household ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>COVERED BY:</b> CAA/Canadian Automobile Association e.g. CAA-Quebec, Maritimes, Ont., Man., Sask., BCAA (BC), AMA (Alberta) ..... <input type="checkbox"/> Canadian Tire ..... <input type="checkbox"/> La Capitale/CAP ..... <input type="checkbox"/> Car Manufacturer/Roadside Assistance Program ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>			
<b>LUBE/OIL/FILTER:</b> <b>Done By:</b> Car Dealership ..... <input type="checkbox"/> ..... <input type="checkbox"/> Local Repair Shop/Service Station ..... <input type="checkbox"/> ..... <input type="checkbox"/> Auto Repair, Specialized Chain Store ..... <input type="checkbox"/> ..... <input type="checkbox"/> Department/Discount Department Store Auto Centre ..... <input type="checkbox"/> ..... <input type="checkbox"/> Myself ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Member Of Household ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>MOTORCYCLES</b>			PERSONALLY  Have
<b>MUFFLER/EXHAUST:</b> <b>Repaired By:</b> Car Dealership ..... <input type="checkbox"/> ..... <input type="checkbox"/> Local Repair Shop/Service Station ..... <input type="checkbox"/> ..... <input type="checkbox"/> Auto Repair, Specialized Chain Store ..... <input type="checkbox"/> ..... <input type="checkbox"/> Department/Discount Department Store Auto Centre ..... <input type="checkbox"/> ..... <input type="checkbox"/> Myself ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Member Of Household ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>LICENSE:</b> YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>			
<b>SHOCK ABSORBERS/STRUTS:</b> <b>Replaced By:</b> Car Dealership ..... <input type="checkbox"/> ..... <input type="checkbox"/> Local Repair Shop/Service Station ..... <input type="checkbox"/> ..... <input type="checkbox"/> Auto Repair, Specialized Chain Store ..... <input type="checkbox"/> ..... <input type="checkbox"/> Department/Discount Department Store Auto Centre ..... <input type="checkbox"/> ..... <input type="checkbox"/> Myself ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Member Of Household ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>CURRENTLY OWN:</b> None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 Or More ..... <input type="checkbox"/>			
<b>TIRES:</b> <b>Replaced By:</b> Car Dealership ..... <input type="checkbox"/> ..... <input type="checkbox"/> Local Repair Shop/Service Station ..... <input type="checkbox"/> ..... <input type="checkbox"/> Auto Repair, Specialized Chain Store ..... <input type="checkbox"/> ..... <input type="checkbox"/> Department/Discount Department Store Auto Centre ..... <input type="checkbox"/> ..... <input type="checkbox"/> Myself ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Member Of Household ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>MOTORCYCLES</b>			Most Recently Acquired
<b>BOUGHT:</b> New ..... <input type="checkbox"/> Used ..... <input type="checkbox"/>						
<b>WHEN:</b> In Past 12 Months ..... <input type="checkbox"/> 1-2 Years Ago ..... <input type="checkbox"/> 3-4 Years Ago ..... <input type="checkbox"/> 5+ Years Ago ..... <input type="checkbox"/>						
<b>TYPE OF ENGINE:</b> 250cc Or Less ..... <input type="checkbox"/> 251-500cc ..... <input type="checkbox"/> 501-650cc ..... <input type="checkbox"/> 651-1000cc ..... <input type="checkbox"/> 1001cc Or More ..... <input type="checkbox"/>						
<b>MAKE:</b> BMW ..... <input type="checkbox"/> Buell ..... <input type="checkbox"/> Harley-Davidson ..... <input type="checkbox"/> Honda ..... <input type="checkbox"/> Kawasaki ..... <input type="checkbox"/> Suzuki ..... <input type="checkbox"/> Yamaha ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>						

# AUTOMOTIVE

	PERSONALLY BOUGHT	PERSONALLY BOUGHT	PERSONALLY DONE
<b>CAR BATTERIES</b>	Past 12 Months		Past 6 Months
YES .....	<input type="checkbox"/>		YES .....
NO .....	<input type="checkbox"/>		NO .....
<b>TIRES</b>	PERSONALLY BOUGHT  Past 3 Years		
YES .....	<input type="checkbox"/>		
NO .....	<input type="checkbox"/>		
<b>NUMBER OF TIRES:</b>			
1-2 .....	<input type="checkbox"/>		
3-4 .....	<input type="checkbox"/>		
5 Or More .....	<input type="checkbox"/>		
<b>KINDS:</b>			
Performance Passenger .....	<input type="checkbox"/>		
Standard Passenger .....	<input type="checkbox"/>		
Light Truck/SUV .....	<input type="checkbox"/>		
Winter/Snow Tires .....	<input type="checkbox"/>		
<b>BRANDS:</b>			
Bridgestone .....	<input type="checkbox"/>		
BF Goodrich .....	<input type="checkbox"/>		
Cooper .....	<input type="checkbox"/>		
Dunlop .....	<input type="checkbox"/>		
Firestone .....	<input type="checkbox"/>		
General .....	<input type="checkbox"/>		
Goodyear .....	<input type="checkbox"/>		
Hankook .....	<input type="checkbox"/>		
Kumho .....	<input type="checkbox"/>		
Michelin .....	<input type="checkbox"/>		
Motomaster/Canadian Tire .....	<input type="checkbox"/>		
Pirelli .....	<input type="checkbox"/>		
Toyo .....	<input type="checkbox"/>		
Uniroyal .....	<input type="checkbox"/>		
Yokohama .....	<input type="checkbox"/>		
Other .....	<input type="checkbox"/>		
<b>MILEAGE</b>	PERSONALLY Have Driven Driver's Licence Past 12 Months		
YES .....	<input type="checkbox"/>		
NO .....	<input type="checkbox"/>		
<b>KILOMETRES:</b>			
None .....	<input type="checkbox"/>		
Under 5,000 km .....	<input type="checkbox"/>		
5,000-10,000 km .....	<input type="checkbox"/>		
10,001-15,000 km .....	<input type="checkbox"/>		
15,001-25,000 km .....	<input type="checkbox"/>		
Over 25,000 km .....	<input type="checkbox"/>		
<b>GASOLINE</b>	PERSONALLY BOUGHT  Past 6 Months	Litres/ Past 7 Days	
YES .....	<input type="checkbox"/>		
NO .....	<input type="checkbox"/>		
None .....	<input type="checkbox"/>		
1-10 .....	<input type="checkbox"/>		
11-25 .....	<input type="checkbox"/>		
26-49 .....	<input type="checkbox"/>		
50+ .....	<input type="checkbox"/>		
<b>GASOLINE</b>	PERSONALLY BOUGHT  Most Often	Others Sometimes	
<b>TYPES:</b>			
Unleaded .....	<input type="checkbox"/>	<input type="checkbox"/>	
Diesel .....	<input type="checkbox"/>	<input type="checkbox"/>	
Propane .....	<input type="checkbox"/>	<input type="checkbox"/>	
Ethanol Blends .....	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GRADES:</b>			
Super Premium/Ultra .....	<input type="checkbox"/>	<input type="checkbox"/>	
Premium .....	<input type="checkbox"/>	<input type="checkbox"/>	
Mid-Grade .....	<input type="checkbox"/>	<input type="checkbox"/>	
Regular .....	<input type="checkbox"/>	<input type="checkbox"/>	
<b>KINDS:</b>			
Full Service .....	<input type="checkbox"/>	<input type="checkbox"/>	
Self-Service			
—Regular Pump .....	<input type="checkbox"/>	<input type="checkbox"/>	
—Pay-At-Pump .....	<input type="checkbox"/>	<input type="checkbox"/>	
<b>BRANDS:</b>			
Arco .....	<input type="checkbox"/>	<input type="checkbox"/>	
Canadian Tire .....	<input type="checkbox"/>	<input type="checkbox"/>	
Chevron .....	<input type="checkbox"/>	<input type="checkbox"/>	
Co-Op .....	<input type="checkbox"/>	<input type="checkbox"/>	
Esso .....	<input type="checkbox"/>	<input type="checkbox"/>	
Irving .....	<input type="checkbox"/>	<input type="checkbox"/>	
Mohawk .....	<input type="checkbox"/>	<input type="checkbox"/>	
Petro Canada .....	<input type="checkbox"/>	<input type="checkbox"/>	
Shell .....	<input type="checkbox"/>	<input type="checkbox"/>	
Sunoco .....	<input type="checkbox"/>	<input type="checkbox"/>	
Ultramar .....	<input type="checkbox"/>	<input type="checkbox"/>	
Gasoline Station At A			
Department/Grocery Store ...	<input type="checkbox"/>	<input type="checkbox"/>	
Other .....	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CAR WASHES</b>			Past 6 Months
YES .....	<input type="checkbox"/>		
NO .....	<input type="checkbox"/>		
<b>TYPES:</b>			
Soft Cloth .....	<input type="checkbox"/>		
Brush .....	<input type="checkbox"/>		
Self Serve (Coin Operated) .....	<input type="checkbox"/>		
Did It Myself .....	<input type="checkbox"/>		
Touchless .....	<input type="checkbox"/>		
<b>BRANDS:</b>			
Canadian Tire .....	<input type="checkbox"/>		
Chevron .....	<input type="checkbox"/>		
Co-op .....	<input type="checkbox"/>		
Esso .....	<input type="checkbox"/>		
Husky .....	<input type="checkbox"/>		
Irving .....	<input type="checkbox"/>		
Mohawk .....	<input type="checkbox"/>		
Petro-Canada .....	<input type="checkbox"/>		
Pioneer .....	<input type="checkbox"/>		
Shell .....	<input type="checkbox"/>		
Sunoco .....	<input type="checkbox"/>		
Ultramar .....	<input type="checkbox"/>		
Other .....	<input type="checkbox"/>		
<b>AUTOMOTIVE SUPPLIES/PRODUCTS</b>			PERSONALLY BOUGHT  Past 12 Months
YES .....	<input type="checkbox"/>		
NO .....	<input type="checkbox"/>		
<b>WHERE BOUGHT:</b>			
Bumper to Bumper .....	<input type="checkbox"/>		
Canadian Tire .....	<input type="checkbox"/>		
Costco .....	<input type="checkbox"/>		
Duro .....	<input type="checkbox"/>		
Goodwrench .....	<input type="checkbox"/>		
Goodyear Tire Centres .....	<input type="checkbox"/>		
Kal Tire .....	<input type="checkbox"/>		
Lebeau .....	<input type="checkbox"/>		
Lordco Auto Parts .....	<input type="checkbox"/>		
Part Source .....	<input type="checkbox"/>		
Petro-Canada/Certigard .....	<input type="checkbox"/>		
Sears .....	<input type="checkbox"/>		
Speedy Glass .....	<input type="checkbox"/>		
Wal-Mart .....	<input type="checkbox"/>		
Zellers .....	<input type="checkbox"/>		
Car Dealer .....	<input type="checkbox"/>		
Other .....	<input type="checkbox"/>		
<b>AUTO INSURANCE</b>	IN HOUSEHOLD Any Auto Covered By Insurance	New/Different Policy In Past 12 Months	
YES .....	<input type="checkbox"/>		
NO .....	<input type="checkbox"/>		
<b>ACQUIRED THROUGH:</b>			
Agent/Broker .....	<input type="checkbox"/>	<input type="checkbox"/>	
Bank .....	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance Company .....	<input type="checkbox"/>	<input type="checkbox"/>	
Professional/Alumni Association .....	<input type="checkbox"/>	<input type="checkbox"/>	
Other .....	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MOTOR OIL</b>		PERSONALLY BOUGHT  Past 12 Months	
YES .....	<input type="checkbox"/>		
NO .....	<input type="checkbox"/>		
<b>NUMBER OF LITRES:</b>			
1 .....	<input type="checkbox"/>		
2 .....	<input type="checkbox"/>		
3+ .....	<input type="checkbox"/>		

**PERSONAL/VACATION TRAVEL**  
 — EXCLUDE REGULAR TRIPS TO FAMILY COTTAGE OR CABIN —

<b>TRAVEL WITHIN CANADA</b>	OVERNIGHT PERSONAL/ VACATION TRIPS TAKEN	<b>TRAVEL WITHIN CANADA</b>	OVERNIGHT PERSONAL/ VACATION TRIPS TAKEN	<b>TRAVEL OUTSIDE CANADA</b>	OVERNIGHT PERSONAL/ VACATION TRIPS TAKEN
	Past 12 Months		Past 12 Months		Past 3 Years      Past 12 Months
<b>OVERNIGHT MEANS AT LEAST ONE NIGHT AWAY FROM HOME</b>		<b>OVERNIGHT MEANS AT LEAST ONE NIGHT AWAY FROM HOME</b>		<b>OVERNIGHT MEANS AT LEAST ONE NIGHT AWAY FROM HOME</b>	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>		<b>TYPES OF ACCOMMODATION:</b> Hotel ..... <input type="checkbox"/> Motel ..... <input type="checkbox"/> Bed & Breakfast ..... <input type="checkbox"/> Resort/Lodge ..... <input type="checkbox"/> Camping/Trailer Park ..... <input type="checkbox"/> Home Of Friends/Relatives ..... <input type="checkbox"/> Private Cottage ..... <input type="checkbox"/> Commercial Cottage ..... <input type="checkbox"/> Timeshare ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>	
<b>NUMBER:</b> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3-6 ..... <input type="checkbox"/> 7+ ..... <input type="checkbox"/>		<b>ACTIVITIES ON TRIPS:</b> Visit Friends/Relatives ..... <input type="checkbox"/> Go Shopping ..... <input type="checkbox"/> Sightseeing ..... <input type="checkbox"/> Attend Sporting Events ..... <input type="checkbox"/> Attend Cultural Events ..... <input type="checkbox"/> Take In Night Life ..... <input type="checkbox"/> Visit A Theme Park/Zoo ..... <input type="checkbox"/> Visit Any National/Provincial Park ..... <input type="checkbox"/> Visit Museum/Art Gallery ..... <input type="checkbox"/> Attend Conference ..... <input type="checkbox"/> Go To A Beach ..... <input type="checkbox"/> Sports Activities ..... <input type="checkbox"/> Hiking/Adventure Tours ..... <input type="checkbox"/> Skiing/Snowboarding ..... <input type="checkbox"/> Snowmobiling ..... <input type="checkbox"/> Golf ..... <input type="checkbox"/> Hunting/Fishing ..... <input type="checkbox"/>		<b>NUMBER:</b> None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3-6 ..... <input type="checkbox"/> 7+ ..... <input type="checkbox"/>	
<b>DESTINATION:</b> Newfoundland ..... <input type="checkbox"/> Prince Edward Island ..... <input type="checkbox"/> Nova Scotia ..... <input type="checkbox"/> New Brunswick ..... <input type="checkbox"/> Quebec ..... <input type="checkbox"/> Ontario ..... <input type="checkbox"/> Manitoba ..... <input type="checkbox"/> Saskatchewan ..... <input type="checkbox"/> Alberta ..... <input type="checkbox"/> British Columbia ..... <input type="checkbox"/> NWT/Yukon/Nunavut ..... <input type="checkbox"/>				<b>DESTINATION:</b> <b>U.S.A.:</b> Northeast United States ..... <input type="checkbox"/> ..... <input type="checkbox"/> Florida ..... <input type="checkbox"/> ..... <input type="checkbox"/> Southeast U.S. (Not Florida) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Southern States ..... <input type="checkbox"/> ..... <input type="checkbox"/> Arizona ..... <input type="checkbox"/> ..... <input type="checkbox"/> California ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nevada ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Western States ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hawaii ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other U.S.A. ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>Other Foreign:</b> Bermuda ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bahamas ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cuba ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dominican Republic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Caribbean ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Mexico ..... <input type="checkbox"/> ..... <input type="checkbox"/> Central America ..... <input type="checkbox"/> ..... <input type="checkbox"/> South America ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Britain/Ireland ..... <input type="checkbox"/> ..... <input type="checkbox"/> France ..... <input type="checkbox"/> ..... <input type="checkbox"/> Germany ..... <input type="checkbox"/> ..... <input type="checkbox"/> Italy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Elsewhere In Europe ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Middle East ..... <input type="checkbox"/> ..... <input type="checkbox"/> Africa ..... <input type="checkbox"/> ..... <input type="checkbox"/>  China/Hong Kong ..... <input type="checkbox"/> ..... <input type="checkbox"/> Japan ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Asia ..... <input type="checkbox"/> ..... <input type="checkbox"/> Australia/New Zealand ..... <input type="checkbox"/> ..... <input type="checkbox"/>	
<b>TRAVEL WITHIN CANADA</b>		OVERNIGHT PERSONAL/ VACATION TRIPS TAKEN Number In Past 12 Months 1      2      3+		<b>TRAVEL OUTSIDE CANADA</b>	
<b>HOW MANY TRIPS BY:</b> Air ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Car ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bus ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Train ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> RV/Camper ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>		<b>USED TRAVEL AGENT FOR:</b> Flight Reservations ..... <input type="checkbox"/> Hotel Reservations ..... <input type="checkbox"/> Local Sightseeing ..... <input type="checkbox"/> Car Rental ..... <input type="checkbox"/> Vacation Packages ..... <input type="checkbox"/> Entire Trip ..... <input type="checkbox"/>		Number In Past 12 Months 1      2      3+	
<b>HOW MANY TRIPS LASTED:</b> Just A Few Days ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> About A Week ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> 2-3 Weeks ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> 1-2 Months ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> 3 Months Or More ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>		<b>TOTAL AMOUNT SPENT ON LAST TRIP BY YOUR TRAVEL PARTY:</b> Under \$500 ..... <input type="checkbox"/> \$500-999 ..... <input type="checkbox"/> \$1,000-1,999 ..... <input type="checkbox"/> \$2,000-2,999 ..... <input type="checkbox"/> \$3,000-3,999 ..... <input type="checkbox"/> \$4,000-4,999 ..... <input type="checkbox"/> \$5,000+ ..... <input type="checkbox"/>		HOW MANY TRIPS BY: Air ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Car ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> RV/Camper ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bus/Train ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Boat/Ship/Cruise ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>	
		<b>ANY CHILDREN ON LAST TRIP:</b> YES ..... <input type="checkbox"/>		<b>HOW MANY TRIPS LASTED:</b> Just A Few Days ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> About A Week ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> 2-3 Weeks ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> 1-2 Months ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> 3 Months Or More ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>	

# PERSONAL/VACATION AND BUSINESS TRAVEL

TRAVEL OUTSIDE CANADA	OVERNIGHT PERSONAL/ VACATION TRIPS TAKEN	BUSINESS TRAVEL	ANY BUSINESS TRIP		OVERSEAS BUSINESS TRAVEL	ANY BUSINESS TRIP										
	Past 12 Months		Past 3 Years	Past 12 Months		Past 3 Years	Past 12 Months									
<b>TYPES OF ACCOMMODATION:</b> Hotel ..... <input type="checkbox"/> Motel ..... <input type="checkbox"/> Bed & Breakfast ..... <input type="checkbox"/> Resort/Lodge ..... <input type="checkbox"/> Camping/Trailer Park ..... <input type="checkbox"/> Home Of Friends/Relatives ..... <input type="checkbox"/> Cottage ..... <input type="checkbox"/> Timeshare ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>			<b>ANY BUSINESS TRAVEL OVER 80 KM/50 MLS ONE WAY</b>			<b>DESTINATION:</b>  <b>Other Foreign:</b> United Kingdom ..... <input type="checkbox"/> ..... <input type="checkbox"/> Elsewhere In Europe ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Mexico, Central America, South America ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Middle East/Africa ..... <input type="checkbox"/> ..... <input type="checkbox"/> Asia ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Australia/New Zealand ..... <input type="checkbox"/> ..... <input type="checkbox"/>										
<b>ACTIVITIES ON TRIPS:</b> Visit Friends/Relatives ..... <input type="checkbox"/> Go Shopping ..... <input type="checkbox"/> Sightseeing ..... <input type="checkbox"/> Attend Sporting Events ..... <input type="checkbox"/> Attend Cultural Events ..... <input type="checkbox"/> Take In Night Life ..... <input type="checkbox"/> Visit A Theme Park/Zoo ..... <input type="checkbox"/> Visit Any National/State Park ..... <input type="checkbox"/> Visit Museum/Art Gallery ..... <input type="checkbox"/> Attend Conference ..... <input type="checkbox"/> Go To A Beach ..... <input type="checkbox"/> Sports Activities ..... <input type="checkbox"/> Hiking/Adventure Tours ..... <input type="checkbox"/> Skiing/Snowboarding ..... <input type="checkbox"/> Golf ..... <input type="checkbox"/>			<b>NUMBER:</b> None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3 ..... <input type="checkbox"/> 4 ..... <input type="checkbox"/> 5 ..... <input type="checkbox"/> 6-8 ..... <input type="checkbox"/> 9-11 ..... <input type="checkbox"/> 12-14 ..... <input type="checkbox"/> 15-20 ..... <input type="checkbox"/> 21+ ..... <input type="checkbox"/>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">BUSINESS TRAVEL</th> <th colspan="3" style="text-align: center;">NUMBER OF TRIPS IN PAST 12 MONTHS</th> </tr> <tr> <td></td> <td style="text-align: center;">1-2</td> <td style="text-align: center;">3-6</td> <td style="text-align: center;">7+</td> </tr> </table>			BUSINESS TRAVEL	NUMBER OF TRIPS IN PAST 12 MONTHS				1-2	3-6	7+
BUSINESS TRAVEL	NUMBER OF TRIPS IN PAST 12 MONTHS															
	1-2	3-6	7+													
<b>USED TRAVEL AGENT FOR:</b> Flight Reservations ..... <input type="checkbox"/> Hotel Reservations ..... <input type="checkbox"/> Local Sightseeing ..... <input type="checkbox"/> Car Rental ..... <input type="checkbox"/> Vacation Packages ..... <input type="checkbox"/> Entire Trip ..... <input type="checkbox"/>			<b>PRIMARY MEANS OF TRAVEL:</b> Air ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Private Car ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Train ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>LENGTH OF STAY:</b> Same Day ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Overnight ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>										
<b>TOTAL AMOUNT SPENT ON LAST TRIP BY YOUR TRAVEL PARTY:</b> Under \$500 ..... <input type="checkbox"/> \$500-999 ..... <input type="checkbox"/> \$1,000-1,999 ..... <input type="checkbox"/> \$2,000-2,999 ..... <input type="checkbox"/> \$3,000-3,999 ..... <input type="checkbox"/> \$4,000-4,999 ..... <input type="checkbox"/> \$5,000 Or More ..... <input type="checkbox"/>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">BUSINESS TRAVEL</th> <th colspan="2" style="text-align: center;">NUMBER OF TRIPS IN PAST 12 MONTHS</th> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2+</td> </tr> </table>			BUSINESS TRAVEL	NUMBER OF TRIPS IN PAST 12 MONTHS			1	2+	<b>PURPOSE:</b> Attend Conference ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
BUSINESS TRAVEL	NUMBER OF TRIPS IN PAST 12 MONTHS															
	1	2+														
<b>ANY CHILDREN ON LAST TRIP:</b> YES ..... <input type="checkbox"/>			<b>DESTINATION:</b> <b>Canada:</b> Vancouver ..... <input type="checkbox"/> ..... <input type="checkbox"/> Calgary ..... <input type="checkbox"/> ..... <input type="checkbox"/> Edmonton ..... <input type="checkbox"/> ..... <input type="checkbox"/> Regina/Saskatoon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Winnipeg ..... <input type="checkbox"/> ..... <input type="checkbox"/> Toronto ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ottawa ..... <input type="checkbox"/> ..... <input type="checkbox"/> Montreal ..... <input type="checkbox"/> ..... <input type="checkbox"/> Quebec ..... <input type="checkbox"/> ..... <input type="checkbox"/> Halifax ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Destinations In Your Province ..... <input type="checkbox"/> ..... <input type="checkbox"/> Elsewhere In Canada ..... <input type="checkbox"/> ..... <input type="checkbox"/>													
<b>COVERED BY OUT OF COUNTRY PRIVATE MEDICAL INSURANCE ON LAST TRIP:</b> YES ..... <input type="checkbox"/>			<b>U.S.A.:</b> New York ..... <input type="checkbox"/> ..... <input type="checkbox"/> Boston ..... <input type="checkbox"/> ..... <input type="checkbox"/> Chicago ..... <input type="checkbox"/> ..... <input type="checkbox"/> Las Vegas ..... <input type="checkbox"/> ..... <input type="checkbox"/> Los Angeles ..... <input type="checkbox"/> ..... <input type="checkbox"/> San Francisco ..... <input type="checkbox"/> ..... <input type="checkbox"/> Washington, DC ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dallas/Houston ..... <input type="checkbox"/> ..... <input type="checkbox"/> Elsewhere In U.S.A. .... <input type="checkbox"/> ..... <input type="checkbox"/>													

# AIRLINES, HOTELS, CRUISES, CAR RENTAL, TRAVELLERS CHEQUES

AIRLINES	PERSONALLY FLOWN		HOTELS & MOTELS	PERSONALLY STAYED	
	Past 12 Months			For Business	Vacation/ Personal
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF ROUND TRIPS:</b> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5-6 ..... <input type="checkbox"/> 7+ ..... <input type="checkbox"/>  <b>AIRLINE USED:</b> Air Canada ..... <input type="checkbox"/> Air France-KLM ..... <input type="checkbox"/> Air Transat ..... <input type="checkbox"/> American Airlines ..... <input type="checkbox"/> American Eagle ..... <input type="checkbox"/> British Airways ..... <input type="checkbox"/> Cathay Pacific ..... <input type="checkbox"/> Continental ..... <input type="checkbox"/> Delta ..... <input type="checkbox"/> JAL ..... <input type="checkbox"/> Jet Blue ..... <input type="checkbox"/> LAN ..... <input type="checkbox"/> Lufthansa ..... <input type="checkbox"/> Mexicana Airlines ..... <input type="checkbox"/> Midwest Express ..... <input type="checkbox"/> Northwest ..... <input type="checkbox"/> Porter Airlines ..... <input type="checkbox"/> Singapore Airlines ..... <input type="checkbox"/> Southwest ..... <input type="checkbox"/> Spirit ..... <input type="checkbox"/> Swiss Air Lines ..... <input type="checkbox"/> United Airlines ..... <input type="checkbox"/> US Airways ..... <input type="checkbox"/> WestJet ..... <input type="checkbox"/> Zoom Airlines ..... <input type="checkbox"/>  Other ..... <input type="checkbox"/>			<b>NUMBER OF NIGHTS:</b> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5-6 ..... <input type="checkbox"/> 7-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15-24 ..... <input type="checkbox"/> 25 Or More ..... <input type="checkbox"/>  <b>TYPE OF ACCOMMODATION:</b> Economy ..... <input type="checkbox"/> Luxury ..... <input type="checkbox"/> Resort ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>		
			CAR RENTALS	RENTED PAST 12 MONTHS	
				Business	Personal
			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>  <b>METHOD:</b> Reservation Made In Advance —Online ..... <input type="checkbox"/> —By Phone ..... <input type="checkbox"/> Upon Arrival At Destination ..... <input type="checkbox"/>  <b>COMPANIES:</b> Alamo ..... <input type="checkbox"/> Avis ..... <input type="checkbox"/> Budget ..... <input type="checkbox"/> Discount ..... <input type="checkbox"/> Enterprise ..... <input type="checkbox"/> Hertz ..... <input type="checkbox"/> National ..... <input type="checkbox"/> Thrifty ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>  <b>REASON FOR RENTING:</b> Do Not Own Car ..... <input type="checkbox"/> Vacation Trip ..... <input type="checkbox"/> Weekend Trip ..... <input type="checkbox"/> Need Bigger Car ..... <input type="checkbox"/> To Avoid Kms On A Leased Vehicle ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>		
AIRLINES	PERSONALLY FLOWN				
	Most Often	Others Sometimes			
<b>CLASS:</b> First ..... <input type="checkbox"/> Business/Executive ..... <input type="checkbox"/> Economy ..... <input type="checkbox"/>  <b>FARE:</b> Full Fare ..... <input type="checkbox"/> Charter ..... <input type="checkbox"/> Standby ..... <input type="checkbox"/> Discount ..... <input type="checkbox"/>					
CRUISE SHIPS	PERSONALLY TAKEN		TRAVELLERS CHEQUES	PERSONALLY BOUGHT	
	Past 3 Years			Past 12 Months	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF WEEKS:</b> Less Than 1 Week ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> More Than 2 Weeks ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>AMOUNT SPENT:</b> \$1-\$500 ..... <input type="checkbox"/> \$501-\$750 ..... <input type="checkbox"/> \$751-\$1,000 ..... <input type="checkbox"/> \$1,001+ ..... <input type="checkbox"/>  <b>TYPES:</b> American Express —Regular Cheques ..... <input type="checkbox"/> —Cheques For Two ..... <input type="checkbox"/> MasterCard/Thomas Cook ..... <input type="checkbox"/> Visa ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>		
HOTELS & MOTELS	PERSONALLY STAYED				
	Past 12 Months				
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>					

# TOURIST ATTRACTIONS

	PERSONALLY VISITED		PERSONALLY VISITED
EVENTS	Past 12 Months	ATTRactions	Past 12 Months
<p><b>ONTARIO:</b></p> <p>CNE ..... <input type="checkbox"/></p> <p>Caribana ..... <input type="checkbox"/></p> <p>Gay Pride ..... <input type="checkbox"/></p> <p>International Jazz Festival ..... <input type="checkbox"/></p> <p>Grand Prix, Toronto ..... <input type="checkbox"/></p> <p>Oktoberfest, Kitchener/Waterloo ..... <input type="checkbox"/></p> <p>Royal Agricultural Winter Fair ..... <input type="checkbox"/></p> <p>Toronto International Film Festival ..... <input type="checkbox"/></p> <p>Winterlude, Ottawa ..... <input type="checkbox"/></p> <p><b>QUEBEC :</b></p> <p>Carnaval d'Hiver de Québec ..... <input type="checkbox"/></p> <p>Divers-Cité/Fierté Gaie, Montréal ..... <input type="checkbox"/></p> <p>Expo-Québec ..... <input type="checkbox"/></p> <p>Festival de Mongolfières, St-Jean-Sur-Rich. .... <input type="checkbox"/></p> <p>Festival d'Été de Québec ..... <input type="checkbox"/></p> <p>Festival International de Jazz ..... <input type="checkbox"/></p> <p>Festival International de Lanaudière ..... <input type="checkbox"/></p> <p>Festival Juste Pour Rire/ Just For Laughs ..... <input type="checkbox"/></p> <p>Fêtes de la Nouvelle-France, Québec ..... <input type="checkbox"/></p> <p>Feux de Loto Québec ..... <input type="checkbox"/></p> <p>Grand Prix de Montréal ..... <input type="checkbox"/></p> <p>Le Mondial SAQ, Montréal ..... <input type="checkbox"/></p> <p>Les Francolies, Montréal ..... <input type="checkbox"/></p> <p>Montréal World Film Festival ..... <input type="checkbox"/></p> <p><b>WESTERN CANADA:</b></p> <p>Calgary Stampede and Exhibition .... <input type="checkbox"/></p> <p>Canadian International Dragon Boats Festival, Vancouver ..... <input type="checkbox"/></p> <p>Capital Ex, Edmonton ..... <input type="checkbox"/></p> <p>International Jazz Festival, Vancouver ..... <input type="checkbox"/></p> <p>Molson Indy, Vancouver ..... <input type="checkbox"/></p> <p>PNE, Vancouver ..... <input type="checkbox"/></p>		<p><b>ONTARIO:</b></p> <p>African Lion Safari ..... <input type="checkbox"/></p> <p>Art Gallery of Ontario ..... <input type="checkbox"/></p> <p>Canada's Wonderland ..... <input type="checkbox"/></p> <p>CN Tower ..... <input type="checkbox"/></p> <p>Cullen Gardens ..... <input type="checkbox"/></p> <p>Eaton Centre ..... <input type="checkbox"/></p> <p>Harbourfront, Toronto ..... <input type="checkbox"/></p> <p>Marineland ..... <input type="checkbox"/></p> <p>Medieval Times ..... <input type="checkbox"/></p> <p>Metro Zoo ..... <input type="checkbox"/></p> <p>Ontario Place ..... <input type="checkbox"/></p> <p>Ontario Science Centre ..... <input type="checkbox"/></p> <p>Playdium ..... <input type="checkbox"/></p> <p>Royal Ontario Museum ..... <input type="checkbox"/></p> <p>Shaw Festival ..... <input type="checkbox"/></p> <p>Stratford Festival ..... <input type="checkbox"/></p> <p>Wild Water Kingdom ..... <input type="checkbox"/></p> <p><b>QUEBEC:</b></p> <p>Biodôme, Montréal ..... <input type="checkbox"/></p> <p>Botanical Gardens, Montréal ..... <input type="checkbox"/></p> <p>Granby Zoo ..... <input type="checkbox"/></p> <p>La Ronde, Montréal ..... <input type="checkbox"/></p> <p>Mont Tremblant ..... <input type="checkbox"/></p> <p>Musée de la Civilisation, Québec ..... <input type="checkbox"/></p> <p>Museum of Civilization, Gatineau ... <input type="checkbox"/></p> <p>Museum of Fine Arts, Montréal ..... <input type="checkbox"/></p> <p>Old Port, Montréal ..... <input type="checkbox"/></p> <p>Old Québec City ..... <input type="checkbox"/></p> <p>Parc Safari, Hemmingford ..... <input type="checkbox"/></p> <p>Village des Sports Park, Valcartier ... <input type="checkbox"/></p> <p><b>WESTERN CANADA:</b></p> <p>Butchart Gardens, Victoria ..... <input type="checkbox"/></p> <p>Canada Olympic Park ..... <input type="checkbox"/></p> <p>Grouse Mountain ..... <input type="checkbox"/></p> <p>Metropolis at Metrotown, Vancouver ..... <input type="checkbox"/></p> <p>Museum of Man &amp; Nature, Winnipeg ..... <input type="checkbox"/></p> <p>Stanley Park ..... <input type="checkbox"/></p> <p>Vancouver Aquarium ..... <input type="checkbox"/></p> <p>West Edmonton Mall ..... <input type="checkbox"/></p> <p>Whistler ..... <input type="checkbox"/></p> <p><b>U.S.A.:</b></p> <p>Disneyland ..... <input type="checkbox"/></p> <p>Walt Disney World ..... <input type="checkbox"/></p>	
			<p><b>SPORTS/ ENTERTAINMENT VENUES</b></p> <p><b>ONTARIO:</b></p> <p>Air Canada Centre, Toronto ..... <input type="checkbox"/></p> <p>Scotia Centre, Ottawa ..... <input type="checkbox"/></p> <p>Rogers Centre (Skydome), Toronto ... <input type="checkbox"/></p> <p><b>QUEBEC:</b></p> <p>Bell Centre, Montréal ..... <input type="checkbox"/></p> <p>Olympic Stadium, Montréal ..... <input type="checkbox"/></p> <p>Pepsi Coliseum, Québec ..... <input type="checkbox"/></p> <p>Place Des Arts, Montréal ..... <input type="checkbox"/></p> <p><b>WESTERN CANADA:</b></p> <p>BC Place, Vancouver ..... <input type="checkbox"/></p> <p>Coliseum, Edmonton ..... <input type="checkbox"/></p> <p>General Motors Place, Vancouver .... <input type="checkbox"/></p> <p>Pengrowth Saddledome, Calgary ..... <input type="checkbox"/></p> <p><b>EASTERN CANADA:</b></p> <p>Metro Centre, Halifax ..... <input type="checkbox"/></p>
			<p style="text-align: right;"><b>PERSONALLY VISITED</b></p> <p style="text-align: center;">Past 12 Months</p> <p><b>SHOWS AND EXHIBITIONS</b></p> <p>YES ..... <input type="checkbox"/></p> <p>NO ..... <input type="checkbox"/></p> <p><b>TYPES:</b></p> <p>Auto ..... <input type="checkbox"/></p> <p>Boat ..... <input type="checkbox"/></p> <p>Book ..... <input type="checkbox"/></p> <p>Bridal ..... <input type="checkbox"/></p> <p>Computer ..... <input type="checkbox"/></p> <p>Cottage ..... <input type="checkbox"/></p> <p>Crafts ..... <input type="checkbox"/></p> <p>Food ..... <input type="checkbox"/></p> <p>Garden ..... <input type="checkbox"/></p> <p>Golf ..... <input type="checkbox"/></p> <p>Health/Wellness ..... <input type="checkbox"/></p> <p>Home ..... <input type="checkbox"/></p> <p>Motorcycle ..... <input type="checkbox"/></p> <p>Outdoor ..... <input type="checkbox"/></p> <p>Pet ..... <input type="checkbox"/></p> <p>Psychic ..... <input type="checkbox"/></p> <p>RV ..... <input type="checkbox"/></p> <p>Savings And Investment ..... <input type="checkbox"/></p> <p>Ski/Snowboard ..... <input type="checkbox"/></p> <p>Sportmen's ..... <input type="checkbox"/></p> <p>Tourism And Travel ..... <input type="checkbox"/></p> <p>Wine &amp; Cheese ..... <input type="checkbox"/></p> <p>Woodworking ..... <input type="checkbox"/></p>

# BUSINESS

YOUR COMPANY OR EMPLOYER	PERSONALLY EMPLOYED		DECISIONS ABOUT BUSINESS PURCHASING/LEASING	PERSONALLY					
	Part-Time Or Full-Time Or Self-Employed			Consulted Only	Recommend Not Authorize	Authorize			
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>LOCATION WHERE YOU WORK:</b> Head Office ..... <input type="checkbox"/> Branch/Division/Subsidiary ..... <input type="checkbox"/>  <b>TYPE OF COMPANY:</b> Public Or Private Company ..... <input type="checkbox"/> Professional Practice ..... <input type="checkbox"/> Government —Federal ..... <input type="checkbox"/> —Provincial ..... <input type="checkbox"/> —Municipal ..... <input type="checkbox"/> Educational Institution ..... <input type="checkbox"/> Charitable Organization ..... <input type="checkbox"/> Non-Profit Organization ..... <input type="checkbox"/>			<b>BUSINESS FACILITIES:</b> Business Travel ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Convention Arrangements ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Beverage Alcohol For Business Functions ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>EQUIPMENT/DISTRIBUTION:</b> Shipping/Transportation/Distribution Services ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Heavy Machinery Or Construction Equipment ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>MAINTENANCE/BUILDING:</b> Air conditioning/Heating Equipment Or Controls ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Engineering Or Construction Services ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Building Materials Or Equipment ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>						
DECISIONS ABOUT BUSINESS PURCHASING/LEASING		PERSONALLY INVOLVED		<b>VEHICLES:</b> Trucks/Trailers ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fleet Autos ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>PROPERTY/REAL ESTATE:</b> Industrial/Commercial/Institutional Locations (Buildings And Property) ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
		Past 12 Months							
DECISIONS ABOUT BUSINESS PURCHASING/LEASING		PERSONALLY			<b>DECISIONS ABOUT BUSINESS PURCHASING/LEASING</b>				
		Consulted Only	Recommend Not Authorize	Authorize					
<b>FINANCE/INVESTMENT:</b> Banking Or Financial Services ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Institutional Investments ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Employee Benefits ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Insurance Or Risk Management Services ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>TELECOMMUNICATIONS:</b> Long Distance Supplier ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Inbound Telephone Service (e.g. 1-800, 1-900) ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Telephone Equipment And Services ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>COMPUTERS:</b> Computer Hardware (Mainframe/Server) ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Computer Hardware (PC) ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Computer Software ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Internet Access ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>OFFICE EQUIPMENT:</b> Office Furniture ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Photocopier ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Office Equipment Or Supplies ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> FAX Machine ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Presentation Equipment ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>SERVICES:</b> Advertising/Public Relations ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Computer Education/Training ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Courier Delivery Services ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Professional Services (e.g. Accountants Or Lawyers) ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Personnel Agencies ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Market Research ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Management Consultants ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Security ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Education/Training ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>				PERSONALLY INVOLVED			<b>AMOUNT SPENT WITH YOUR INVOLVEMENT:</b> Under \$1,000 ..... <input type="checkbox"/> \$1,000–\$10,000 ..... <input type="checkbox"/> \$10,001–\$50,000 ..... <input type="checkbox"/> \$50,001–\$100,000 ..... <input type="checkbox"/> \$100,001–\$500,000 ..... <input type="checkbox"/> More Than \$500,000 ..... <input type="checkbox"/>		
		Past 12 Months							
HOME OFFICE OR BUSINESS				Have Office In Home			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TYPE:</b> Separate Business ..... <input type="checkbox"/> Extension Of Regular Job ..... <input type="checkbox"/>		

# BUSINESS

— EXCLUDING GOVERNMENT, EDUCATIONAL INSTITUTIONS, CHARITABLE ORGANIZATIONS, NON-PROFIT ORGANIZATIONS —

YOUR COMPANY OR EMPLOYER	CORPORATE INFORMATION		
YOUR COMPANY OR EMPLOYER	Last Fiscal Year		
<b>TOTAL GROSS REVENUE/SALES FOR TOTAL CANADIAN OPERATION:</b>			
Under \$500,000 .....	<input type="checkbox"/>		
\$500,000 To \$999,999 .....	<input type="checkbox"/>		
\$1-\$5.9 Million .....	<input type="checkbox"/>		
\$6-\$9.9 Million .....	<input type="checkbox"/>		
\$10-\$24.9 Million .....	<input type="checkbox"/>		
\$25-\$49.9 Million .....	<input type="checkbox"/>		
\$50-\$99.9 Million .....	<input type="checkbox"/>		
\$100 Million+ .....	<input type="checkbox"/>		
Don't Know .....	<input type="checkbox"/>		
YOUR COMPANY OR EMPLOYER	CORPORATE AREAS OF INVOLVEMENT		
	Most Significant Area	Other Areas	
<b>INVOLVED IN:</b>			
Accounting .....	<input type="checkbox"/>	<input type="checkbox"/>	
Advertising/Media .....	<input type="checkbox"/>	<input type="checkbox"/>	
Agriculture/Food/Beverage/Fishing .....	<input type="checkbox"/>	<input type="checkbox"/>	
Banking/Finance .....	<input type="checkbox"/>	<input type="checkbox"/>	
Communication .....	<input type="checkbox"/>	<input type="checkbox"/>	
Construction .....	<input type="checkbox"/>	<input type="checkbox"/>	
Education .....	<input type="checkbox"/>	<input type="checkbox"/>	
Engineering/Research/Development .....	<input type="checkbox"/>	<input type="checkbox"/>	
Health/Welfare .....	<input type="checkbox"/>	<input type="checkbox"/>	
Importing/Exporting .....	<input type="checkbox"/>	<input type="checkbox"/>	
Information Systems .....	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance .....	<input type="checkbox"/>	<input type="checkbox"/>	
Law .....	<input type="checkbox"/>	<input type="checkbox"/>	
Management Consulting .....	<input type="checkbox"/>	<input type="checkbox"/>	
Manufacturing .....	<input type="checkbox"/>	<input type="checkbox"/>	
Market Research .....	<input type="checkbox"/>	<input type="checkbox"/>	
Mining/Forestry .....	<input type="checkbox"/>	<input type="checkbox"/>	
Oil/Gas .....	<input type="checkbox"/>	<input type="checkbox"/>	
Public Utilities .....	<input type="checkbox"/>	<input type="checkbox"/>	
Real Estate .....	<input type="checkbox"/>	<input type="checkbox"/>	
Retail Trade .....	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation .....	<input type="checkbox"/>	<input type="checkbox"/>	
Wholesale Trade .....	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	

# FINANCIAL, INSURANCE, DONATIONS

BANKING & FINANCIAL SERVICES	PERSONALLY USE		TELEPHONE/ INTERNET BANKING	PERSONALLY USED		LOAN/ LINE OF CREDIT	PERSONALLY						
	For Main Banking	Others Sometimes		Past 3 Months	Have		Obtained Past 2 Years						
<b>INSTITUTIONS:</b> Alberta Treasury Branches . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Amex Bank of Canada . . . . . <input type="checkbox"/> BMO Bank of Montreal . . . . . <input type="checkbox"/> CIBC . . . . . <input type="checkbox"/> Canadian Western Bank . . . . . <input type="checkbox"/> Citibank/Citigroup . . . . . <input type="checkbox"/> HSBC Bank Canada . . . . . <input type="checkbox"/> ICICI Bank . . . . . <input type="checkbox"/> ING Direct . . . . . <input type="checkbox"/> Investor's Group . . . . . <input type="checkbox"/> Laurentian Bank . . . . . <input type="checkbox"/>  Manulife Financial . . . . . <input type="checkbox"/> National Bank of Canada . . . . . <input type="checkbox"/> President's Choice Financial . . . . . <input type="checkbox"/> RBC Royal Bank . . . . . <input type="checkbox"/> Scotiabank . . . . . <input type="checkbox"/> TD Canada Trust . . . . . <input type="checkbox"/> <i>Other Bank</i> . . . . . <input type="checkbox"/>  Capital City Savings . . . . . <input type="checkbox"/> VanCity Credit Union . . . . . <input type="checkbox"/> <i>Other Credit Union</i> . . . . . <input type="checkbox"/>  Caisse Populaire . . . . . <input type="checkbox"/> Desjardins . . . . . <input type="checkbox"/>  Cheque Cashing Service . . . . . <input type="checkbox"/> Finance Company . . . . . <input type="checkbox"/> Insurance Company . . . . . <input type="checkbox"/> Trust Company . . . . . <input type="checkbox"/> Bank Or Financial Service In The U.S. . . . . <input type="checkbox"/> <i>Other</i> . . . . . <input type="checkbox"/>			YES . . . . . <input type="checkbox"/> NO . . . . . <input type="checkbox"/>  <div style="background-color: black; color: white; text-align: center; padding: 2px;"><b>TELEPHONE/ INTERNET BANKING</b></div> <div style="text-align: center; font-weight: bold; font-size: small;">PERSONALLY USED PAST 3 MONTHS</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center; font-size: x-small;">Telephone</td> <td style="width: 25%; text-align: center; font-size: x-small;">Internet</td> </tr> </table> <b>USED FOR:</b> Account Queries . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Credit Card Application . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Insurance Information . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Interest Rates Information . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Investment Information . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Loan Information . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Loan/Line of Credit Application . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Mortgage Application . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Mortgage Information . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Paying Bills . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Purchasing Insurance . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Purchasing Investments . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> RSP Contribution . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Transferring Funds . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> <i>Other</i> . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/>  <b>INSTITUTIONS:</b> BMO Bank of Montreal . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> CIBC . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> HSBC Bank Canada . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> ING Direct . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> President's Choice Financial . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> RBC Investments . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> RBC Royal Bank . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Scotiabank . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> TD Canada Trust . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> <i>Other Bank</i> . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/>  VanCity Credit Union . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> <i>Other Credit Union</i> . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/>  Caisse Populaire . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/>  Trust Company . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/>		Telephone	Internet	<b>INSTITUTIONS:</b> Amex Bank of Canada . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> BMO Bank of Montreal . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> CIBC . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> HSBC Bank Canada . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> ING Direct . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Laurentian Bank . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> National Bank of Canada . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> President's Choice Financial . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> RBC Royal Bank . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Scotiabank . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> TD Canada Trust . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> <i>Other Bank</i> . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> VanCity Credit Union . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> <i>Other Credit Union</i> . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Caisse Populaire . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Finance Company . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> <i>Other</i> . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/>						
	Telephone	Internet											
<div style="background-color: black; color: white; text-align: center; padding: 2px;"><b>BANKING &amp; FINANCIAL SERVICES</b></div> <div style="text-align: center; font-weight: bold; font-size: small;">PERSONALLY</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center; font-size: x-small;">Have</td> <td style="width: 25%; text-align: center; font-size: x-small;">Used Past 3 Months</td> </tr> </table> <b>TYPES:</b> Senior's Package . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Student Package . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Children's Package . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Pre-Authorized Bill Payment . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> ATM/Debit Card . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Flat Fee Package . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Private Banking . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Electronic Banking Package . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Small Office/Home Office Package . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Financial Planning/Advice . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/>		Have	Used Past 3 Months			<div style="background-color: black; color: white; text-align: center; padding: 2px;"><b>LOAN/ LINE OF CREDIT</b></div> <div style="text-align: center; font-weight: bold; font-size: small;">PERSONALLY</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center; font-size: x-small;">Have</td> <td style="width: 25%; text-align: center; font-size: x-small;">Obtained Past 2 Years</td> </tr> </table> <b>TYPES:</b> Home Equity Line Of Credit . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Home Equity Loan . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Personal Line Of Credit . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Personal Loan —Auto . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> — <i>Other</i> . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Overdraft Protection . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Student —Government Loan . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> —Bank Loan . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> —Line Of Credit . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Home Improvement Plan . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Investment Loan . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> RRSP Loan . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Small Business Loan . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/>		Have	Obtained Past 2 Years	<div style="background-color: black; color: white; text-align: center; padding: 2px;"><b>MORTGAGES</b></div> <div style="text-align: center; font-weight: bold; font-size: small;">PERSONALLY</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center; font-size: x-small;">Have</td> <td style="width: 25%; text-align: center; font-size: x-small;">Obtained Past 2 Years</td> </tr> </table> YES . . . . . <input type="checkbox"/> NO . . . . . <input type="checkbox"/>  <b>TYPES:</b> Principal Residence . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Reverse . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> <i>Other Real Estate</i> . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/>  <b>INSTITUTIONS:</b> BMO Bank of Montreal . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> CIBC . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> HSBC Bank Canada . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> ING . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> National Bank of Canada . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> President's Choice Financial . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> RBC Royal Bank . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Scotiabank . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> TD Canada Trust . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> <i>Other Bank</i> . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> VanCity Credit Union . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> <i>Other Credit Union</i> . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Caisse Populaire . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Mortgage Broker . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> Trust Company . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/> <i>Other</i> . . . . . <input type="checkbox"/> . . . . . <input type="checkbox"/>		Have	Obtained Past 2 Years
	Have	Used Past 3 Months											
	Have	Obtained Past 2 Years											
	Have	Obtained Past 2 Years											

# FINANCIAL, INSURANCE, DONATIONS

<b>MUTUAL FUNDS</b>	PERSONALLY		<b>RRSPs</b>	PERSONALLY		<b>NON-RRSP INVESTMENTS</b>	PERSONALLY HAVE	
	Have	Acquired/ Contributed In Past 2 Years		Have	Acquired/ Contributed In Past 2 Years		Any	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TYPES:</b> Within RRSP ..... <input type="checkbox"/> ..... <input type="checkbox"/> Outside RRSP ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>METHOD:</b> In Person ..... <input type="checkbox"/> By Phone ..... <input type="checkbox"/> On the Internet ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>KINDS:</b> Self-Directed ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>TYPES:</b> Canada Savings Bonds ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Savings Bonds ..... <input type="checkbox"/> ..... <input type="checkbox"/> Strip Or Coupon Bonds ..... <input type="checkbox"/> ..... <input type="checkbox"/> Common/Preferred Stock ..... <input type="checkbox"/> ..... <input type="checkbox"/> GICs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Labour Funds ..... <input type="checkbox"/> ..... <input type="checkbox"/> Segregated Funds ..... <input type="checkbox"/> ..... <input type="checkbox"/> Term Deposits ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NON-RRSP INVESTMENTS</b>	<b>PERSONALLY USE FOR INVESTMENTS</b> Most Others Often Sometimes	
<b>MUTUAL FUNDS</b>	PERSONALLY HAVE				<b>NON-RRSP INVESTMENTS/ SAVINGS</b>		PERSONALLY	
	Within RRSP	Non-RRSP	PERSONALLY USE				Have	Acquired/ Contributed In Past 2 Years
<b>TYPES:</b> Balanced Fund/Asset Allocation Fund ..... <input type="checkbox"/> ..... <input type="checkbox"/> Canadian Bond ..... <input type="checkbox"/> ..... <input type="checkbox"/> Canadian Equity ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dividend Funds ..... <input type="checkbox"/> ..... <input type="checkbox"/> Energy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Environmental Funds ..... <input type="checkbox"/> ..... <input type="checkbox"/> Guaranteed Investment Funds ..... <input type="checkbox"/> ..... <input type="checkbox"/> Income Funds ..... <input type="checkbox"/> ..... <input type="checkbox"/> Index Funds ..... <input type="checkbox"/> ..... <input type="checkbox"/> International Bond ..... <input type="checkbox"/> ..... <input type="checkbox"/> International Equity ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Money Market ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mortgage ..... <input type="checkbox"/> ..... <input type="checkbox"/> Precious Metals ..... <input type="checkbox"/> ..... <input type="checkbox"/> Science & Technology ..... <input type="checkbox"/> ..... <input type="checkbox"/> Segregated Funds ..... <input type="checkbox"/> ..... <input type="checkbox"/> Socially Responsible Funds ..... <input type="checkbox"/> ..... <input type="checkbox"/> Specialty Equity ..... <input type="checkbox"/> ..... <input type="checkbox"/> T-Bill ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>								
<b>BRANDS:</b> Bank of Montreal/BMO Mutual Funds ..... <input type="checkbox"/> ..... <input type="checkbox"/> CIBC ..... <input type="checkbox"/> ..... <input type="checkbox"/> HSBC Investment Funds ..... <input type="checkbox"/> ..... <input type="checkbox"/> Investors Group ..... <input type="checkbox"/> ..... <input type="checkbox"/> RBC Royal Bank Mutual Funds ..... <input type="checkbox"/> ..... <input type="checkbox"/> Scotiabank ..... <input type="checkbox"/> ..... <input type="checkbox"/> TD Canada Trust/ TD Mutual Funds ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other Financial Institution</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>  AGF ..... <input type="checkbox"/> ..... <input type="checkbox"/> AIC ..... <input type="checkbox"/> ..... <input type="checkbox"/> AIM Trimark ..... <input type="checkbox"/> ..... <input type="checkbox"/> Altamira ..... <input type="checkbox"/> ..... <input type="checkbox"/> Atlas ..... <input type="checkbox"/> ..... <input type="checkbox"/> Brandes ..... <input type="checkbox"/> ..... <input type="checkbox"/> CI ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clarica ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dynamic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Elliott & Page ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ethical Funds ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Fidelity Investments ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fiducie Desjardins ..... <input type="checkbox"/> ..... <input type="checkbox"/> Guardian ..... <input type="checkbox"/> ..... <input type="checkbox"/> ING ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mackenzie ..... <input type="checkbox"/> ..... <input type="checkbox"/> Manulife Financial ..... <input type="checkbox"/> ..... <input type="checkbox"/> Maritime Life ..... <input type="checkbox"/> ..... <input type="checkbox"/> RBC Investments ..... <input type="checkbox"/> ..... <input type="checkbox"/> Spectrum United ..... <input type="checkbox"/> ..... <input type="checkbox"/> Talvest ..... <input type="checkbox"/> ..... <input type="checkbox"/> Templeton ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>								
			PERSONALLY CONTRIBUTED		<b>STOCKS/BONDS</b> — Includes RRSP & Non-RRSP —		PERSONALLY	
			Amount In Average Year				Have	Past 12 Months
			<b>RRSPs</b> Under \$2,500 ..... <input type="checkbox"/> \$2,501–\$5,000 ..... <input type="checkbox"/> \$5,001–\$10,000 ..... <input type="checkbox"/> Over \$10,000 ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TRANSACTIONS:</b> None ..... <input type="checkbox"/> 1–5 ..... <input type="checkbox"/> 6–10 ..... <input type="checkbox"/> 11–20 ..... <input type="checkbox"/> More Than 20 ..... <input type="checkbox"/>	

# FINANCIAL, INSURANCE, DONATIONS

TOTAL SECURITIES & SAVINGS	PERSONALLY HOLD	CREDIT CARDS	IN OWN NAME		CREDIT CARDS	IN OWN NAME	
	Total Value		Currently Have	Acquired Past 12 Months		Currently Have	Acquired Past 12 Months
WILLS/ESTATE PLANNING	PERSONALLY HAVE	<b>CARDS (Continued):</b> MasterCard —Affinity <input type="checkbox"/> <input type="checkbox"/> —Air Miles (Regular Or Gold) <input type="checkbox"/> <input type="checkbox"/> —Canadian Tire Options <input type="checkbox"/> <input type="checkbox"/> —Chase/Sears <input type="checkbox"/> <input type="checkbox"/> —Citi Petro Points <input type="checkbox"/> <input type="checkbox"/> —Classic/Regular <input type="checkbox"/> <input type="checkbox"/> —Corporate <input type="checkbox"/> <input type="checkbox"/> —Drivers Edge <input type="checkbox"/> <input type="checkbox"/> —Mosaik <input type="checkbox"/> <input type="checkbox"/> —Mosaik with Air Miles (regular or WestJet) <input type="checkbox"/> <input type="checkbox"/> —Other Gold/Premier <input type="checkbox"/> <input type="checkbox"/> —Platinum <input type="checkbox"/> <input type="checkbox"/> —President's Choice <input type="checkbox"/> <input type="checkbox"/>  VISA —Aero Classic <input type="checkbox"/> <input type="checkbox"/> —Aerogold <input type="checkbox"/> <input type="checkbox"/> —Affinity <input type="checkbox"/> <input type="checkbox"/> —Aventura <input type="checkbox"/> <input type="checkbox"/> —Avion Platinum <input type="checkbox"/> <input type="checkbox"/> —British Airways Platinum <input type="checkbox"/> <input type="checkbox"/> —Cathay Pacific Platinum <input type="checkbox"/> <input type="checkbox"/> —Classic/Regular <input type="checkbox"/> <input type="checkbox"/> —Corporate <input type="checkbox"/> <input type="checkbox"/> —Dividend <input type="checkbox"/> <input type="checkbox"/> —Elite Visa <input type="checkbox"/> <input type="checkbox"/> —Emerald <input type="checkbox"/> <input type="checkbox"/> —Esso <input type="checkbox"/> <input type="checkbox"/> —GM <input type="checkbox"/> <input type="checkbox"/> —Gold/Elite/Gold Travel <input type="checkbox"/> <input type="checkbox"/> —Gold Preferred <input type="checkbox"/> <input type="checkbox"/> —Gold Select <input type="checkbox"/> <input type="checkbox"/> —Gold Travel Select <input type="checkbox"/> <input type="checkbox"/> —Green <input type="checkbox"/> <input type="checkbox"/> —HBC <input type="checkbox"/> <input type="checkbox"/> —Moneyback <input type="checkbox"/> <input type="checkbox"/> —Platinum <input type="checkbox"/> <input type="checkbox"/> —Platinum Preferred <input type="checkbox"/> <input type="checkbox"/> —Premier/Gold/Prestige <input type="checkbox"/> <input type="checkbox"/> —Select Visa <input type="checkbox"/> <input type="checkbox"/> —Shoppers Optimum <input type="checkbox"/> <input type="checkbox"/> —Starbucks Duetto <input type="checkbox"/> <input type="checkbox"/> —Value Visa <input type="checkbox"/> <input type="checkbox"/> —Wal-Mart <input type="checkbox"/> <input type="checkbox"/>  Student Card <input type="checkbox"/> <input type="checkbox"/> U.S. Dollar <input type="checkbox"/> <input type="checkbox"/>  Department Store Cards —Canadian Tire <input type="checkbox"/> <input type="checkbox"/> —Costco <input type="checkbox"/> <input type="checkbox"/> —HBC <input type="checkbox"/> <input type="checkbox"/> —Sam's Club <input type="checkbox"/> <input type="checkbox"/> —Sears <input type="checkbox"/> <input type="checkbox"/> —The Bay <input type="checkbox"/> <input type="checkbox"/> —Wal-Mart <input type="checkbox"/> <input type="checkbox"/> —Zellers <input type="checkbox"/> <input type="checkbox"/> —Other <input type="checkbox"/> <input type="checkbox"/>  Gasoline Card <input type="checkbox"/> <input type="checkbox"/> Internet Credit Card <input type="checkbox"/> <input type="checkbox"/> Other Credit Card <input type="checkbox"/> <input type="checkbox"/>		Will	<b>ISSUED BY:</b> MasterCard —BMO Bank of Montreal <input type="checkbox"/> <input type="checkbox"/> —Capital One <input type="checkbox"/> <input type="checkbox"/> —Chase/Sears <input type="checkbox"/> <input type="checkbox"/> —Citibank <input type="checkbox"/> <input type="checkbox"/> —Credit Union <input type="checkbox"/> <input type="checkbox"/> —HSBC Bank Canada <input type="checkbox"/> <input type="checkbox"/> —MBNA <input type="checkbox"/> <input type="checkbox"/> —National Bank <input type="checkbox"/> <input type="checkbox"/> —National Trust <input type="checkbox"/> <input type="checkbox"/>  Canadian Tire <input type="checkbox"/> <input type="checkbox"/> President's Choice <input type="checkbox"/> <input type="checkbox"/>  VISA —Caisse Populaire/Desjardins <input type="checkbox"/> <input type="checkbox"/> —CIBC <input type="checkbox"/> <input type="checkbox"/> —Citizen's Bank <input type="checkbox"/> <input type="checkbox"/> —Home Trust <input type="checkbox"/> <input type="checkbox"/> —Laurentian <input type="checkbox"/> <input type="checkbox"/> —RBC Royal Bank <input type="checkbox"/> <input type="checkbox"/> —Scotiabank <input type="checkbox"/> <input type="checkbox"/> —TD Canada Trust <input type="checkbox"/> <input type="checkbox"/> —Vancouver City Savings <input type="checkbox"/> <input type="checkbox"/>		
CREDIT CARDS	IN OWN NAME			AVERAGE AMOUNT SPENT			Each Month
CREDIT CARDS	IN OWN NAME	AVERAGE AMOUNT SPENT EACH MONTH		\$1- \$101- \$501- Over 100 500 1000 1000			
CREDIT CARDS	IN OWN NAME	OUTSTANDING BALANCE		Each Month			
CREDIT CARDS	IN OWN NAME	USUALLY PAY:		Minimum Payment <input type="checkbox"/> Partial Payment <input type="checkbox"/> Full Amount <input type="checkbox"/> None <input type="checkbox"/>			
TOTAL SECURITIES & SAVINGS	PERSONALLY HOLD	CREDIT CARDS		IN OWN NAME			
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TOTAL SECURITIES & SAVINGS	PERSONALLY HOLD	CREDIT CARDS		IN OWN NAME			
TOTAL SECURITIES & SAVINGS	PERSONALLY HOLD	CREDIT CARDS		IN OWN NAME			
TOTAL SECURITIES & SAVINGS							

# FINANCIAL, INSURANCE, DONATIONS

INCOME TAX RETURNS	PERSONALLY FILED		LIFE INSURANCE	PERSONALLY		DONATIONS — Canadian —	PERSONALLY DONATED		
	Past 12 Months			Carry	Acquired Past 2 Years		Past 12 Months		
<p>YES ..... <input type="checkbox"/></p> <p>NO ..... <input type="checkbox"/></p> <p><b>WHO PREPARED RETURN:</b></p> <p>Personally Prepared</p> <p>—With Pen &amp; Paper ..... <input type="checkbox"/></p> <p>—With Computer Software ..... <input type="checkbox"/></p> <p>—Online ..... <input type="checkbox"/></p> <p>Friend or Relative ..... <input type="checkbox"/></p> <p>Bookkeeper/Accountant ..... <input type="checkbox"/></p> <p>H&amp;R Block ..... <input type="checkbox"/></p> <p>Liberty Tax ..... <input type="checkbox"/></p> <p>Softron ..... <input type="checkbox"/></p> <p>CCRA/Revenue Canada</p> <p>Volunteer Program ..... <input type="checkbox"/></p> <p>Other Paid Tax Preparer ..... <input type="checkbox"/></p> <p><b>TYPES:</b></p> <p>Debit Card ..... <input type="checkbox"/></p> <p>Direct Deposit (Electronically) ..... <input type="checkbox"/></p> <p>Discounted Return (Immediate</p> <p>Cash, Cash Back) ..... <input type="checkbox"/></p> <p>Regular (Check Sent by</p> <p>CCRA/Revenue Canada) ..... <input type="checkbox"/></p> <p><b>METHOD OF FILING:</b></p> <p>Mailed Return ..... <input type="checkbox"/></p> <p>Efile (By Efile Service Provider) ..... <input type="checkbox"/></p> <p>Netfile (By Computer/Internet) ..... <input type="checkbox"/></p> <p>Telephone (By Telephone) ..... <input type="checkbox"/></p>			<p><b>COMPANIES:</b></p> <p>AIG Life ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>BMO Bank Of Montreal ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Canada Life ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>CIBC Insurance ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Clarica Life ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Empire Life ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Great West Life ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Imperial Life ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Industrial Alliance/ L'Industrielle-Alliance ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Laurentian-Desjardins ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>London Life ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Manulife Financial ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Maritime Life ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>National Life ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>NN Financial ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>RBC Insurance ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Royal Sun Alliance ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Standard Life ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Sun Life ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>TD Insurance ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>The Co-Operators ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Transamerica ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Other ..... <input type="checkbox"/> ..... <input type="checkbox"/></p>			<p>YES ..... <input type="checkbox"/></p> <p>NO ..... <input type="checkbox"/></p> <p><b>AMOUNT:</b></p> <p>Under \$50 ..... <input type="checkbox"/></p> <p>\$51-\$100 ..... <input type="checkbox"/></p> <p>\$101-\$200 ..... <input type="checkbox"/></p> <p>\$201-\$500 ..... <input type="checkbox"/></p> <p>\$501+ ..... <input type="checkbox"/></p> <p><b>TYPES:</b></p> <p>Alumni ..... <input type="checkbox"/></p> <p>Cultural ..... <input type="checkbox"/></p> <p>Educational ..... <input type="checkbox"/></p> <p>Environmental ..... <input type="checkbox"/></p> <p>Hospital Foundations ..... <input type="checkbox"/></p> <p>Political ..... <input type="checkbox"/></p> <p>Religious ..... <input type="checkbox"/></p> <p><b>ORGANIZATIONS:</b></p> <p>Alzheimer Society ..... <input type="checkbox"/></p> <p>Arthritis Society ..... <input type="checkbox"/></p> <p>Big Brothers/Sisters ..... <input type="checkbox"/></p> <p>Cancer Society ..... <input type="checkbox"/></p> <p>Children's Wish Foundation ..... <input type="checkbox"/></p> <p>Diabetes Association ..... <input type="checkbox"/></p> <p>Easter Seals ..... <input type="checkbox"/></p> <p>Heart &amp; Stroke Foundation ..... <input type="checkbox"/></p> <p>Kidney Foundation ..... <input type="checkbox"/></p> <p>Osteoporosis Society ..... <input type="checkbox"/></p> <p>Salvation Army ..... <input type="checkbox"/></p> <p>ShareLife ..... <input type="checkbox"/></p> <p>United Jewish Appeal ..... <input type="checkbox"/></p> <p>United Way of Canada ..... <input type="checkbox"/></p>			
LIFE INSURANCE	PERSONALLY		HOMEOWNERS OR PERSONAL PROPERTY INSURANCE	PERSONALLY		DONATIONS — International Relief/ Development —		PERSONALLY DONATED	
		Carry		Carry	Acquired Past 2 Years	Past 12 Months			
<p>YES ..... <input type="checkbox"/></p> <p>NO ..... <input type="checkbox"/></p> <p><b>KIND:</b></p> <p>Group Life Insurance ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Personal Life Insurance ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p><b>TYPES:</b></p> <p>Whole Life ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Universal Life ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Term Insurance ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Critical Illness ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Long Term Care ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p><b>FACE VALUE (PERSONAL LIFE INSURANCE):</b></p> <p>Less Than \$20,000 ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>\$20,000-\$49,999 ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>\$50,000-\$99,999 ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>\$100,000-\$249,999 ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>\$250,000-\$499,999 ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>\$500,000+ ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p><b>ACQUIRED THROUGH:</b></p> <p>Agent/Broker ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Bank/Trust Company ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Financial Planner ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Insurance Company ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Professional/Alumni Association ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Credit Card Offer ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Place Of Employment ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Full Service/Discount Broker ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Other ..... <input type="checkbox"/> ..... <input type="checkbox"/></p>			<p>YES ..... <input type="checkbox"/></p> <p>NO ..... <input type="checkbox"/></p> <p><b>TYPES:</b></p> <p>Home ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Condo ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Personal Property/Contents ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Vacation Property ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p><b>ACQUIRED THROUGH:</b></p> <p>Agent/Broker ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Bank/Trust Company ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Insurance Company ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Professional/Alumni Association ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Place Of Employment ..... <input type="checkbox"/> ..... <input type="checkbox"/></p>			<p>YES ..... <input type="checkbox"/></p> <p>NO ..... <input type="checkbox"/></p> <p><b>AMOUNT:</b></p> <p>Under \$50 ..... <input type="checkbox"/></p> <p>\$51-\$100 ..... <input type="checkbox"/></p> <p>\$101-\$200 ..... <input type="checkbox"/></p> <p>\$201-\$500 ..... <input type="checkbox"/></p> <p>\$501+ ..... <input type="checkbox"/></p>			
			PRIVATE HEALTH INSURANCE	PERSONALLY BOUGHT					
					Past 12 Months				
			<p>YES ..... <input type="checkbox"/></p> <p>NO ..... <input type="checkbox"/></p> <p><b>KINDS:</b></p> <p>Dental Insurance ..... <input type="checkbox"/></p> <p>Disability ..... <input type="checkbox"/></p> <p>Other ..... <input type="checkbox"/></p>						

# REAL ESTATE, HOME IMPROVEMENTS

YOUR HOME	ANYONE IN YOUR HOUSEHOLD	VACATION HOME	OWNED BY ANY MEMBER OF YOUR HOUSEHOLD	HOME IMPROVEMENTS	
				PAST 2 YEARS	
				Principal Residence	Vacation Home
Own ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/>		Remodeling ..... <input type="checkbox"/>	<input type="checkbox"/>
Rent ..... <input type="checkbox"/>		NO ..... <input type="checkbox"/>		Additions ..... <input type="checkbox"/>	<input type="checkbox"/>
<b>LENGTH OF TIME LIVED THERE:</b>				Decorating ..... <input type="checkbox"/>	<input type="checkbox"/>
Less Than 12 Months ..... <input type="checkbox"/>				Flooring/Carpeting ..... <input type="checkbox"/>	<input type="checkbox"/>
1-3 Years ..... <input type="checkbox"/>				Cabinetry ..... <input type="checkbox"/>	<input type="checkbox"/>
Over 3 Years ..... <input type="checkbox"/>				Landscaping ..... <input type="checkbox"/>	<input type="checkbox"/>
		<b>TYPE:</b>		Plumbing/Heating/	
		Country Home ..... <input type="checkbox"/>		Air Conditioning ..... <input type="checkbox"/>	<input type="checkbox"/>
		Summer Cottage ..... <input type="checkbox"/>		Windows/Doors/Insulation ... <input type="checkbox"/>	<input type="checkbox"/>
		Winterized Cottage ..... <input type="checkbox"/>		<b>AMOUNT SPENT:</b>	
		Vacation House/Condominium ..... <input type="checkbox"/>		Under \$1,000 ..... <input type="checkbox"/>	<input type="checkbox"/>
		Other ..... <input type="checkbox"/>		\$1,000-\$4,999 ..... <input type="checkbox"/>	<input type="checkbox"/>
				\$5,000-\$9,999 ..... <input type="checkbox"/>	<input type="checkbox"/>
				\$10,000-\$19,999 ..... <input type="checkbox"/>	<input type="checkbox"/>
				\$20,000-\$49,999 ..... <input type="checkbox"/>	<input type="checkbox"/>
				\$50,000+ ..... <input type="checkbox"/>	<input type="checkbox"/>
<b>YOUR HOME</b>	<b>OWN</b>			<b>HOME IMPROVEMENTS</b>	<b>PAST 2 YEARS MOSTLY DONE BY</b>
		<b>LOCATION:</b>			Other Household Member Contractor
<b>OWNED BY:</b>		Atlantic Provinces ..... <input type="checkbox"/>		Remodel	
Yourself ..... <input type="checkbox"/>		Quebec ..... <input type="checkbox"/>		—Basement/Attic ..... <input type="checkbox"/>	<input type="checkbox"/>
Yourself And Someone Else ..... <input type="checkbox"/>		Ontario ..... <input type="checkbox"/>		—Bathroom ..... <input type="checkbox"/>	<input type="checkbox"/>
Other ..... <input type="checkbox"/>		Prairie Provinces ..... <input type="checkbox"/>		—Family Room ..... <input type="checkbox"/>	<input type="checkbox"/>
<b>HAS SWIMMING POOL</b> ..... <input type="checkbox"/>		British Columbia ..... <input type="checkbox"/>		—Kitchen ..... <input type="checkbox"/>	<input type="checkbox"/>
<b>VALUE IF SOLD:</b>		U.S.A. .... <input type="checkbox"/>		An Addition ..... <input type="checkbox"/>	<input type="checkbox"/>
\$100,000 Or Under ..... <input type="checkbox"/>		Other Country ..... <input type="checkbox"/>		Wall Paper/Wall	
\$100,001-\$150,000 ..... <input type="checkbox"/>				Coverings ..... <input type="checkbox"/>	<input type="checkbox"/>
\$150,001-\$200,000 ..... <input type="checkbox"/>				Wall-To-Wall Carpeting .... <input type="checkbox"/>	<input type="checkbox"/>
\$200,001-\$300,000 ..... <input type="checkbox"/>				Vinyl Flooring ..... <input type="checkbox"/>	<input type="checkbox"/>
\$300,001-\$400,000 ..... <input type="checkbox"/>				Wood Flooring ..... <input type="checkbox"/>	<input type="checkbox"/>
\$400,001-\$500,000 ..... <input type="checkbox"/>				Ceramic Tiles ..... <input type="checkbox"/>	<input type="checkbox"/>
Over \$500,000 ..... <input type="checkbox"/>				Ceiling Tiles ..... <input type="checkbox"/>	<input type="checkbox"/>
<b>FIRST HOME OWNED:</b>				Kitchen Cabinets/	
YES ..... <input type="checkbox"/>				Fixtures ..... <input type="checkbox"/>	<input type="checkbox"/>
NO ..... <input type="checkbox"/>				Bathroom Fixtures ..... <input type="checkbox"/>	<input type="checkbox"/>
<b>KIND:</b>				Lighting	
Bought New ..... <input type="checkbox"/>				—Indoor Fixtures ..... <input type="checkbox"/>	<input type="checkbox"/>
Previously Owned ..... <input type="checkbox"/>				—Outdoor Fixtures ..... <input type="checkbox"/>	<input type="checkbox"/>
<b>YOUR HOME</b>	<b>RENT</b>			Electrical Service ..... <input type="checkbox"/>	<input type="checkbox"/>
				Attic Fans/Vents ..... <input type="checkbox"/>	<input type="checkbox"/>
<b>MONTHLY RENTAL:</b>				Central Air Cleaning	
Under \$350 ..... <input type="checkbox"/>				System ..... <input type="checkbox"/>	<input type="checkbox"/>
\$351-\$500 ..... <input type="checkbox"/>				New Windows ..... <input type="checkbox"/>	<input type="checkbox"/>
\$501-\$650 ..... <input type="checkbox"/>				Skylights ..... <input type="checkbox"/>	<input type="checkbox"/>
\$651-\$800 ..... <input type="checkbox"/>				Doors ..... <input type="checkbox"/>	<input type="checkbox"/>
\$801-\$1,000 ..... <input type="checkbox"/>				Door Knobs/Locks ..... <input type="checkbox"/>	<input type="checkbox"/>
Over \$1,000 ..... <input type="checkbox"/>				Weather Stripping ..... <input type="checkbox"/>	<input type="checkbox"/>
<b>FIRST HOME RENTED:</b>				Caulking ..... <input type="checkbox"/>	<input type="checkbox"/>
YES ..... <input type="checkbox"/>				Insulation ..... <input type="checkbox"/>	<input type="checkbox"/>
NO ..... <input type="checkbox"/>				Exterior Siding ..... <input type="checkbox"/>	<input type="checkbox"/>
<b>WHEN MOVED IN:</b>				Deck/Porch/Patio ..... <input type="checkbox"/>	<input type="checkbox"/>
Previously Occupied ..... <input type="checkbox"/>				Swimming Pool ..... <input type="checkbox"/>	<input type="checkbox"/>
New ..... <input type="checkbox"/>				Storage Shed ..... <input type="checkbox"/>	<input type="checkbox"/>
				Roofing ..... <input type="checkbox"/>	<input type="checkbox"/>
				Automatic Garage Door	
				Opener ..... <input type="checkbox"/>	<input type="checkbox"/>
				Wood Treatment ..... <input type="checkbox"/>	<input type="checkbox"/>



# HOUSEHOLD FURNISHINGS, ACCESSORIES, GARDENING

FURNITURE & HOME ACCESSORIES	WHERE BOUGHT	APPLIANCES FOR CLIMATE CONTROL	YOUR HOUSEHOLD		GARDENING SUPPLIES	BOUGHT FOR HOUSEHOLD
	Past 12 Months		Owns	Bought Past 12 Months		Past 2 Years
<p>Sears <input type="checkbox"/></p> <p>Sears Catalogue <input type="checkbox"/></p> <p>Sears Furniture/Appliance Home Stores <input type="checkbox"/></p> <p>The Bay <input type="checkbox"/></p> <p>Costco <input type="checkbox"/></p> <p>Sam's Club <input type="checkbox"/></p> <p>Wal-Mart <input type="checkbox"/></p> <p>Zellers <input type="checkbox"/></p> <p>Bouclair <input type="checkbox"/></p> <p>Brault et Martineau <input type="checkbox"/></p> <p>Club Monaco <input type="checkbox"/></p> <p>Ed's Linen Warehouse <input type="checkbox"/></p> <p>Home Outfitters/Déco Découverte <input type="checkbox"/></p> <p>HomeSense <input type="checkbox"/></p> <p>Ikea <input type="checkbox"/></p> <p>Kitchen Stuff Plus <input type="checkbox"/></p> <p>Lazy Boy Stores <input type="checkbox"/></p> <p>Leon's <input type="checkbox"/></p> <p>Linen Chest <input type="checkbox"/></p> <p>Linens 'n Things <input type="checkbox"/></p> <p>Pacific Linen <input type="checkbox"/></p> <p>Pier 1 Imports <input type="checkbox"/></p> <p>Pottery Barn <input type="checkbox"/></p> <p>Restoration Hardware <input type="checkbox"/></p> <p>Sleep Country/Dormez-Vous <input type="checkbox"/></p> <p>Tanguay <input type="checkbox"/></p> <p>The Brick <input type="checkbox"/></p> <p>The Sleep Factory <input type="checkbox"/></p> <p>United Furniture Warehouse <input type="checkbox"/></p> <p>Williams &amp; Sonoma <input type="checkbox"/></p> <p>Winners <input type="checkbox"/></p> <p>Other Stores <input type="checkbox"/></p>		<p>Central Air Cleaner <input type="checkbox"/></p> <p>Air Conditioner —Central <input type="checkbox"/></p> <p>—Separate Room <input type="checkbox"/></p> <p>Ceiling Fan (Not Bathroom Vent) <input type="checkbox"/></p> <p>Wood Stove <input type="checkbox"/></p> <p>Automatic Thermostat <input type="checkbox"/></p> <p>Dehumidifier <input type="checkbox"/></p> <p>Humidifier <input type="checkbox"/></p> <p>Fireplace <input type="checkbox"/></p> <p>Heat Pump <input type="checkbox"/></p>	<p>Owns</p> <p>Bought Past 12 Months</p>		<p><b>WHERE BOUGHT:</b></p> <p>Sears <input type="checkbox"/></p> <p>Sears/Catalogue <input type="checkbox"/></p> <p>Costco <input type="checkbox"/></p> <p>Sam's Club <input type="checkbox"/></p> <p>Wal-Mart <input type="checkbox"/></p> <p>Zellers <input type="checkbox"/></p> <p>Art Knapp Plantland <input type="checkbox"/></p> <p>Botanix <input type="checkbox"/></p> <p>Canac Marquis Grenier <input type="checkbox"/></p> <p>Canadian Tire <input type="checkbox"/></p> <p>Cashway <input type="checkbox"/></p> <p>Castle Building Centres <input type="checkbox"/></p> <p>David Hunter Garden Centres <input type="checkbox"/></p> <p>Do-It Centres <input type="checkbox"/></p> <p>Hole's Garden Centres <input type="checkbox"/></p> <p>Home Depot <input type="checkbox"/></p> <p>Home Hardware <input type="checkbox"/></p> <p>Home Outfitters <input type="checkbox"/></p> <p>HomeSense <input type="checkbox"/></p> <p>House of Tools <input type="checkbox"/></p> <p>Kent Building Supplies <input type="checkbox"/></p> <p>IRLY Bird Stores <input type="checkbox"/></p> <p>Loblaws <input type="checkbox"/></p> <p>Nursery Land <input type="checkbox"/></p> <p>Pro Hardware <input type="checkbox"/></p> <p>Réno-Dépôt <input type="checkbox"/></p> <p>Rona L'Entrepot/Warehouse <input type="checkbox"/></p> <p>Rona <input type="checkbox"/></p> <p>Rona Home &amp; Garden <input type="checkbox"/></p> <p>Sheridan Nurseries <input type="checkbox"/></p> <p>Tim-Br-Mart Stores <input type="checkbox"/></p> <p>True-Value <input type="checkbox"/></p> <p>Other Stores <input type="checkbox"/></p>	
		GARDENING	YOUR HOUSEHOLD HAS			
			Garden/ Balcony Garden			
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
		MAINTENANCE/CARE DONE BY:				
			Myself <input type="checkbox"/>	Other Member Of The Household <input type="checkbox"/>		
			Professional/Gardening Service <input type="checkbox"/>			
		GARDENING SUPPLIES	BOUGHT FOR HOUSEHOLD			
			Past 2 Years	Past 12 Months		
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
		SUPPLIES:				
			Bulbs <input type="checkbox"/>	Seeds <input type="checkbox"/>		
			Shrubs <input type="checkbox"/>	Plants <input type="checkbox"/>		
			—Annuals <input type="checkbox"/>	—Perennials <input type="checkbox"/>		
			—Vegetables <input type="checkbox"/>	Trees <input type="checkbox"/>		
			Sod <input type="checkbox"/>	Soil <input type="checkbox"/>		
			Fertilizer <input type="checkbox"/>	—Garden <input type="checkbox"/>		
			—Lawn <input type="checkbox"/>	Herbicides <input type="checkbox"/>		
			Insecticides <input type="checkbox"/>	Weed Treatment <input type="checkbox"/>		
		TYPES:				
			Organic <input type="checkbox"/>	Regular <input type="checkbox"/>		
		AMOUNT SPENT:				
			Under \$250 <input type="checkbox"/>	\$250–\$500 <input type="checkbox"/>		
			\$501–\$1,000 <input type="checkbox"/>	\$1,001–\$2,000 <input type="checkbox"/>		
			Over \$2,000 <input type="checkbox"/>			
WINDOW TREATMENTS	BOUGHT FOR HOUSEHOLD					
	Past 12 Months					
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
		ITEMS:				
			Blinds <input type="checkbox"/>	Curtains <input type="checkbox"/>		
			Drapes <input type="checkbox"/>	Shutters <input type="checkbox"/>		
			Upholstery Fabric <input type="checkbox"/>			
		AMOUNT SPENT:				
			Under \$250 <input type="checkbox"/>	\$250–\$500 <input type="checkbox"/>		
			\$501–\$1,000 <input type="checkbox"/>	\$1,001–\$2,000 <input type="checkbox"/>		
			Over \$2,000 <input type="checkbox"/>			
		GARDENING EQUIPMENT/ACCESSORIES	YOUR HOUSEHOLD			
			Owns	Bought Past 12 Months		
			Furniture <input type="checkbox"/>	Gardening Tools <input type="checkbox"/>		
			Hydroponic Equipment <input type="checkbox"/>	Lawn Mower <input type="checkbox"/>		
			—Electric <input type="checkbox"/>	—Gas <input type="checkbox"/>		
			—Riding <input type="checkbox"/>	—Non-Power <input type="checkbox"/>		
			Ponds/Pumps <input type="checkbox"/>	Statuses <input type="checkbox"/>		
			Trimmers <input type="checkbox"/>			

# HOUSEHOLD APPLIANCES, TABLEWARE

LARGE HOUSEHOLD APPLIANCES & DURABLES	YOUR HOUSEHOLD		HOUSEHOLD APPLIANCES & DURABLES	WHERE BOUGHT	
	Owns	Bought Past 12 Months		Owns	Past 12 Months
Automatic Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	Costco	<input type="checkbox"/>	<input type="checkbox"/>
Microwave Oven	<input type="checkbox"/>	<input type="checkbox"/>	Sam's Club	<input type="checkbox"/>	<input type="checkbox"/>
Self Cleaning Oven	<input type="checkbox"/>	<input type="checkbox"/>	Sears	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Sears Catalogue	<input type="checkbox"/>	<input type="checkbox"/>
Separate Freezer	<input type="checkbox"/>	<input type="checkbox"/>	Sears Dealer Stores	<input type="checkbox"/>	<input type="checkbox"/>
Washing Machine			Sears Furniture/Appliance Home Stores	<input type="checkbox"/>	<input type="checkbox"/>
—Top Loading	<input type="checkbox"/>	<input type="checkbox"/>	The Bay	<input type="checkbox"/>	<input type="checkbox"/>
—Front Loading	<input type="checkbox"/>	<input type="checkbox"/>	Wal-Mart	<input type="checkbox"/>	<input type="checkbox"/>
Clothes Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Zellers	<input type="checkbox"/>	<input type="checkbox"/>
Stacked Washer/Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Black & Decker Retail Store	<input type="checkbox"/>	<input type="checkbox"/>
Carpet Steam Cleaner	<input type="checkbox"/>	<input type="checkbox"/>	Brault et Martineau	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum Cleaner	<input type="checkbox"/>	<input type="checkbox"/>	Canadian Tire	<input type="checkbox"/>	<input type="checkbox"/>
Central Vacuum System	<input type="checkbox"/>	<input type="checkbox"/>	Corbeil Électroménagers	<input type="checkbox"/>	<input type="checkbox"/>
Security System	<input type="checkbox"/>	<input type="checkbox"/>	Déco Découverte	<input type="checkbox"/>	<input type="checkbox"/>
Monitored Security System	<input type="checkbox"/>	<input type="checkbox"/>	Future Shop	<input type="checkbox"/>	<input type="checkbox"/>
Smoke/Fire Detector	<input type="checkbox"/>	<input type="checkbox"/>	Home Depot	<input type="checkbox"/>	<input type="checkbox"/>
Home Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	Home Hardware	<input type="checkbox"/>	<input type="checkbox"/>
Hot Tub/Whirlpool Spa	<input type="checkbox"/>	<input type="checkbox"/>	Home Outfitters	<input type="checkbox"/>	<input type="checkbox"/>
Garage Door Opener	<input type="checkbox"/>	<input type="checkbox"/>	Leon's	<input type="checkbox"/>	<input type="checkbox"/>
Gas BBQ	<input type="checkbox"/>	<input type="checkbox"/>	London Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Sewing Machine	<input type="checkbox"/>	<input type="checkbox"/>	Réno-Dépôt	<input type="checkbox"/>	<input type="checkbox"/>
Water Softener	<input type="checkbox"/>	<input type="checkbox"/>	RONA	<input type="checkbox"/>	<input type="checkbox"/>
<b>TYPES:</b>			Tanguay	<input type="checkbox"/>	<input type="checkbox"/>
High Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	The Brick	<input type="checkbox"/>	<input type="checkbox"/>
Regular	<input type="checkbox"/>	<input type="checkbox"/>	Trail Appliances	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Other Stores	<input type="checkbox"/>	<input type="checkbox"/>
SMALL HOUSEHOLD APPLIANCES & DURABLES	YOUR HOUSEHOLD		COOKING/SERVING PRODUCTS	YOUR HOUSEHOLD	
	Owns	Bought Past 12 Months		Owns	Bought Past 12 Months
Blender	<input type="checkbox"/>	<input type="checkbox"/>	Pots & Pans	<input type="checkbox"/>	<input type="checkbox"/>
Bread Making Machine	<input type="checkbox"/>	<input type="checkbox"/>	Barbecue Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Cappuccino/Esspresso Maker	<input type="checkbox"/>	<input type="checkbox"/>	Storage Containers	<input type="checkbox"/>	<input type="checkbox"/>
Coffee Grinder	<input type="checkbox"/>	<input type="checkbox"/>	Microwave Cookware	<input type="checkbox"/>	<input type="checkbox"/>
Coffee Maker	<input type="checkbox"/>	<input type="checkbox"/>	Tableware		
Food Processor	<input type="checkbox"/>	<input type="checkbox"/>	—China	<input type="checkbox"/>	<input type="checkbox"/>
Juicer/Extractor	<input type="checkbox"/>	<input type="checkbox"/>	—Crystal	<input type="checkbox"/>	<input type="checkbox"/>
Light Bulbs			Cutlery		
—Regular	<input type="checkbox"/>	<input type="checkbox"/>	—Silverplated	<input type="checkbox"/>	<input type="checkbox"/>
—High Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	—Stainless	<input type="checkbox"/>	<input type="checkbox"/>
Mixer			—Sterling Silver	<input type="checkbox"/>	<input type="checkbox"/>
—Hand Held	<input type="checkbox"/>	<input type="checkbox"/>			
—Other	<input type="checkbox"/>	<input type="checkbox"/>			
Steam Cooker	<input type="checkbox"/>	<input type="checkbox"/>			
Toaster Oven	<input type="checkbox"/>	<input type="checkbox"/>			
Wok	<input type="checkbox"/>	<input type="checkbox"/>			
SMALL HOUSEHOLD APPLIANCES & DURABLES	REASONS FOR PURCHASE		WATER FILTER DEVICES	YOUR HOUSEHOLD	
		Past 12 Months		Owns	
For Own Home	<input type="checkbox"/>		YES	<input type="checkbox"/>	
For Gift	<input type="checkbox"/>		NO	<input type="checkbox"/>	
			<b>TYPES:</b>		
			Pitcher	<input type="checkbox"/>	
			On Tap Faucet Mounted	<input type="checkbox"/>	
			Table Top/Counter Water Cooler	<input type="checkbox"/>	
			Under Sink	<input type="checkbox"/>	
			Whole House System	<input type="checkbox"/>	
			Floor Water Cooler	<input type="checkbox"/>	

# SHOPPING

CONVENIENCE STORES	PERSONALLY SHOPPED		DEPARTMENT STORES/ DISCOUNT DEPARTMENT STORES	PERSONALLY SHOPPED	
	Past 6 Months	Past 30 Days		Most Often	Others Sometimes
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1-5 ..... <input type="checkbox"/> 6-10 ..... <input type="checkbox"/> 11-15 ..... <input type="checkbox"/> 16-20 ..... <input type="checkbox"/> 21+ ..... <input type="checkbox"/>  <b>STORES:</b> 7 Eleven Food Stores ..... <input type="checkbox"/> Beckers ..... <input type="checkbox"/> Boni-Soir ..... <input type="checkbox"/> Couche-Tard ..... <input type="checkbox"/> Great Canadian News ..... <input type="checkbox"/> Green Gables ..... <input type="checkbox"/> Hasty Market ..... <input type="checkbox"/> Mac's Convenience Stores ..... <input type="checkbox"/> Mainway ..... <input type="checkbox"/> Mike's Market ..... <input type="checkbox"/> Needs ..... <input type="checkbox"/> Provi-Soir ..... <input type="checkbox"/> Quickie Convenience Stores ..... <input type="checkbox"/> Town Pantry ..... <input type="checkbox"/> Convenience Stores At Gas Stations ..... <input type="checkbox"/> Other Convenience Stores ..... <input type="checkbox"/>			Sears Department Stores ..... <input type="checkbox"/> Sears Catalogue ..... <input type="checkbox"/> Sears Furniture & Appliance Home Stores ..... <input type="checkbox"/> Sears Internet Site ..... <input type="checkbox"/> Sears Outlet/Clearance Stores ..... <input type="checkbox"/> Other Sears Stores ..... <input type="checkbox"/> The Bay ..... <input type="checkbox"/>  Wal-Mart ..... <input type="checkbox"/> Zellers ..... <input type="checkbox"/>  Canadian Tire ..... <input type="checkbox"/> Costco ..... <input type="checkbox"/> Sam's Club ..... <input type="checkbox"/>		
			CUSTOMER REWARD PROGRAMS	PERSONALLY BELONG	
			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>	Currently	
			CUSTOMER REWARD PROGRAMS	YOU PERSONALLY	
				Use	Used Past 7 Days
DRUG STORES	PERSONALLY SHOPPED		TYPES:		
	Past 6 Months	Past 30 Days			
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5 Or More ..... <input type="checkbox"/>  <b>STORES:</b> Costco ..... <input type="checkbox"/> Sam's Club ..... <input type="checkbox"/> Wal-Mart ..... <input type="checkbox"/> Zellers ..... <input type="checkbox"/>  Brunet ..... <input type="checkbox"/> Famili-Prix ..... <input type="checkbox"/> Guardian Drug ..... <input type="checkbox"/> Hy & Zel's ..... <input type="checkbox"/> IDA ..... <input type="checkbox"/> Jean Coutu ..... <input type="checkbox"/> Lawton's ..... <input type="checkbox"/> London Drug ..... <input type="checkbox"/> People's Drug Mart ..... <input type="checkbox"/> Pharma Plus/Rexall ..... <input type="checkbox"/> PharmaSave ..... <input type="checkbox"/> Proxim ..... <input type="checkbox"/> Shopper's Drug Mart/Pharmaprix ..... <input type="checkbox"/> Uniprix ..... <input type="checkbox"/> Grocery Stores ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>			Airlines ..... <input type="checkbox"/> Book Stores ..... <input type="checkbox"/> Car Rental ..... <input type="checkbox"/> Coffee Shops ..... <input type="checkbox"/> Credit Card ..... <input type="checkbox"/> Department Stores ..... <input type="checkbox"/> Drug Stores ..... <input type="checkbox"/> Gasoline Stations ..... <input type="checkbox"/> Grocery Stores ..... <input type="checkbox"/> Hotel ..... <input type="checkbox"/> Photo Stores ..... <input type="checkbox"/> Train ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>  <b>BRANDS:</b> Aeroplan ..... <input type="checkbox"/> Air Miles Reward Programme ..... <input type="checkbox"/> American Express Membership Rewards ..... <input type="checkbox"/> Canadian Tire Money ..... <input type="checkbox"/> Canadian Tire Options Points ..... <input type="checkbox"/> Creditz ..... <input type="checkbox"/> Diners Club Rewards ..... <input type="checkbox"/> Esso Extra Program ..... <input type="checkbox"/> Futura Rewards ..... <input type="checkbox"/> HBC Rewards/Club Z ..... <input type="checkbox"/> Indigo/Chapters/Coles IRewards ..... <input type="checkbox"/> PC Points ..... <input type="checkbox"/> Petro Points ..... <input type="checkbox"/> RBC Rewards ..... <input type="checkbox"/> Sears Club ..... <input type="checkbox"/> Sears Colours Rewards ..... <input type="checkbox"/> Shoppers/Pharmaprix Optimum ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>		
DEPARTMENT STORES/ DISCOUNT DEPARTMENT STORES	PERSONALLY SHOPPED		FREQUENT FLYER PROGRAMS	PERSONALLY	
	Past 6 Months	Past 30 Days		Belong To	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>			Air Canada Aeroplan —Basic Member ..... <input type="checkbox"/> —Prestige Member ..... <input type="checkbox"/> —Elite/Super Elite Member ..... <input type="checkbox"/>  Other Airline Frequent Flyer Program —Basic Member ..... <input type="checkbox"/> —Middle Level Member ..... <input type="checkbox"/> —Highest Level Member ..... <input type="checkbox"/>		

**CLOTHES**

MEN'S CLOTHING	PERSONALLY BOUGHT		MEN'S CLOTHING	PERSONALLY BOUGHT		WOMEN'S CLOTHING	PERSONALLY BOUGHT			
	Past 12 Months			Past 12 Months			Past 12 Months			
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>AMOUNT SPENT:</b> \$500 Or Less ..... <input type="checkbox"/> \$501-\$1,000 ..... <input type="checkbox"/> \$1,001-\$1,500 ..... <input type="checkbox"/> \$1,501-\$2,500 ..... <input type="checkbox"/> \$2,501-\$4,000 ..... <input type="checkbox"/> Over \$4,000 ..... <input type="checkbox"/>			<b>WHERE BOUGHT (Continued):</b> Roots ..... <input type="checkbox"/> RW & Co. .... <input type="checkbox"/> Simon's ..... <input type="checkbox"/> The Gap ..... <input type="checkbox"/> Thrifty's ..... <input type="checkbox"/> Tilley Endurables ..... <input type="checkbox"/> Tip Top Tailors ..... <input type="checkbox"/> West Coast ..... <input type="checkbox"/> Winners ..... <input type="checkbox"/> Work World ..... <input type="checkbox"/> Zara ..... <input type="checkbox"/> Other Clothing Specialty Store ..... <input type="checkbox"/>  Mail Order ..... <input type="checkbox"/>  <i>Other Stores</i> ..... <input type="checkbox"/>			<b>WHERE BOUGHT (Continued):</b> Addition-Elle ..... <input type="checkbox"/> Aritzia ..... <input type="checkbox"/> Au Coton ..... <input type="checkbox"/> Banana Republic ..... <input type="checkbox"/> Benetton ..... <input type="checkbox"/> Bikini Village ..... <input type="checkbox"/> Bootlegger ..... <input type="checkbox"/> Braemar ..... <input type="checkbox"/> Charmante ..... <input type="checkbox"/> Claire France ..... <input type="checkbox"/> Club Monaco ..... <input type="checkbox"/> Colette ..... <input type="checkbox"/> Cotton Ginny/Cotton Ginny Plus ..... <input type="checkbox"/> D'Allairs ..... <input type="checkbox"/>  Danier Leather ..... <input type="checkbox"/> Dalmy's ..... <input type="checkbox"/> Dynamite ..... <input type="checkbox"/> Eddie Bauer ..... <input type="checkbox"/> Fairweather ..... <input type="checkbox"/> H&M ..... <input type="checkbox"/> Holt Renfrew ..... <input type="checkbox"/> Jacob ..... <input type="checkbox"/> Jean Machine ..... <input type="checkbox"/> L'Aubainerie ..... <input type="checkbox"/> La Cache ..... <input type="checkbox"/> La Senza ..... <input type="checkbox"/>  Laura/Laura Petites ..... <input type="checkbox"/> Le Château ..... <input type="checkbox"/> Le Garage ..... <input type="checkbox"/> L'Équipeur ..... <input type="checkbox"/> Les Ailes de la Mode ..... <input type="checkbox"/> L'Officiel ..... <input type="checkbox"/> Lucky Jeans ..... <input type="checkbox"/> Marie Claire ..... <input type="checkbox"/> Mark's Work Wearhouse ..... <input type="checkbox"/> Melanie Lyne ..... <input type="checkbox"/> Northern Reflections ..... <input type="checkbox"/> Ogilvy's ..... <input type="checkbox"/> Old Navy ..... <input type="checkbox"/>  Original Levi's Store ..... <input type="checkbox"/> Pantorama ..... <input type="checkbox"/> Penningtons ..... <input type="checkbox"/> Reitman's ..... <input type="checkbox"/> Roots ..... <input type="checkbox"/> RW & Co. .... <input type="checkbox"/> San Francisco ..... <input type="checkbox"/> Simon's ..... <input type="checkbox"/> Smart Set ..... <input type="checkbox"/> Stitches ..... <input type="checkbox"/> Suzy Shier ..... <input type="checkbox"/> Tabi International ..... <input type="checkbox"/> Talbots ..... <input type="checkbox"/>  The Gap ..... <input type="checkbox"/> Thrifty's ..... <input type="checkbox"/> Thyme Maternity ..... <input type="checkbox"/> Tilley Endurables ..... <input type="checkbox"/> Tristan et Iseut ..... <input type="checkbox"/> Warehouse One ..... <input type="checkbox"/> Weekend Edition ..... <input type="checkbox"/> Winners ..... <input type="checkbox"/> Zara ..... <input type="checkbox"/> <i>Other Clothing Specialty Store</i> ..... <input type="checkbox"/> Mail Order ..... <input type="checkbox"/> <i>Other Stores</i> ..... <input type="checkbox"/>				
<b>MEN'S CLOTHING</b>	NUMBER BOUGHT IN PAST 12 MONTHS		WOMEN'S CLOTHING			PERSONALLY BOUGHT				
	1-2	3+				Past 12 Months				
Suits ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sports Jackets ..... <input type="checkbox"/> ..... <input type="checkbox"/> Leather Jackets ..... <input type="checkbox"/> ..... <input type="checkbox"/> Coats ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dress Pants ..... <input type="checkbox"/> ..... <input type="checkbox"/> Casual/Khaki Pants ..... <input type="checkbox"/> ..... <input type="checkbox"/> Jeans ..... <input type="checkbox"/> ..... <input type="checkbox"/> Shirts ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sweaters ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ties ..... <input type="checkbox"/> ..... <input type="checkbox"/> Socks ..... <input type="checkbox"/> ..... <input type="checkbox"/> Underwear ..... <input type="checkbox"/> ..... <input type="checkbox"/> Outdoor (Weather-Proof) ..... <input type="checkbox"/> ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>AMOUNT SPENT:</b> \$500 Or Less ..... <input type="checkbox"/> \$501-\$1,000 ..... <input type="checkbox"/> \$1,001-\$1,500 ..... <input type="checkbox"/> \$1,501-\$2,500 ..... <input type="checkbox"/> \$2,501-\$4,000 ..... <input type="checkbox"/> Over \$4,000 ..... <input type="checkbox"/>						
<b>MEN'S CLOTHING</b>	PERSONALLY BOUGHT		WOMEN'S CLOTHING			PERSONALLY BOUGHT				
	Past 12 Months					Past 12 Months				
<b>WHERE BOUGHT:</b> Sears ..... <input type="checkbox"/> Sears Catalogue ..... <input type="checkbox"/> The Bay ..... <input type="checkbox"/>  Saan ..... <input type="checkbox"/> Wal-Mart ..... <input type="checkbox"/> Zellers ..... <input type="checkbox"/>  America ..... <input type="checkbox"/> Banana Republic ..... <input type="checkbox"/> Bovet ..... <input type="checkbox"/> Club Monaco ..... <input type="checkbox"/> Danier Leather ..... <input type="checkbox"/> Eddie Bauer ..... <input type="checkbox"/> Ernest ..... <input type="checkbox"/> Harry Rosen ..... <input type="checkbox"/> H&M ..... <input type="checkbox"/> Holt Renfrew ..... <input type="checkbox"/> Jack Fraser ..... <input type="checkbox"/> Jean Machine ..... <input type="checkbox"/>  L'Équipeur ..... <input type="checkbox"/> Les Ailes de la Mode ..... <input type="checkbox"/> Mark's Work Wearhouse ..... <input type="checkbox"/> MEXX ..... <input type="checkbox"/> Moore's ..... <input type="checkbox"/> Northern Elements ..... <input type="checkbox"/> Old Navy ..... <input type="checkbox"/> Old River ..... <input type="checkbox"/> Original Levi's Store ..... <input type="checkbox"/> Randy River ..... <input type="checkbox"/>			<b>WOMEN'S CLOTHING</b>			NUMBER BOUGHT IN PAST 12 MONTHS				
						1-2	3+			
			Skirts ..... <input type="checkbox"/> ..... <input type="checkbox"/> Slacks/Trousers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Jeans ..... <input type="checkbox"/> ..... <input type="checkbox"/> Blazer/Jackets ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dresses ..... <input type="checkbox"/> ..... <input type="checkbox"/> Leather Jackets ..... <input type="checkbox"/> ..... <input type="checkbox"/> Coats ..... <input type="checkbox"/> ..... <input type="checkbox"/> Blouses/Shirts ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sweaters ..... <input type="checkbox"/> ..... <input type="checkbox"/> Swimwear ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sportswear (Athletic) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sleepwear ..... <input type="checkbox"/> ..... <input type="checkbox"/> Brassieres ..... <input type="checkbox"/> ..... <input type="checkbox"/> Underwear ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Lingerie ..... <input type="checkbox"/> ..... <input type="checkbox"/> Outdoor (Weather-Proof) ..... <input type="checkbox"/> ..... <input type="checkbox"/>							
			<b>WOMEN'S CLOTHING</b>			PERSONALLY BOUGHT				
						Past 12 Months				
			<b>WHERE BOUGHT:</b> Sears ..... <input type="checkbox"/> Sears Catalogue ..... <input type="checkbox"/> The Bay ..... <input type="checkbox"/>  Saan ..... <input type="checkbox"/> Wal-Mart ..... <input type="checkbox"/> Zellers ..... <input type="checkbox"/>							

**SHOES, ACCESSORIES**

	PERSONALLY BOUGHT		PERSONALLY BOUGHT		PERSONALLY BOUGHT	
<b>STOCKINGS &amp; PANTYHOSE</b>	Past 6 Months	Past 30 Days	<b>FOOTWEAR</b>	Past 12 Months	<b>FINE JEWELLERY</b>	Past 12 Months
<p>YES ..... <input type="checkbox"/></p> <p>NO ..... <input type="checkbox"/></p> <p><b>NUMBER BOUGHT:</b></p> <p>None ..... <input type="checkbox"/></p> <p>1-2 ..... <input type="checkbox"/></p> <p>3-5 ..... <input type="checkbox"/></p> <p>6-9 ..... <input type="checkbox"/></p> <p>10+ ..... <input type="checkbox"/></p> <p><b>STYLE:</b></p> <p>Knee-Highs ..... <input type="checkbox"/></p> <p>Pantyhose ..... <input type="checkbox"/></p> <p>Stockings ..... <input type="checkbox"/></p> <p>Tights ..... <input type="checkbox"/></p> <p>Other ..... <input type="checkbox"/></p>			<p><b>WHERE BOUGHT:</b></p> <p>Sears ..... <input type="checkbox"/></p> <p>Sears Catalogue ..... <input type="checkbox"/></p> <p>The Bay ..... <input type="checkbox"/></p> <p>Saan ..... <input type="checkbox"/></p> <p>Wal-Mart ..... <input type="checkbox"/></p> <p>Zellers ..... <input type="checkbox"/></p> <p>Aldo ..... <input type="checkbox"/></p> <p>Bata ..... <input type="checkbox"/></p> <p>Brown's ..... <input type="checkbox"/></p> <p>Calderone ..... <input type="checkbox"/></p> <p>Chaussures Cite ..... <input type="checkbox"/></p> <p>Ecco ..... <input type="checkbox"/></p> <p>Florsheim ..... <input type="checkbox"/></p> <p>Foot Locker ..... <input type="checkbox"/></p> <p>Forzani ..... <input type="checkbox"/></p> <p>Globo ..... <input type="checkbox"/></p> <p>Mark's Work Wearhouse ..... <input type="checkbox"/></p> <p>Mephisto ..... <input type="checkbox"/></p> <p>Naturalizer ..... <input type="checkbox"/></p> <p>Nine West ..... <input type="checkbox"/></p> <p>Payless ShoeSource ..... <input type="checkbox"/></p> <p>Pegabo ..... <input type="checkbox"/></p> <p>Roots ..... <input type="checkbox"/></p> <p>Shoe Club ..... <input type="checkbox"/></p> <p>Simard ..... <input type="checkbox"/></p> <p>Soft Moc ..... <input type="checkbox"/></p> <p>Sport Mart ..... <input type="checkbox"/></p> <p>Sterling Shoes ..... <input type="checkbox"/></p> <p>Superstar Athletic Footwear ..... <input type="checkbox"/></p> <p>The Shoe Company ..... <input type="checkbox"/></p> <p>The Shoe Warehouse ..... <input type="checkbox"/></p> <p>Town Shoe ..... <input type="checkbox"/></p> <p>Transit/Spring Shoes ..... <input type="checkbox"/></p> <p>Winners ..... <input type="checkbox"/></p> <p>Yellow ..... <input type="checkbox"/></p> <p>Other Shoe Stores ..... <input type="checkbox"/></p> <p>Other Stores ..... <input type="checkbox"/></p>		<p>YES ..... <input type="checkbox"/></p> <p>NO ..... <input type="checkbox"/></p> <p><b>AMOUNT SPENT FOR SELF:</b></p> <p>None ..... <input type="checkbox"/></p> <p>Under \$100 ..... <input type="checkbox"/></p> <p>\$100-\$499 ..... <input type="checkbox"/></p> <p>\$500-\$999 ..... <input type="checkbox"/></p> <p>\$1,000-\$1,999 ..... <input type="checkbox"/></p> <p>\$2,000+ ..... <input type="checkbox"/></p> <p><b>AMOUNT SPENT AS GIFTS:</b></p> <p>None ..... <input type="checkbox"/></p> <p>Under \$100 ..... <input type="checkbox"/></p> <p>\$100-\$499 ..... <input type="checkbox"/></p> <p>\$500-\$999 ..... <input type="checkbox"/></p> <p>\$1,000-\$1,999 ..... <input type="checkbox"/></p> <p>\$2,000+ ..... <input type="checkbox"/></p> <p><b>KINDS:</b></p> <p>Bracelet ..... <input type="checkbox"/></p> <p>Brooch/Pin ..... <input type="checkbox"/></p> <p>Earrings ..... <input type="checkbox"/></p> <p>Necklace ..... <input type="checkbox"/></p> <p>Diamond Engagement Ring ..... <input type="checkbox"/></p> <p>Other Engagement Ring ..... <input type="checkbox"/></p> <p>Other Ring ..... <input type="checkbox"/></p> <p>Other Jewellery ..... <input type="checkbox"/></p> <p><b>TYPES:</b></p> <p>Diamond ..... <input type="checkbox"/></p> <p>Gold With Gems ..... <input type="checkbox"/></p> <p>Gold Without Gems ..... <input type="checkbox"/></p> <p>Platinum ..... <input type="checkbox"/></p> <p>Sterling ..... <input type="checkbox"/></p> <p>Other ..... <input type="checkbox"/></p> <p><b>WHERE BOUGHT:</b></p> <p>Costco ..... <input type="checkbox"/></p> <p>Sears ..... <input type="checkbox"/></p> <p>The Bay ..... <input type="checkbox"/></p> <p>Wal-Mart ..... <input type="checkbox"/></p> <p>Zellers ..... <input type="checkbox"/></p> <p>Ben Moss Jewellers ..... <input type="checkbox"/></p> <p>Birks ..... <input type="checkbox"/></p> <p>Charm ..... <input type="checkbox"/></p> <p>Mappin's ..... <input type="checkbox"/></p> <p>People's ..... <input type="checkbox"/></p> <p>Tiffany &amp; Company ..... <input type="checkbox"/></p> <p>Winners ..... <input type="checkbox"/></p> <p>Other Stores ..... <input type="checkbox"/></p>	
<b>FOOTWEAR</b>	PERSONALLY BOUGHT					
		Past 12 Months				
<p>YES ..... <input type="checkbox"/></p> <p>NO ..... <input type="checkbox"/></p> <p><b>AMOUNT SPENT:</b></p> <p>\$50 Or Less ..... <input type="checkbox"/></p> <p>\$51-\$100 ..... <input type="checkbox"/></p> <p>\$101-\$250 ..... <input type="checkbox"/></p> <p>\$251-\$500 ..... <input type="checkbox"/></p> <p>Over \$500 ..... <input type="checkbox"/></p> <p><b>TYPES:</b></p> <p>Boots ..... <input type="checkbox"/></p> <p>Casual ..... <input type="checkbox"/></p> <p>Dress ..... <input type="checkbox"/></p> <p>Sandals ..... <input type="checkbox"/></p> <p>Sports/Athletic ..... <input type="checkbox"/></p> <p>Hiking Boots ..... <input type="checkbox"/></p> <p><b>INSOLE TYPES:</b></p> <p>Cushioned ..... <input type="checkbox"/></p> <p>Deodorant ..... <input type="checkbox"/></p> <p>Winter Warmth ..... <input type="checkbox"/></p>						

**ACCESSORIES, TOYS/GAMES, ARTS & CRAFTS, GREETING CARDS, FLOWERS**

<b>COSTUME JEWELLERY</b>		PERSONALLY BOUGHT	<b>TOYS &amp; GAMES</b>		PERSONALLY BOUGHT	<b>ARTS &amp; CRAFTS</b>		PERSONALLY BOUGHT	
		Past 12 Months			Past 12 Months			Past 12 Months	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>AMOUNT SPENT:</b> None ..... <input type="checkbox"/> \$1-\$24 ..... <input type="checkbox"/> \$25-\$49 ..... <input type="checkbox"/> \$50-\$99 ..... <input type="checkbox"/> \$100+ ..... <input type="checkbox"/>  <b>KINDS:</b> Bracelet ..... <input type="checkbox"/> Brooch/Pin ..... <input type="checkbox"/> Earrings ..... <input type="checkbox"/> Necklace ..... <input type="checkbox"/> Ring ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>AMOUNT SPENT:</b> \$1-\$49 ..... <input type="checkbox"/> \$50-\$99 ..... <input type="checkbox"/> \$100-\$199 ..... <input type="checkbox"/> \$200+ ..... <input type="checkbox"/>  <b>TYPES:</b> Infant Toys ..... <input type="checkbox"/> Pre-School Toys ..... <input type="checkbox"/> Dolls ..... <input type="checkbox"/> Push Toys ..... <input type="checkbox"/>  Riding Toys/Tricycles ..... <input type="checkbox"/> Gym Set ..... <input type="checkbox"/>  Radio Controlled Toys ..... <input type="checkbox"/> Building Sets ..... <input type="checkbox"/> Action Figures & Accessories ..... <input type="checkbox"/>  Racing Sets ..... <input type="checkbox"/> Model Kits ..... <input type="checkbox"/> Large Cars/Trucks ..... <input type="checkbox"/> Miniature Diecast Cars/Trucks ..... <input type="checkbox"/>  Educational Toys ..... <input type="checkbox"/>  Board Games ..... <input type="checkbox"/> Children's Books ..... <input type="checkbox"/> Comic Books ..... <input type="checkbox"/>  Puzzles ..... <input type="checkbox"/>  <b>WHERE BOUGHT:</b> Sears ..... <input type="checkbox"/> Sears Catalogue ..... <input type="checkbox"/> The Bay ..... <input type="checkbox"/>  Saan ..... <input type="checkbox"/> Wal-Mart ..... <input type="checkbox"/> Zellers ..... <input type="checkbox"/>  Disney Stores ..... <input type="checkbox"/> Master-Mind ..... <input type="checkbox"/> Toys Plus More ..... <input type="checkbox"/> Toys "R" Us ..... <input type="checkbox"/>  Canadian Tire ..... <input type="checkbox"/> Costco ..... <input type="checkbox"/> Sam's Club ..... <input type="checkbox"/>  Other Stores ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>WHERE BOUGHT:</b> Canadian Tire ..... <input type="checkbox"/> Curry's ..... <input type="checkbox"/> Crafts Canada ..... <input type="checkbox"/> Leisureworld ..... <input type="checkbox"/> Lewiscraft ..... <input type="checkbox"/> Loomis ..... <input type="checkbox"/> Michael's Arts & Crafts ..... <input type="checkbox"/> Omer DeSerres ..... <input type="checkbox"/> Sears ..... <input type="checkbox"/> The Bay ..... <input type="checkbox"/> Wal-Mart ..... <input type="checkbox"/> White Rose ..... <input type="checkbox"/> Zellers ..... <input type="checkbox"/>  Other Stores ..... <input type="checkbox"/>			
<b>WATCHES</b>		PERSONALLY BOUGHT			PERSONALLY BOUGHT			PERSONALLY BOUGHT	
		Past 12 Months			Past 6 Months				
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>AMOUNT SPENT FOR SELF:</b> Under \$25 ..... <input type="checkbox"/> \$25-\$50 ..... <input type="checkbox"/> \$51-\$100 ..... <input type="checkbox"/> \$101-\$250 ..... <input type="checkbox"/> Over \$250 ..... <input type="checkbox"/>  <b>AMOUNT SPENT AS GIFTS:</b> Under \$25 ..... <input type="checkbox"/> \$25-\$50 ..... <input type="checkbox"/> \$51-\$100 ..... <input type="checkbox"/> \$101-\$250 ..... <input type="checkbox"/> Over \$250 ..... <input type="checkbox"/>  <b>TYPES:</b> Men's ..... <input type="checkbox"/> Women's ..... <input type="checkbox"/>					YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF CARDS:</b> Less Than 5 ..... <input type="checkbox"/> 5-10 ..... <input type="checkbox"/> 11-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>  <b>WHERE BOUGHT:</b> Carlton Cards ..... <input type="checkbox"/> Hallmark ..... <input type="checkbox"/> Other Card Stores ..... <input type="checkbox"/>  Department Stores ..... <input type="checkbox"/> Dollar/Discount Stores ..... <input type="checkbox"/> Drug Stores ..... <input type="checkbox"/> Grocery Stores ..... <input type="checkbox"/> Other Stores ..... <input type="checkbox"/>				
<b>LUGGAGE/OTHER ACCESSORIES</b>		PERSONALLY BOUGHT			PERSONALLY BOUGHT			PERSONALLY BOUGHT	
		Past 12 Months			Past 6 Months			Past 12 Months	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>AMOUNT SPENT:</b> \$1-\$49 ..... <input type="checkbox"/> \$50-\$99 ..... <input type="checkbox"/> \$100-\$199 ..... <input type="checkbox"/> \$200+ ..... <input type="checkbox"/>  <b>KINDS:</b> Luggage ..... <input type="checkbox"/> Umbrellas ..... <input type="checkbox"/> Handbags ..... <input type="checkbox"/>					YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>WHERE BOUGHT:</b> Grand & Toy ..... <input type="checkbox"/> Office Place ..... <input type="checkbox"/> Staples/Business Depot/ Bureau en Gros ..... <input type="checkbox"/> Corporate Express ..... <input type="checkbox"/> Zellers ..... <input type="checkbox"/> Wal-Mart ..... <input type="checkbox"/> Other Stores ..... <input type="checkbox"/>			<b>FLOWERS</b>  YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>  <b>REASONS:</b> As A Gift ..... <input type="checkbox"/> For Self ..... <input type="checkbox"/>	



**FILM, PHOTOFINISHING, PORTRAIT STUDIOS, TELEVISION SETS, AUDIO/VIDEO EQUIPMENT**

FILM	PERSONALLY BOUGHT	PHOTOFINISHING	YOU PERSONALLY	DVD/VCR/ PVR/DVR	YOUR HOUSEHOLD	
	Past 6 Months		Past 12 Months		Owns	Acquired Past 2 Years
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>		<b>WHERE DEVELOPED/ PRINTED (Continued):</b> Jean Coutu ..... <input type="checkbox"/> London Drugs ..... <input type="checkbox"/> Pharma Plus ..... <input type="checkbox"/> Shoppers Drug Mart/Pharmaprix ..... <input type="checkbox"/> Uniprix ..... <input type="checkbox"/> <i>Other Drug Stores</i> ..... <input type="checkbox"/>  Atlantic Grocer/Super Store/ Super Value ..... <input type="checkbox"/> Fortino's ..... <input type="checkbox"/> Loblaws/Super Centre ..... <input type="checkbox"/> Real Canadian Super Store ..... <input type="checkbox"/> Overwaitea/Save On Foods ..... <input type="checkbox"/> Zehrs ..... <input type="checkbox"/> <i>Other Grocery Stores</i> ..... <input type="checkbox"/>  Costco ..... <input type="checkbox"/> Future Shop ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TYPES:</b> DVD ..... <input type="checkbox"/> ..... <input type="checkbox"/> VCR ..... <input type="checkbox"/> ..... <input type="checkbox"/> PVR/DVR ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
PHOTOFINISHING	PERSONALLY BOUGHT		YOU PERSONALLY		YOUR HOUSEHOLD	
	Past 12 Months		Past 12 Months			
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TYPES:</b> Film ..... <input type="checkbox"/> Digital ..... <input type="checkbox"/>  <b>NUMBER OF FILM ROLLS:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-6 ..... <input type="checkbox"/> 7-12 ..... <input type="checkbox"/> 13-24 ..... <input type="checkbox"/> 25+ ..... <input type="checkbox"/>  <b>NUMBER OF FILM PRINTS:</b> 1-20 ..... <input type="checkbox"/> 21-40 ..... <input type="checkbox"/> 41-60 ..... <input type="checkbox"/> 61+ ..... <input type="checkbox"/>  <b>NUMBER OF DIGITAL PRINTS:</b> 1-20 ..... <input type="checkbox"/> 21-40 ..... <input type="checkbox"/> 41-60 ..... <input type="checkbox"/> 61+ ..... <input type="checkbox"/>  <b>BRANDS OF INK JET PAPER:</b> Epson ..... <input type="checkbox"/> Fuji ..... <input type="checkbox"/> Hewlett-Packard ..... <input type="checkbox"/> Kodak ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/>  <b>WHERE DEVELOPED/PRINTED:</b> At Home —Regular Printer ..... <input type="checkbox"/> —Photo Printer ..... <input type="checkbox"/> Online (Internet) ..... <input type="checkbox"/> Walk-Up Photo Print Maker ..... <input type="checkbox"/>  Best Buy ..... <input type="checkbox"/> Wal-Mart ..... <input type="checkbox"/> Zellers ..... <input type="checkbox"/>  Black's ..... <input type="checkbox"/> Camera Expert ..... <input type="checkbox"/> Japan Camera ..... <input type="checkbox"/> Kodak Image Centres ..... <input type="checkbox"/> <i>Other Photo Store</i> ..... <input type="checkbox"/>					YOU PERSONALLY	
					In Past Month	
						<b>RECORDED TV PROGRAMMING</b>  <b>WATCHED RECORDED TV PROGRAMS:</b> YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>FAST FORWARD THROUGH COMMERCIALS WHEN WATCHING:</b> Never ..... <input type="checkbox"/> Sometimes ..... <input type="checkbox"/> Mostly ..... <input type="checkbox"/>  <b>RECORDED HOURS WATCHED IN AVERAGE WEEK:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-6 ..... <input type="checkbox"/> 7+ ..... <input type="checkbox"/>
		TELEVISION SETS/ HOME THEATRE	YOUR HOUSEHOLD			
			Owns	Bought Past 2 Years		
		<b>NUMBER OF SETS:</b> 1 ..... <input type="checkbox"/> ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
		<b>TYPES:</b> High Definition (HDTV) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Thin Screen (Plasma, LCD) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Surround-Sound Speakers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Prologic Receiver ..... <input type="checkbox"/> ..... <input type="checkbox"/> Projection TV ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>DEVICE USED MOST OFTEN:</b> VCR ..... <input type="checkbox"/> PVR/DVR ..... <input type="checkbox"/> DVD Recorder ..... <input type="checkbox"/>  <b>WHEN USUALLY WATCHED:</b> Same Day ..... <input type="checkbox"/> Next 2-3 Days ..... <input type="checkbox"/> Within A Week ..... <input type="checkbox"/> More Than 1 Week Later ..... <input type="checkbox"/>

# STEREO EQUIPMENT, VIDEO GAMES, PRE-RECORDED VIDEO TAPES/CDs

STEREO EQUIPMENT	YOUR HOUSEHOLD		VIDEO GAME CARTRIDGES/CDs	PERSONALLY PAST 30 DAYS		PRE-RECORDED MOVIES/DVDs	PERSONALLY			
	Owns	Bought Past 2 Years		Rented	Purchased		In Past 3 Months			
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TYPES:</b> Home Stereo ..... <input type="checkbox"/> Large Portable CD/Cassette/Radio ..... <input type="checkbox"/> MP3 Player ..... <input type="checkbox"/> Pocket Size CD Player ..... <input type="checkbox"/>  <b>AMOUNT SPENT:</b> \$1-\$100 ..... <input type="checkbox"/> \$101-\$249 ..... <input type="checkbox"/> \$250-\$499 ..... <input type="checkbox"/> \$500-\$999 ..... <input type="checkbox"/> \$1,000-\$1,999 ..... <input type="checkbox"/> \$2,000+ ..... <input type="checkbox"/>			<b>NUMBER:</b> None ..... <input type="checkbox"/> ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/> ..... <input type="checkbox"/>		<b>PRE-RECORDED MOVIES/DVDs</b>		PERSONALLY		<b>WHERE RENTED/ PURCHASED (Continued):</b> Adult/Explicit Video Stores ..... <input type="checkbox"/> Convenience Stores ..... <input type="checkbox"/> Grocery Stores ..... <input type="checkbox"/> On The Internet ..... <input type="checkbox"/>  Other Stores ..... <input type="checkbox"/>	
<b>STEREO/ TELEVISION/ HOME THEATRE</b>			PERSONALLY				<b>COMPACT DISCS</b>			
			In Past 3 Months		PERSONALLY BOUGHT					
<b>WHERE BOUGHT</b> Past 2 Years  Sears ..... <input type="checkbox"/> Sears Catalogue ..... <input type="checkbox"/> The Bay ..... <input type="checkbox"/>  Wal-Mart ..... <input type="checkbox"/> Zellers ..... <input type="checkbox"/>  2001 Stereo/Video ..... <input type="checkbox"/> A & B Sound Electronic ..... <input type="checkbox"/> Bay Bloor Radio ..... <input type="checkbox"/> Best Buy ..... <input type="checkbox"/> Dumoulin Electronic Stores ..... <input type="checkbox"/> Future Shop ..... <input type="checkbox"/> Hi-Fi Centre Electronics ..... <input type="checkbox"/> Leon's ..... <input type="checkbox"/> The Source ..... <input type="checkbox"/> Stereo Plus ..... <input type="checkbox"/> The Brick ..... <input type="checkbox"/> The Sony Store ..... <input type="checkbox"/>  Canadian Tire ..... <input type="checkbox"/> Costco ..... <input type="checkbox"/> Sam's Club ..... <input type="checkbox"/>  London Drugs ..... <input type="checkbox"/> Other Stores ..... <input type="checkbox"/>			<b>WATCHED:</b> YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>WATCHED USING:</b> DVD ..... <input type="checkbox"/> VCR ..... <input type="checkbox"/> Video On Demand ..... <input type="checkbox"/> Personal Computer ..... <input type="checkbox"/>  <b>NUMBER OF MOVIES RENTED:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>  <b>NUMBER OF MOVIES BOUGHT:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6+ ..... <input type="checkbox"/>  <b>TYPES RENTED OR PURCHASED:</b> Action/Adventure ..... <input type="checkbox"/> Animated ..... <input type="checkbox"/> Comedy ..... <input type="checkbox"/> Drama ..... <input type="checkbox"/> Exercise/Fitness ..... <input type="checkbox"/> Family/Children Oriented ..... <input type="checkbox"/> Horror ..... <input type="checkbox"/> Musical ..... <input type="checkbox"/> Science Fiction ..... <input type="checkbox"/> Sports ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>		PERSONALLY		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER BOUGHT:</b> 1-2 ..... <input type="checkbox"/> 3-6 ..... <input type="checkbox"/> 7-12 ..... <input type="checkbox"/> 13-24 ..... <input type="checkbox"/> 25+ ..... <input type="checkbox"/>  <b>NUMBER BOUGHT AS GIFT:</b> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>  <b>TYPES:</b> Album Rock/Hard Rock ..... <input type="checkbox"/> Classical ..... <input type="checkbox"/> Country ..... <input type="checkbox"/> Jazz ..... <input type="checkbox"/> Oldies (50's, 60's, 70's) ..... <input type="checkbox"/> Popular/Soft Rock/Classic Rock ..... <input type="checkbox"/> Rap/Hip Hop ..... <input type="checkbox"/> Top 40/Current Hits ..... <input type="checkbox"/>  <b>WHERE BOUGHT:</b> Sears ..... <input type="checkbox"/> Wal-Mart ..... <input type="checkbox"/> Zellers ..... <input type="checkbox"/>  A & B Sound ..... <input type="checkbox"/> Archambault ..... <input type="checkbox"/> Best Buy ..... <input type="checkbox"/> Blockbuster ..... <input type="checkbox"/> Chapters ..... <input type="checkbox"/> Future Shop ..... <input type="checkbox"/> HMV ..... <input type="checkbox"/> Indigo ..... <input type="checkbox"/> Music World ..... <input type="checkbox"/> Renaud-Bray ..... <input type="checkbox"/> Sam the Record Man ..... <input type="checkbox"/> Sunrise Records ..... <input type="checkbox"/> Virgin Megastore ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>  CD Clubs ..... <input type="checkbox"/>			
					In Past 3 Months				Past 12 Months	
<b>VIDEO GAME SYSTEMS</b>			PERSONALLY PLAY		<b>PRE-RECORDED MOVIES/DVDs</b>		PERSONALLY			
			Past 30 Days						In Past 3 Months	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <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"/>			<b>WHERE RENTED/PURCHASED:</b> Best Buy ..... <input type="checkbox"/> Costco ..... <input type="checkbox"/> Future Shop ..... <input type="checkbox"/> Loblaws ..... <input type="checkbox"/> Sam's Club ..... <input type="checkbox"/> Wal-Mart ..... <input type="checkbox"/> Zellers ..... <input type="checkbox"/>  Blockbuster Video ..... <input type="checkbox"/> Club International Video ..... <input type="checkbox"/> Rogers Video ..... <input type="checkbox"/> SuperClubVidéotron ..... <input type="checkbox"/> Vidéo Super Choix ..... <input type="checkbox"/> Other Video Store ..... <input type="checkbox"/>  Archambault ..... <input type="checkbox"/> Indigo ..... <input type="checkbox"/> Renaud-Bray ..... <input type="checkbox"/> Columbia House ..... <input type="checkbox"/>		PERSONALLY		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER BOUGHT:</b> 1-2 ..... <input type="checkbox"/> 3-6 ..... <input type="checkbox"/> 7-12 ..... <input type="checkbox"/> 13-24 ..... <input type="checkbox"/> 25+ ..... <input type="checkbox"/>  <b>NUMBER BOUGHT AS GIFT:</b> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>  <b>TYPES:</b> Album Rock/Hard Rock ..... <input type="checkbox"/> Classical ..... <input type="checkbox"/> Country ..... <input type="checkbox"/> Jazz ..... <input type="checkbox"/> Oldies (50's, 60's, 70's) ..... <input type="checkbox"/> Popular/Soft Rock/Classic Rock ..... <input type="checkbox"/> Rap/Hip Hop ..... <input type="checkbox"/> Top 40/Current Hits ..... <input type="checkbox"/>  <b>WHERE BOUGHT:</b> Sears ..... <input type="checkbox"/> Wal-Mart ..... <input type="checkbox"/> Zellers ..... <input type="checkbox"/>  A & B Sound ..... <input type="checkbox"/> Archambault ..... <input type="checkbox"/> Best Buy ..... <input type="checkbox"/> Blockbuster ..... <input type="checkbox"/> Chapters ..... <input type="checkbox"/> Future Shop ..... <input type="checkbox"/> HMV ..... <input type="checkbox"/> Indigo ..... <input type="checkbox"/> Music World ..... <input type="checkbox"/> Renaud-Bray ..... <input type="checkbox"/> Sam the Record Man ..... <input type="checkbox"/> Sunrise Records ..... <input type="checkbox"/> Virgin Megastore ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>  CD Clubs ..... <input type="checkbox"/>			
Times/Average Week		In Past 3 Months								

# BATTERIES, ELECTRONIC ORGANIZERS, PERSONAL COMPUTERS

BATTERIES	PERSONALLY BOUGHT		PERSONAL COMPUTERS	YOUR HOUSEHOLD		COMPUTER USAGE	PERSONALLY USE PAST 12 MONTHS	
	Past 6 Months			Most Recently Acquired System			At Home	At Work
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER BOUGHT:</b> 1-5 ..... <input type="checkbox"/> 6-10 ..... <input type="checkbox"/> 11-15 ..... <input type="checkbox"/> 16-20 ..... <input type="checkbox"/> 21+ ..... <input type="checkbox"/>			<b>WHEN LAST ACQUIRED:</b> Less Than 1 Year Ago ..... <input type="checkbox"/> 1-2 Years Ago ..... <input type="checkbox"/> 3-4 Years Ago ..... <input type="checkbox"/> 5 Years Or More ..... <input type="checkbox"/>  <b>AMOUNT SPENT ON SYSTEM:</b> \$1-\$499 ..... <input type="checkbox"/> \$500-\$999 ..... <input type="checkbox"/> \$1,000-\$1,999 ..... <input type="checkbox"/> \$2,000-\$2,999 ..... <input type="checkbox"/> \$3,000-\$4,999 ..... <input type="checkbox"/> \$5,000+ ..... <input type="checkbox"/>			<b>PERIPHERALS:</b> DVD/CD Burner ..... <input type="checkbox"/> ..... <input type="checkbox"/> Printer ..... <input type="checkbox"/> —Ink Jet ..... <input type="checkbox"/> ..... <input type="checkbox"/> —B/W Laser ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Colour Laser ..... <input type="checkbox"/> ..... <input type="checkbox"/> Scanner ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>OPERATING SYSTEMS:</b> Linux ..... <input type="checkbox"/> ..... <input type="checkbox"/> Macintosh OS ..... <input type="checkbox"/> ..... <input type="checkbox"/> MS DOS ..... <input type="checkbox"/> ..... <input type="checkbox"/> Unix ..... <input type="checkbox"/> ..... <input type="checkbox"/> Windows ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
BATTERIES	PERSONALLY BOUGHT		<b>BOUGHT/LEASED:</b> Bought New ..... <input type="checkbox"/> Bought Used ..... <input type="checkbox"/> Leased ..... <input type="checkbox"/>			SOFTWARE		
	Most Often	Others Sometimes						
<b>TYPES:</b> Rechargeable ..... <input type="checkbox"/> ..... <input type="checkbox"/> Disposable ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Duracell (Alkaline) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Duracell Ultra ..... <input type="checkbox"/> ..... <input type="checkbox"/> Energizer (Alkaline) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Energizer e <sup>2</sup> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Energizer e <sup>2</sup> Lithium ..... <input type="checkbox"/> ..... <input type="checkbox"/> Eveready Classic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mallory ..... <input type="checkbox"/> ..... <input type="checkbox"/> Panasonic ..... <input type="checkbox"/> ..... <input type="checkbox"/> RayoVac ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand/No Name ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			COMPUTER USAGE			Past 12 Months		
<b>TYPES:</b> Email ..... <input type="checkbox"/> Entertainment/Games ..... <input type="checkbox"/> Multimedia ..... <input type="checkbox"/> Office Suite ..... <input type="checkbox"/> Personal Finance/Tax ..... <input type="checkbox"/> Security ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>			Bought Past 12 Months		
						None ..... <input type="checkbox"/> \$1-\$250 ..... <input type="checkbox"/> \$251-\$500 ..... <input type="checkbox"/> \$501-\$1,000 ..... <input type="checkbox"/> \$1,001+ ..... <input type="checkbox"/>		
HANDHELD ORGANIZER/EMAIL DEVICE	PERSONALLY		COMPUTER USAGE			Past 12 Months		
Have		PERSONALLY USE PAST 12 MONTHS						
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>FEATURES:</b> e-Mail ..... <input type="checkbox"/> Games ..... <input type="checkbox"/> Phone ..... <input type="checkbox"/> Text Messaging ..... <input type="checkbox"/> Web Browse ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>  <b>BRANDS:</b> Blackberry ..... <input type="checkbox"/> Dell ..... <input type="checkbox"/> HP ..... <input type="checkbox"/> Palm ..... <input type="checkbox"/> Sony ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>			<b>TIMES USED IN AVERAGE WEEK:</b> Daily ..... <input type="checkbox"/> ..... <input type="checkbox"/> Several Times A Week ..... <input type="checkbox"/> ..... <input type="checkbox"/> Once A Week ..... <input type="checkbox"/> ..... <input type="checkbox"/> Less Often ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>KINDS:</b> Desktop ..... <input type="checkbox"/> ..... <input type="checkbox"/> Laptop/Notebook ..... <input type="checkbox"/> ..... <input type="checkbox"/> Handheld ..... <input type="checkbox"/> ..... <input type="checkbox"/>			PERSONAL COMPUTERS/SOFTWARE		
Owens								
PERSONAL COMPUTERS	YOUR HOUSEHOLD		<b>COMPUTER:</b> Acer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Apple iBook ..... <input type="checkbox"/> ..... <input type="checkbox"/> Apple iMac/eMac/Mac Mini ..... <input type="checkbox"/> ..... <input type="checkbox"/> Apple Powerbook ..... <input type="checkbox"/> ..... <input type="checkbox"/> Apple PowerMac ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dell ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gateway ..... <input type="checkbox"/> ..... <input type="checkbox"/> HP/Compaq ..... <input type="checkbox"/> ..... <input type="checkbox"/> IBM ..... <input type="checkbox"/> ..... <input type="checkbox"/> LG ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lenovo ..... <input type="checkbox"/> ..... <input type="checkbox"/> NEC ..... <input type="checkbox"/> ..... <input type="checkbox"/> Packard Bell ..... <input type="checkbox"/> ..... <input type="checkbox"/> Panasonic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sony ..... <input type="checkbox"/> ..... <input type="checkbox"/> Toshiba ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			Past 12 Months		
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>WHO USES:</b> Yourself ..... <input type="checkbox"/> Other Adult ..... <input type="checkbox"/> Child (Under 18) ..... <input type="checkbox"/>  <b>NUMBER OF COMPUTERS:</b> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3 Or More ..... <input type="checkbox"/>						<b>WHERE BOUGHT:</b> Best Buy ..... <input type="checkbox"/> Compucentre ..... <input type="checkbox"/> CompuSmart ..... <input type="checkbox"/> Costco ..... <input type="checkbox"/> Dell ..... <input type="checkbox"/> Future Shop ..... <input type="checkbox"/> Grand & Toy ..... <input type="checkbox"/> IBM Home Computing Store ..... <input type="checkbox"/> London Drugs ..... <input type="checkbox"/> MDG ..... <input type="checkbox"/> Office Depot ..... <input type="checkbox"/> Staples Business Depot/ Bureau En Gros ..... <input type="checkbox"/> The Source ..... <input type="checkbox"/>  Local Computer Supplier/Store ..... <input type="checkbox"/> Mail Order ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>		

# TELEPHONE SERVICE & EQUIPMENT, LEISURE ACTIVITIES

TELEPHONE SERVICES	YOUR HOUSEHOLD		1-800/1-888 & 1-900 CALLS	PERSONALLY PLACED PAST 6 MONTHS		LEISURE ACTIVITIES	PERSONALLY PARTICIPATE		
	Has	Acquired Past 12 Months		For Information	To Purchase		Times Past 12 Months 1-2      3-9      10+		
<b>TYPE OF SERVICE:</b> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> VoIP ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cable ..... <input type="checkbox"/> ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> ..... <input type="checkbox"/> NO ..... <input type="checkbox"/> ..... <input type="checkbox"/>		<b>ACTIVITIES:</b> Baking From Scratch ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Billiards ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bird Watching ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Camping ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Collecting: —Coins ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Stamps ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Crafts ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dancing ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dressmaking/Sewing ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Entertaining At Home ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gardening ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gourmet Cooking ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Knitting ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Photography ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Woodworking: —Building ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Stripping/Refinishing/ Staining ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
<b>EQUIPMENT:</b> Regular Phone ..... <input type="checkbox"/> ..... <input type="checkbox"/> Large Screen Telephone ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cordless Phone ..... <input type="checkbox"/> ..... <input type="checkbox"/> Answering Machine ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fax Machine ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>NUMBER OF 1-800/1-888 CALLS:</b> None ..... <input type="checkbox"/> ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> ..... <input type="checkbox"/> 2-3 ..... <input type="checkbox"/> ..... <input type="checkbox"/> 4-5 ..... <input type="checkbox"/> ..... <input type="checkbox"/> 6+ ..... <input type="checkbox"/> ..... <input type="checkbox"/>		<b>FITNESS:</b> Aerobics ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Exercise At Home ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Health/Fitness Club ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Jogging ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Swimming ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Walking/Hiking ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Yoga ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
<b>FEATURES:</b> Call Forwarding ..... <input type="checkbox"/> ..... <input type="checkbox"/> Call Return ..... <input type="checkbox"/> ..... <input type="checkbox"/> Call Screen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Call Waiting ..... <input type="checkbox"/> ..... <input type="checkbox"/> Caller Display/Name Display ..... <input type="checkbox"/> ..... <input type="checkbox"/> Last Call Return ..... <input type="checkbox"/> ..... <input type="checkbox"/> Three-Way Calling ..... <input type="checkbox"/> ..... <input type="checkbox"/> Visual Call Waiting ..... <input type="checkbox"/> ..... <input type="checkbox"/> Voice Messaging/Voice Mail ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>NUMBER OF 1-900 CALLS:</b> None ..... <input type="checkbox"/> ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> ..... <input type="checkbox"/> 2-3 ..... <input type="checkbox"/> ..... <input type="checkbox"/> 4+ ..... <input type="checkbox"/> ..... <input type="checkbox"/>		<b>SPORTS:</b> Badminton ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bowling ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Golf ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Squash ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tennis ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Cross-Country Skiing ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Downhill Skiing ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Snowboarding ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Snowmobiling ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ice Skating ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> In-Line Skating ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Mountain Biking ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bicycle Riding ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motorcycling ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Archery ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fishing ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hunting ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
<b>PRODUCTS:</b> Calling Card ..... <input type="checkbox"/> ..... <input type="checkbox"/> Prepaid Pay Phone Card ..... <input type="checkbox"/> ..... <input type="checkbox"/> Prepaid Long Distance Card ..... <input type="checkbox"/> ..... <input type="checkbox"/> Second Phone Line ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>CELLULAR PHONES</b>		PERSONALLY  Have				
<b>LONG DISTANCE CALLS</b>			PERSONALLY PLACED FROM HOME						
			Past 30 Days						
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>		<b>SPORTS:</b> Cross-Country Skiing ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Downhill Skiing ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Snowboarding ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Snowmobiling ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ice Skating ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> In-Line Skating ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Mountain Biking ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bicycle Riding ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motorcycling ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Archery ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fishing ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hunting ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
<b>NUMBER OF CALLS MADE:</b> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5-6 ..... <input type="checkbox"/> 7-8 ..... <input type="checkbox"/> 9-19 ..... <input type="checkbox"/> 20 Or More ..... <input type="checkbox"/>			<b>AMOUNT SPENT PER MONTH:</b> Less Than \$20 ..... <input type="checkbox"/> \$20-\$35 ..... <input type="checkbox"/> \$36-\$50 ..... <input type="checkbox"/> \$51-\$75 ..... <input type="checkbox"/> \$76-\$100 ..... <input type="checkbox"/> \$101 Or Over ..... <input type="checkbox"/>		<b>TEAM SPORTS:</b> Basketball ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Baseball/Softball ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Football ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Soccer ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Volleyball ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Curling ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ice Hockey ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Roller Hockey ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
<b>AMOUNT SPENT:</b> Under \$12 ..... <input type="checkbox"/> \$12-\$19 ..... <input type="checkbox"/> \$20-\$50 ..... <input type="checkbox"/> \$51-\$100 ..... <input type="checkbox"/> \$101 Or Over ..... <input type="checkbox"/>			<b>SERVICE PROVIDER:</b> Aliant ..... <input type="checkbox"/> Bell Mobility ..... <input type="checkbox"/> Fido (Microcell) ..... <input type="checkbox"/> Mike ..... <input type="checkbox"/> Rogers Wireless/Rogers AT&T/ Cantel ..... <input type="checkbox"/> Telus ..... <input type="checkbox"/> Virgin Mobile ..... <input type="checkbox"/> Other Regional Mobility Carrier ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>		<b>BOATING:</b> Canoeing ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Power Boating ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rowing ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sailing ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Wind Surfing ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>				
<b>CALLING DESTINATION:</b> Within Your Province ..... <input type="checkbox"/> Within Canada ..... <input type="checkbox"/> U.S.A. .... <input type="checkbox"/> Overseas ..... <input type="checkbox"/>			<b>TYPE OF PLAN:</b> Prepaid (Pay As You Go) ..... <input type="checkbox"/> Monthly ..... <input type="checkbox"/>						
			<b>PERCENTAGE USED FOR BUSINESS:</b> None (Personal Use Only) ..... <input type="checkbox"/> 1-25% ..... <input type="checkbox"/> 26-50% ..... <input type="checkbox"/> 51-75% ..... <input type="checkbox"/> 76-99% ..... <input type="checkbox"/> 100% (Business Use Only) ..... <input type="checkbox"/>						

# LEISURE ACTIVITIES, SPORTS SUPPLIES, PUBLIC ACTIVITIES

LEISURE ACTIVITIES	PERSONALLY ATTENDED			SPORTS & RECREATION EQUIPMENT	PERSONALLY		RECREATIONAL ITEMS/VEHICLES	YOUR HOUSEHOLD	
	Times Past 12 Months	1-2	3-9		10+	Own		Bought Past 12 Months	Owns/Leases
Live Theatre ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ballet ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Opera ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Music Concerts —Classical ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Popular ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Jazz ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Rock ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Country ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Museum ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Art Gallery ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Amusement Parks ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zoo/Aquariums ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Spas ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nightclubs/Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>				Boating Equipment ..... <input type="checkbox"/> ..... <input type="checkbox"/> Camping Equipment ..... <input type="checkbox"/> ..... <input type="checkbox"/> Exercise Equipment ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fishing Equipment ..... <input type="checkbox"/> ..... <input type="checkbox"/> Golf Equipment ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hockey Equipment ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hunting Equipment ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ski Equipment —Cross-Country ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Downhill ..... <input type="checkbox"/> ..... <input type="checkbox"/> Snowboarding Equipment ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>EQUIPMENT:</b> All Terrain Vehicle ..... <input type="checkbox"/> ..... <input type="checkbox"/> Motorhome/RV ..... <input type="checkbox"/> ..... <input type="checkbox"/> Camper/Trailer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Snowmobile ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bicycle ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sailboat ..... <input type="checkbox"/> ..... <input type="checkbox"/> Windsurfer/Surfboard ..... <input type="checkbox"/> ..... <input type="checkbox"/> Personal Water Craft (e.g. Sea Doo, Jet Ski) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Power Boat —Inboard Motor ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Outboard Motor ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
<b>PROFESSIONAL SPORTS EVENTS:</b> Auto Racing ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Baseball ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Basketball ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Figure Skating ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Football ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Golf ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Horse Racing ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hockey ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Soccer ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tennis ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Wrestling ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>SPORTING GOODS</b>	PERSONALLY BOUGHT PAST 12 MONTHS				
				<b>AMOUNT SPENT:</b> \$1-\$100 ..... <input type="checkbox"/> ..... <input type="checkbox"/> \$101-\$200 ..... <input type="checkbox"/> ..... <input type="checkbox"/> \$201-\$500 ..... <input type="checkbox"/> ..... <input type="checkbox"/> \$501-\$750 ..... <input type="checkbox"/> ..... <input type="checkbox"/> \$751+ ..... <input type="checkbox"/> ..... <input type="checkbox"/>			YOU PERSONALLY		
				<b>WHERE BOUGHT:</b> Sears ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sears Catalogue ..... <input type="checkbox"/> ..... <input type="checkbox"/> The Bay ..... <input type="checkbox"/> ..... <input type="checkbox"/> Wal-Mart ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zellers ..... <input type="checkbox"/> ..... <input type="checkbox"/> André Lalonde Sports ..... <input type="checkbox"/> ..... <input type="checkbox"/> Athlete's World ..... <input type="checkbox"/> ..... <input type="checkbox"/> Atmosphere ..... <input type="checkbox"/> ..... <input type="checkbox"/> Baron Sports/S.A.I.L. .... <input type="checkbox"/> ..... <input type="checkbox"/> Bernard Trottier ..... <input type="checkbox"/> ..... <input type="checkbox"/> Boutique Courir ..... <input type="checkbox"/> ..... <input type="checkbox"/> Boutique Oberson ..... <input type="checkbox"/> ..... <input type="checkbox"/> Champs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Excellence Sports ..... <input type="checkbox"/> ..... <input type="checkbox"/> Foot Locker ..... <input type="checkbox"/> ..... <input type="checkbox"/> Golf Town ..... <input type="checkbox"/> ..... <input type="checkbox"/> La Cordée-Plein Air ..... <input type="checkbox"/> ..... <input type="checkbox"/> National Sports ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nevada Bob's ..... <input type="checkbox"/> ..... <input type="checkbox"/> Runners World ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sport Chek ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sport Mart ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sporting Life ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sports Authority ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sports Experts ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tommy & Lefevre ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Specialty Sporting Store ..... <input type="checkbox"/> ..... <input type="checkbox"/> Play It Again Sports ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Second Hand Stores ..... <input type="checkbox"/> ..... <input type="checkbox"/> Canadian Tire ..... <input type="checkbox"/> ..... <input type="checkbox"/> Costco ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mountain Equipment Co-op ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Stores ..... <input type="checkbox"/> ..... <input type="checkbox"/>			Past 2 Years		
						Wrote To A Public Official ..... <input type="checkbox"/>			
						Wrote To The Editor Of A Newspaper Or Magazine ..... <input type="checkbox"/>			
						Were Active In A Social Issue Or Community Project ..... <input type="checkbox"/>			
						Actively Worked For A Political Party Or Candidate ..... <input type="checkbox"/>			
						Did Volunteer Work ..... <input type="checkbox"/>			
<b>MOVIES</b>		PERSONALLY ATTENDED							
		Past 12 Months	Past 3 Months						
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>									
<b>LAST TIME WENT:</b>									
In Past 7 Days ..... <input type="checkbox"/> In Past 2 Weeks ..... <input type="checkbox"/> In Past 3 Weeks ..... <input type="checkbox"/> In Past Month ..... <input type="checkbox"/> In Past 2 Months ..... <input type="checkbox"/> In Past 3 Months ..... <input type="checkbox"/> Longer Ago ..... <input type="checkbox"/>									
<b>NUMBER OF TIMES:</b>									
None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2-3 ..... <input type="checkbox"/> 4-5 ..... <input type="checkbox"/> 6-10 ..... <input type="checkbox"/> 11+ ..... <input type="checkbox"/>									
<b>MOVIES</b>		PERSONALLY ATTENDED							
		Most Often	Others Sometimes						
<b>TYPES:</b>									
Action/Adventure ..... <input type="checkbox"/> ..... <input type="checkbox"/> Animated ..... <input type="checkbox"/> ..... <input type="checkbox"/> Comedy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Drama ..... <input type="checkbox"/> ..... <input type="checkbox"/> Family/Children Oriented ..... <input type="checkbox"/> ..... <input type="checkbox"/> Foreign ..... <input type="checkbox"/> ..... <input type="checkbox"/> Horror ..... <input type="checkbox"/> ..... <input type="checkbox"/> Science Fiction ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>									

# RESTAURANTS, MEETING/DATING SERVICES

RESTAURANTS	PERSONALLY USED			RESTAURANTS — Continued —	PERSONALLY USE		RESTAURANTS — Continued —	PERSONALLY USE																																					
	Past 30 Days				Most Often	Others Sometimes		Most Often	Others Sometimes																																				
YES .....	<input type="checkbox"/>			<b>CASUAL &amp; FAMILY DINING: (Cont'd)</b> Kelsey's ..... <input type="checkbox"/> .....			<b>PIZZA RESTAURANTS:</b> 2-4-1 ..... <input type="checkbox"/> .....																																						
NO .....	<input type="checkbox"/>									La Cage aux Sports ..... <input type="checkbox"/> .....	La Piazzetta ..... <input type="checkbox"/> .....	Greco's Pizza ..... <input type="checkbox"/> .....	Little Caesars ..... <input type="checkbox"/> .....	Panagos ..... <input type="checkbox"/> .....	Pizza Delight ..... <input type="checkbox"/> .....	Pizza Donini ..... <input type="checkbox"/> .....	Pizza Hut ..... <input type="checkbox"/> .....	Pizza Nova ..... <input type="checkbox"/> .....	Pizza Pizza ..... <input type="checkbox"/> .....	Pizzaville ..... <input type="checkbox"/> .....	Pizza 73 ..... <input type="checkbox"/> .....	3 for 1 Pizza & Wings ..... <input type="checkbox"/> .....	Mr. Greek's ..... <input type="checkbox"/> .....	Outback Steakhouse ..... <input type="checkbox"/> .....	Pacini ..... <input type="checkbox"/> .....	Red Lobster ..... <input type="checkbox"/> .....	Red Robin ..... <input type="checkbox"/> .....	Scores ..... <input type="checkbox"/> .....	Sizzlers ..... <input type="checkbox"/> .....	Steak Frites ..... <input type="checkbox"/> .....	St. Hubert (Rôtisseries St-Hubert) ..... <input type="checkbox"/> .....	Swiss Chalet (Chalet Suisse) ..... <input type="checkbox"/> .....	The Keg ..... <input type="checkbox"/> .....	Tony Roma's ..... <input type="checkbox"/> .....	Tucker's Marketplace ..... <input type="checkbox"/> .....	White Spot ..... <input type="checkbox"/> .....	Other ..... <input type="checkbox"/> .....	Croissant Plus ..... <input type="checkbox"/> .....	Druxy's ..... <input type="checkbox"/> .....	Extreme Pita ..... <input type="checkbox"/> .....	Mega Wraps ..... <input type="checkbox"/> .....	Mr.Sub ..... <input type="checkbox"/> .....	Pita Pit ..... <input type="checkbox"/> .....	Quizno's ..... <input type="checkbox"/> .....	Select Sandwich ..... <input type="checkbox"/> .....
RESTAURANTS	PERSONALLY USED TIMES PAST 30 DAYS																																												
	1-2	3-4	5+																																										
Delivery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Drive Thru .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Eat-In .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Take-Out .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
<b>TYPE:</b>																																													
Buffets .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Burger Restaurants .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Casual/Family Dining .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Chicken Restaurants .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Coffee/Donuts Shops .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Convenience Stores .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Department Stores .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Food Courts .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Greek .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Grocery Store Take Out .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Ice Cream Parlors .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Oriental .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Pizza Restaurants .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Pubs/Sports Bars .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Sub-Sandwiches .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Taco Restaurants .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
RESTAURANTS	PERSONALLY USE																																												
	Most Often	Others Sometimes																																											
<b>BURGER RESTAURANTS:</b>																																													
A & W .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Arby's .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Ashton .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Burger King .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Dairy Queen .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Harvey's .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
La Belle Province .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Licks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
McDonald's .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
New York Fries .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Triple O's .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Valentine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Wendy's .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Other Burger Restaurants .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
<b>CASUAL &amp; FAMILY DINING:</b>																																													
Alice Fazoolis .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Applebee's .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Baton Rouge .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Boathouse .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Boccacino's .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Boston Market .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Boston Pizza .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Bread Garden .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Cactus Club .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Casey's .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Denny's .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Earl's .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
East Side Mario's .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Giorgio .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Golden Griddle .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Grisantis .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Houston .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Humpty's .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Jack Astor's .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Joey Tomatoes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
<b>CHICKEN RESTAURANTS:</b>																																													
Chicken Delight .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Church's Chicken .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
KFC (PFK Poulet Frit Kentucky) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Joey's Only .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Tennessee Jack's .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Other Chicken Restaurants .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
<b>COFFEE/DONUT/ BREAKFAST SHOPS:</b>																																													
Baker's Dozen .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Café Bistro A.L. Van Houtte .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Café Depot .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Café Supreme .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Chez Cora .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Coffee Time .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Country Style .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Dunkin Donuts .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Grabba Jabba .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Great Canadian Bagel .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Krispy Kreme .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
MMMuffins .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Muffin Plus .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Robins Donut .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Second Cup .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Starbucks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Tim Hortons .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Timothy's .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Williams Coffee Pubs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Other Coffee/Donut Shops .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
<b>ICE CREAM/YOGURT PARLORS:</b>																																													
Baskin Robbins .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Dairy Queen .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
La Cremiere .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Yogen Fruz .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Other Ice Cream Parlors .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
HIGH QUALITY RESTAURANTS	PERSONALLY ATE																																												
	Past 12 Months	Past 30 Days																																											
YES .....	<input type="checkbox"/>	<input type="checkbox"/>																																											
NO .....	<input type="checkbox"/>	<input type="checkbox"/>																																											
<b>NUMBER OF TIMES:</b>																																													
None .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
1 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
2 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
3 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
4+ .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
MEETING/DATING SERVICES	PERSONALLY USED																																												
	Past 6 Months																																												
YES .....	<input type="checkbox"/>																																												
NO .....	<input type="checkbox"/>																																												

# GAMBLING, CIGARETTES, CANDY, CHEWING GUM, CHOCOLATES

CASINOS	PERSONALLY VISITED		SPECIAL EDITIONS	PAST 12 MONTHS			CHEWY CANDIES	PERSONALLY EAT	
	Past 12 Months	Past 3 Months		1	2-3	4+		Past 6 Months	Packages/ Past 7 Days
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5-6 ..... <input type="checkbox"/> 7+ ..... <input type="checkbox"/>  <b>TYPE:</b> Casino ..... <input type="checkbox"/> Local Charity/Fair Casino ..... <input type="checkbox"/>	Célébration à 20 \$ ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Poule Gala à 10 \$ ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vie de Millionaire ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b style="background-color: black; color: white; text-align: center;">CIGARETTES</b> PERSONALLY SMOKED Past Packs/ 12 Months Past 7 Days			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>		
<b style="background-color: black; color: white; text-align: center;">BINGO/VIDEO LOTTERY TERMINALS</b> PERSONALLY VISITED Past 3 Months  YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TYPE:</b> Bingo Hall ..... <input type="checkbox"/> Video Lottery Terminals ..... <input type="checkbox"/>	<b style="background-color: black; color: white; text-align: center;">HARD CANDY/ MINTS</b> PERSONALLY EAT Past Packages/ 6 Months Past 7 Days  YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>			<b style="background-color: black; color: white; text-align: center;">CHEWY CANDIES</b> PERSONALLY EAT Most Others Often Sometimes		<b>BRANDS:</b> Dare Real Fruit Gummies ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dare Original/Juicee ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fruitella ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fruity Smarties ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hubba Bubba Sour Gumm Tape ..... <input type="checkbox"/> ..... <input type="checkbox"/> LifeSaver's Gummies ..... <input type="checkbox"/> ..... <input type="checkbox"/> LifeSaver's Gummies Fruit Splosions ..... <input type="checkbox"/> ..... <input type="checkbox"/> Jelly Beans ..... <input type="checkbox"/> ..... <input type="checkbox"/> Juiced Up ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ju Jubes ..... <input type="checkbox"/> ..... <input type="checkbox"/> Maynards —Bassett's Liquorice AllSorts ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Fuzzy Peach ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Juicy Squirts ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Milkies ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Original Gummies ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Sour Cherry Blasters ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Sour Patch Kids ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Swedish Berries ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Wine Gums ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mentos ..... <input type="checkbox"/> ..... <input type="checkbox"/> Skittles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Starburst ..... <input type="checkbox"/> ..... <input type="checkbox"/> Twizzlers/Nibs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
<b style="background-color: black; color: white; text-align: center;">LOTTERY TICKETS</b> PERSONALLY BOUGHT Past Average 12 Months Month  YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>AMOUNT SPENT:</b> Less Than \$5 ..... <input type="checkbox"/> \$5-\$9.99 ..... <input type="checkbox"/> \$10-\$19.99 ..... <input type="checkbox"/> \$20-\$29.99 ..... <input type="checkbox"/> \$30+ ..... <input type="checkbox"/>	<b style="background-color: black; color: white; text-align: center;">LOTTERY TICKETS</b> NUMBER OF TICKETS IN AVERAGE MONTH 1 2-3 4+  <b>TYPES:</b> Instant Win (By Price) \$1 Tickets ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> \$2 Tickets ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> \$3 Tickets ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> \$5 Tickets ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Instant Win Cash For Life/Gagnant à Vie ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Loto-Bingo/Bingo+ ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Crosswords/Mots Cachés ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> La Poule aux Oeufs d'or ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Wheel Of Fortune/Roue de Fortune ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>DRAWS:</b> Jour de paye ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lotto 6/49 ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Super 7 ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Atlantic Choice/Prairie Or Daily Keno ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Québec 49/Ontario 49/ BC49/Western 649 ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Extra/Encore/Tag/Plus ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b style="background-color: black; color: white; text-align: center;">HARD CANDY/ MINTS</b> PERSONALLY EAT Most Others Often Sometimes  <b>KINDS:</b> In Rolls ..... <input type="checkbox"/> ..... <input type="checkbox"/> In Bags ..... <input type="checkbox"/> ..... <input type="checkbox"/> In Blister Packs ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Altoids —Mints ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Sours ..... <input type="checkbox"/> ..... <input type="checkbox"/> Blitz ..... <input type="checkbox"/> ..... <input type="checkbox"/> Breath Savers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Campino ..... <input type="checkbox"/> ..... <input type="checkbox"/> Certs —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Coolmint ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Power ..... <input type="checkbox"/> ..... <input type="checkbox"/> Chocfuls ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clorets ..... <input type="checkbox"/> ..... <input type="checkbox"/> Crème Savers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dare ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dentyne Fire ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dentyne Ice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Entice ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Excel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Frisk ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fruit Waves ..... <input type="checkbox"/> ..... <input type="checkbox"/> Halls Defense Vitamin C ..... <input type="checkbox"/> ..... <input type="checkbox"/> Halls Fruit Breezers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ice Breakers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Jolly Rancher ..... <input type="checkbox"/> ..... <input type="checkbox"/> LifeSavers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Milkfuls ..... <input type="checkbox"/> ..... <input type="checkbox"/> Scotch Mints ..... <input type="checkbox"/> ..... <input type="checkbox"/> Smint ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Tic Tac ..... <input type="checkbox"/> ..... <input type="checkbox"/> Werthers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>		<b style="background-color: black; color: white; text-align: center;">CHEWING GUM</b> PERSONALLY CHEW Past Packs/ 6 Months Past 7 Days  YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5-6 ..... <input type="checkbox"/> 7 Or More ..... <input type="checkbox"/>			
							<b style="background-color: black; color: white; text-align: center;">CHEWING GUM</b> PERSONALLY CHEW Most Others Often Sometimes  <b>TYPES:</b> Breath Fresheners ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bubble Gum —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Sugarless ..... <input type="checkbox"/> ..... <input type="checkbox"/> Chewing Gum —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Sugarless ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dental Gum ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>FORMS:</b> Pellet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Centre-Filled Pellet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Stick ..... <input type="checkbox"/> ..... <input type="checkbox"/>		

# GAMBLING, CIGARETTES, CANDY, CHEWING GUM, CHOCOLATES

CHEWING GUM	PERSONALLY CHEW		CHOCOLATE/ CANDY BARS	PERSONALLY EAT		CHOCOLATE/ CANDY BARS	PERSONALLY EAT					
	Most Often	Others Sometimes		Bars/Boxes/Bags Past 7 Days	Most Often		Others Sometimes	Most Often	Others Sometimes			
<b>BRANDS:</b> Big Red ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bubblicious ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bubblicious Bursts ..... <input type="checkbox"/> ..... <input type="checkbox"/> Chiclets —Assorted ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Sours ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Sugarless ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clorets —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Sugarless ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dentyne —Blast ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Frost Bites ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Ice ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Ice Centre-Filled ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Tango ..... <input type="checkbox"/> ..... <input type="checkbox"/> Doublemint ..... <input type="checkbox"/> ..... <input type="checkbox"/> Excel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Excel Extreme ..... <input type="checkbox"/> ..... <input type="checkbox"/> Excel Fuse ..... <input type="checkbox"/> ..... <input type="checkbox"/> Extra ..... <input type="checkbox"/> ..... <input type="checkbox"/> Freudent ..... <input type="checkbox"/> ..... <input type="checkbox"/> Freudent Total ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hubba Bubba ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ice Breakers Gum ..... <input type="checkbox"/> ..... <input type="checkbox"/> Juicy Fruit Stick ..... <input type="checkbox"/> ..... <input type="checkbox"/> Juicy Fruit Pellet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mentos Gum ..... <input type="checkbox"/> ..... <input type="checkbox"/> Stride ..... <input type="checkbox"/> ..... <input type="checkbox"/> Trident ..... <input type="checkbox"/> ..... <input type="checkbox"/> Trident Splash ..... <input type="checkbox"/> ..... <input type="checkbox"/> Trident White ..... <input type="checkbox"/> ..... <input type="checkbox"/> Wrigley's Spearmint ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>		<b>CHOCOLATE/ CANDY BARS</b>			<b>PERSONALLY EAT</b>		<b>BRANDS (Continued):</b> Hershey Hugs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hershey Kisses ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hershey Kissables ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hershey Milk Chocolate ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hershey Milk/Almond Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hershey Special Dark ..... <input type="checkbox"/> ..... <input type="checkbox"/> Jersey Buds ..... <input type="checkbox"/> ..... <input type="checkbox"/> Jersey Milk ..... <input type="checkbox"/> ..... <input type="checkbox"/> Junior Mints/Caramels ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kinder Bueno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kinder Surprise ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kit Kat ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kit Kat Chunky ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kit Kat Chunky Caramel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kit Kat Chunky Max ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kit Kat Chunky Peanut Butter ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kit Kat Dark ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kit Kat Singles ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Lindt 3-Piece ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lindt Excellence ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lindt Swiss Classic ..... <input type="checkbox"/> ..... <input type="checkbox"/> M & M's Crispy ..... <input type="checkbox"/> ..... <input type="checkbox"/> M & M's Minis ..... <input type="checkbox"/> ..... <input type="checkbox"/> M & M's Peanuts ..... <input type="checkbox"/> ..... <input type="checkbox"/>  M & M's Plain ..... <input type="checkbox"/> ..... <input type="checkbox"/> Macintosh's Toffee ..... <input type="checkbox"/> ..... <input type="checkbox"/> Malted Milk ..... <input type="checkbox"/> ..... <input type="checkbox"/> Maltesers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mars Dark ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Mars With Almond ..... <input type="checkbox"/> ..... <input type="checkbox"/> Max5 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mauna Loa ..... <input type="checkbox"/> ..... <input type="checkbox"/> Milka ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mirage ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mr. Big ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mr. Big Fudge ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mr. Chew Big ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nestlé Crunch ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Oh Henry! ..... <input type="checkbox"/> ..... <input type="checkbox"/> Oh Henry! Peanut Butter ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pep ..... <input type="checkbox"/> ..... <input type="checkbox"/> Quality Street ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Reese Bites ..... <input type="checkbox"/> ..... <input type="checkbox"/> Reese Peanut Butter Cups ..... <input type="checkbox"/> ..... <input type="checkbox"/> Reese Peanut Butter Pieces ..... <input type="checkbox"/> ..... <input type="checkbox"/> Reese White Chocolate ..... <input type="checkbox"/> ..... <input type="checkbox"/> Peanut Butter Cups ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Rolo ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sidekick ..... <input type="checkbox"/> ..... <input type="checkbox"/> Skor ..... <input type="checkbox"/> ..... <input type="checkbox"/> S'mores ..... <input type="checkbox"/> ..... <input type="checkbox"/> Smarties (Plain) ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Smarties Peanut ..... <input type="checkbox"/> ..... <input type="checkbox"/> Smarties Peanut Butter ..... <input type="checkbox"/> ..... <input type="checkbox"/> Snickers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sweet Marie ..... <input type="checkbox"/> ..... <input type="checkbox"/> Terry's Chocolate Orange/ Raspberry ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Time Out ..... <input type="checkbox"/> ..... <input type="checkbox"/> Toblerone ..... <input type="checkbox"/> ..... <input type="checkbox"/> Turtles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Turtles 3-Piece ..... <input type="checkbox"/> ..... <input type="checkbox"/> Twix ..... <input type="checkbox"/> ..... <input type="checkbox"/> Wunderbar ..... <input type="checkbox"/> ..... <input type="checkbox"/>  York ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zero ..... <input type="checkbox"/> ..... <input type="checkbox"/> Others ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
<b>NUTS/SEEDS</b>			<b>PERSONALLY EAT</b>		<b>CHOCOLATE/ CANDY BARS</b>			<b>PERSONALLY EAT</b>				
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>			Containers/ Past 6 Months		<b>TYPES:</b> Regular Single Bars/Packs ..... <input type="checkbox"/> ..... <input type="checkbox"/> King Size ..... <input type="checkbox"/> ..... <input type="checkbox"/> Family Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Treat Size (Minis) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Multi-Packs/4 Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bagged Chocolate/Candy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Snack Boxes ..... <input type="checkbox"/> ..... <input type="checkbox"/> Stand Up Bags (Wrapped Chocolate) ..... <input type="checkbox"/> ..... <input type="checkbox"/>			Past 30 Days		<b>BRANDS:</b> 3-Musketeers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aero ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aero Caramel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aero Chunky ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aero Peppermint ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aero Singles ..... <input type="checkbox"/> ..... <input type="checkbox"/> After Eight ..... <input type="checkbox"/> ..... <input type="checkbox"/> Big Turk ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bounty ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bridge Mixture ..... <input type="checkbox"/> ..... <input type="checkbox"/> Butterfinger ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Cadbury Almond ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Amazon Brittle ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Burnt Almond ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Caramilk Minis ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Coconut ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Crisps ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Dairy Milk ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Dairy Milk Bubbly ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Delight ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Dream ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Flake ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Fruit & Nut ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Fruit & Nut Dark ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Hazelnut ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Mini Eggs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Peanut Butter ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Peanut Butter Minis ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Premium Dark ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Thins ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cadbury Toffee & Nut ..... <input type="checkbox"/> ..... <input type="checkbox"/> Caramilk Dark ..... <input type="checkbox"/> ..... <input type="checkbox"/> Caramilk Maple ..... <input type="checkbox"/> ..... <input type="checkbox"/> Caramilk Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> Caramilk Rolls ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Cherry Blossom ..... <input type="checkbox"/> ..... <input type="checkbox"/> Coffee Crisp ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cote D'Or ..... <input type="checkbox"/> ..... <input type="checkbox"/> Creme Eggs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Crispy Crunch ..... <input type="checkbox"/> ..... <input type="checkbox"/> Crunchie ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
<b>NUTS/SEEDS</b>			<b>PERSONALLY EAT</b>		<b>CHOCOLATE/ CANDY BARS</b>			<b>PERSONALLY EAT</b>				
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>			Most Often		<b>TYPES:</b> Cashews ..... <input type="checkbox"/> ..... <input type="checkbox"/> Walnuts ..... <input type="checkbox"/> ..... <input type="checkbox"/> Peanuts ..... <input type="checkbox"/> ..... <input type="checkbox"/> Almonds ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sunflower Seeds ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mixed Nuts ..... <input type="checkbox"/> ..... <input type="checkbox"/>			Others Sometimes		Cherry Blossom ..... <input type="checkbox"/> ..... <input type="checkbox"/> Coffee Crisp ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cote D'Or ..... <input type="checkbox"/> ..... <input type="checkbox"/> Creme Eggs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Crispy Crunch ..... <input type="checkbox"/> ..... <input type="checkbox"/> Crunchie ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Dove Caramel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Eat More ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ferrero 3-Piece ..... <input type="checkbox"/> ..... <input type="checkbox"/> Glosette —Peanuts ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Raisins ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hershey Almond & Toffee ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hershey Bites ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hershey Cookies 'n' Creme ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hershey Creamy Caramel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hershey Extra Dark ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
<b>CHOCOLATE/ CANDY BARS</b>			<b>PERSONALLY EAT</b>		<b>CHOCOLATE/ CANDY BARS</b>			<b>PERSONALLY EAT</b>				
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>			Past 6 Months		Hershey Hugs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hershey Kisses ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hershey Kissables ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hershey Milk Chocolate ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hershey Milk/Almond Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hershey Special Dark ..... <input type="checkbox"/> ..... <input type="checkbox"/> Jersey Buds ..... <input type="checkbox"/> ..... <input type="checkbox"/> Jersey Milk ..... <input type="checkbox"/> ..... <input type="checkbox"/> Junior Mints/Caramels ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kinder Bueno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kinder Surprise ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kit Kat ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kit Kat Chunky ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kit Kat Chunky Caramel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kit Kat Chunky Max ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kit Kat Chunky Peanut Butter ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kit Kat Dark ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kit Kat Singles ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Lindt 3-Piece ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lindt Excellence ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lindt Swiss Classic ..... <input type="checkbox"/> ..... <input type="checkbox"/> M & M's Crispy ..... <input type="checkbox"/> ..... <input type="checkbox"/> M & M's Minis ..... <input type="checkbox"/> ..... <input type="checkbox"/> M & M's Peanuts ..... <input type="checkbox"/> ..... <input type="checkbox"/>  M & M's Plain ..... <input type="checkbox"/> ..... <input type="checkbox"/> Macintosh's Toffee ..... <input type="checkbox"/> ..... <input type="checkbox"/> Malted Milk ..... <input type="checkbox"/> ..... <input type="checkbox"/> Maltesers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mars Dark ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Mars With Almond ..... <input type="checkbox"/> ..... <input type="checkbox"/> Max5 ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mauna Loa ..... <input type="checkbox"/> ..... <input type="checkbox"/> Milka ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mirage ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mr. Big ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mr. Big Fudge ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mr. Chew Big ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nestlé Crunch ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Oh Henry! ..... <input type="checkbox"/> ..... <input type="checkbox"/> Oh Henry! Peanut Butter ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pep ..... <input type="checkbox"/> ..... <input type="checkbox"/> Quality Street ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Reese Bites ..... <input type="checkbox"/> ..... <input type="checkbox"/> Reese Peanut Butter Cups ..... <input type="checkbox"/> ..... <input type="checkbox"/> Reese Peanut Butter Pieces ..... <input type="checkbox"/> ..... <input type="checkbox"/> Reese White Chocolate ..... <input type="checkbox"/> ..... <input type="checkbox"/> Peanut Butter Cups ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Rolo ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sidekick ..... <input type="checkbox"/> ..... <input type="checkbox"/> Skor ..... <input type="checkbox"/> ..... <input type="checkbox"/> S'mores ..... <input type="checkbox"/> ..... <input type="checkbox"/> Smarties (Plain) ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Smarties Peanut ..... <input type="checkbox"/> ..... <input type="checkbox"/> Smarties Peanut Butter ..... <input type="checkbox"/> ..... <input type="checkbox"/> Snickers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sweet Marie ..... <input type="checkbox"/> ..... <input type="checkbox"/> Terry's Chocolate Orange/ Raspberry ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Time Out ..... <input type="checkbox"/> ..... <input type="checkbox"/> Toblerone ..... <input type="checkbox"/> ..... <input type="checkbox"/> Turtles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Turtles 3-Piece ..... <input type="checkbox"/> ..... <input type="checkbox"/> Twix ..... <input type="checkbox"/> ..... <input type="checkbox"/> Wunderbar ..... <input type="checkbox"/> ..... <input type="checkbox"/>  York ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zero ..... <input type="checkbox"/> ..... <input type="checkbox"/> Others ..... <input type="checkbox"/> ..... <input type="checkbox"/>							

# SNACK PRODUCTS

POTATO CHIPS		PERSONALLY EAT		PRETZELS		PERSONALLY EAT		CORN & TORTILLA CHIPS & CHEESE SNACKS		PERSONALLY EAT					
		Past 6 Months	Past 30 Days			Most Often	Others Sometimes			Most Often	Others Sometimes				
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>				<b>BRANDS:</b> Mr. Salty ..... <input type="checkbox"/> ..... <input type="checkbox"/> Old Dutch ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rold Gold Pretzels ..... <input type="checkbox"/> ..... <input type="checkbox"/> Snyder's ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Generic (No Label) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bulk ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>BRANDS (Continued):</b> Doritos ..... <input type="checkbox"/> ..... <input type="checkbox"/> Doritos Baked ..... <input type="checkbox"/> ..... <input type="checkbox"/> Doritos Baked 100 Calorie Packs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Doritos Snack Cups ..... <input type="checkbox"/> ..... <input type="checkbox"/> Garden Fresh Tortilla Chips ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fritos Corn Chips ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hawkin's Cheezies ..... <input type="checkbox"/> ..... <input type="checkbox"/> Humpty Dumpty Cheese Sticks ..... <input type="checkbox"/> ..... <input type="checkbox"/> Humpty Dumpty Crunchiez .. <input type="checkbox"/> ..... <input type="checkbox"/>							
POTATO CHIPS		PERSONALLY EAT		SNACK/PARTY MIX		PERSONALLY EAT									
		Most Often	Others Sometimes			Past 6 Months	Past 30 Days								
<b>TYPES:</b> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> Flavoured ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>FORMS:</b> Flat ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rippled/Ridged ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>KINDS:</b> Low/Reduced Fat ..... <input type="checkbox"/> ..... <input type="checkbox"/> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Hostess ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hickory Sticks ..... <input type="checkbox"/> ..... <input type="checkbox"/> Humpty Dumpty ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kettle Chips ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lay's —Original ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Baked ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Lightly Salted ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Stax ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Stax Snack Cup ..... <input type="checkbox"/> ..... <input type="checkbox"/> Miss Vickies ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Old Dutch ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice President's Choice Kettle Cooked ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pringles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ruffles —Original ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Baked ..... <input type="checkbox"/> ..... <input type="checkbox"/> Generic (No Label) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store's Own Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>				<b>BRANDS:</b> Bits & Bites ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cheerios Snack Mix ..... <input type="checkbox"/> ..... <input type="checkbox"/> Humpty Dumpty Party Mix .. <input type="checkbox"/> ..... <input type="checkbox"/> Munchies Snack Mix —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Reduced Fat ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				Old Dutch Arriba Flavoured Tortilla Chips ..... <input type="checkbox"/> ..... <input type="checkbox"/> Old Dutch Cheese Snacks ..... <input type="checkbox"/> ..... <input type="checkbox"/> Old Dutch Tortilla Chips ..... <input type="checkbox"/> ..... <input type="checkbox"/> Old Dutch Multigrain Tortilla Chips ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice Tortilla Chips With Flax ..... <input type="checkbox"/> ..... <input type="checkbox"/> Que Pasa Tortilla Chips ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rebellos Flavoured Tortilla Chips ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sunchips (Any) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sunchips 100 Calorie Packs .. <input type="checkbox"/> ..... <input type="checkbox"/> Tostitos Baked Tortilla Chips .. <input type="checkbox"/> ..... <input type="checkbox"/> Tostitos Multigrain Tortilla Chips ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tostitos Organic Tortilla Chips <input type="checkbox"/> ..... <input type="checkbox"/> Tostitos Tortilla Chips ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand—Cheese Puffs, Sticks, Balls ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand—Tortilla Chips .. <input type="checkbox"/> ..... <input type="checkbox"/>			
				SNACK/PARTY MIX		PERSONALLY EAT									
						Most Often	Others Sometimes								
				<b>BRANDS:</b> Bits & Bites ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cheerios Snack Mix ..... <input type="checkbox"/> ..... <input type="checkbox"/> Humpty Dumpty Party Mix .. <input type="checkbox"/> ..... <input type="checkbox"/> Munchies Snack Mix —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Reduced Fat ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>WHERE EATEN NACHO &amp; CHEESE SAUCE:</b> At Home ..... <input type="checkbox"/> ..... <input type="checkbox"/> Special Events ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>							
				CORN & TORTILLA CHIPS & CHEESE SNACKS		PERSONALLY EAT		POPCORN		PERSONALLY EAT					
						Past 6 Months	Past 30 Days			Past 6 Months	Past 30 Days				
				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES/BOWLS:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>							
				CORN & TORTILLA CHIPS & CHEESE SNACKS		PERSONALLY EAT		POPCORN		PERSONALLY EAT					
						Most Often	Others Sometimes			Most Often	Others Sometimes				
<b>PRETZELS</b>				<b>TYPES:</b> Flavoured Tortilla Chips Like Doritos ..... <input type="checkbox"/> ..... <input type="checkbox"/> Plain Unflavoured Tortilla Chips Like Tostitos ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cheese Snacks Like Cheetos .. <input type="checkbox"/> ..... <input type="checkbox"/>				<b>TYPES:</b> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> Caramel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Flavoured ..... <input type="checkbox"/> ..... <input type="checkbox"/>							
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>				<b>SHAPES:</b> Rounds ..... <input type="checkbox"/> ..... <input type="checkbox"/> Triangles ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>FORMS:</b> Already Popped ..... <input type="checkbox"/> ..... <input type="checkbox"/> Popped In Microwave ..... <input type="checkbox"/> ..... <input type="checkbox"/> Popped In Home Popper/ On Stove ..... <input type="checkbox"/> ..... <input type="checkbox"/>							
<b>TYPES:</b> Flavoured ..... <input type="checkbox"/> Unflavoured ..... <input type="checkbox"/>				<b>BRANDS:</b> Cheetos Crunchy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cheetos Puffs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cheetos Snack Cups ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>BRANDS:</b> Chester's ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cracker Jack ..... <input type="checkbox"/> ..... <input type="checkbox"/> Orville Redenbacher's ..... <input type="checkbox"/> ..... <input type="checkbox"/> Smartfood ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>							

# RICE CAKES/CORN CAKES, INSTANT SOUP/MEAL IN A CUP

RICE CAKES/CORN CAKES/ POTATO CRISPS	PERSONALLY EAT		MEAL REPLACEMENT/ NUTRITIONAL DRINKS/BARS	PERSONALLY EAT	
	Past 6 Months	Past 30 Days		Past 6 Months	Past 30 Days
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1-5 ..... <input type="checkbox"/> 6-11 ..... <input type="checkbox"/> 12+ ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF OCCASIONS:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15-19 ..... <input type="checkbox"/> 20+ ..... <input type="checkbox"/>		
RICE CAKES/CORN CAKES/ POTATO CRISPS	PERSONALLY EAT		MEAL REPLACEMENT/ NUTRITIONAL DRINKS/BARS	PERSONALLY EAT	
	Most Often	Others Sometimes		Most Often	Others Sometimes
<b>KINDS:</b> Plain ..... <input type="checkbox"/> ..... <input type="checkbox"/> Flavoured —Sweet ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Salty/Savoury ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Christie's Rice Thins ..... <input type="checkbox"/> ..... <input type="checkbox"/> Equality Large Rice Cakes ..... <input type="checkbox"/> ..... <input type="checkbox"/> Equality Rice Chips ..... <input type="checkbox"/> ..... <input type="checkbox"/> Genisoy Minis ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hot Kids Rice Crackers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mighty Bites Rice Chips ..... <input type="checkbox"/> ..... <input type="checkbox"/> No Name Large Rice Cakes ..... <input type="checkbox"/> ..... <input type="checkbox"/> No Name Minis Rice Chips ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice Rice Chips ..... <input type="checkbox"/> ..... <input type="checkbox"/> Quaker Crispy Minis ..... <input type="checkbox"/> ..... <input type="checkbox"/> Quaker Crispy Minis Delights ..... <input type="checkbox"/> ..... <input type="checkbox"/> Quaker Large Rice Cakes ..... <input type="checkbox"/> ..... <input type="checkbox"/> Safeway Rice Chips ..... <input type="checkbox"/> ..... <input type="checkbox"/> Spudz Potato Stix ..... <input type="checkbox"/> ..... <input type="checkbox"/> Spudz Potato Crisps ..... <input type="checkbox"/> ..... <input type="checkbox"/> Western Family Crunchy Minis ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>TYPES:</b> Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Drinks —Powdered ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Ready To Serve ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>USED FOR:</b> Meal ..... <input type="checkbox"/> ..... <input type="checkbox"/> Snack ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Atkins ..... <input type="checkbox"/> ..... <input type="checkbox"/> Balance Bar ..... <input type="checkbox"/> ..... <input type="checkbox"/> Body Smarts ..... <input type="checkbox"/> ..... <input type="checkbox"/> Boost ..... <input type="checkbox"/> ..... <input type="checkbox"/> Boost Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Boost Sport ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clif ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ensure ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ensure Fruitango ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gatorade ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kinetix ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nestle Breakfast Anytime ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nutribar ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Powerbar ..... <input type="checkbox"/> ..... <input type="checkbox"/> Powerbar Harvest ..... <input type="checkbox"/> ..... <input type="checkbox"/> Slim Fast ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vector Energy Bar —Berry Burst ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Chocolate Chip ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zone Perfect ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Natural/Organic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Private Label ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brands ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
INSTANT SOUP/ MEAL IN A CUP/BOWL	PERSONALLY EAT		LOW CALORIE SWEETENERS	PERSONALLY EAT	
	Past 6 Months	Past 30 Days		Past 6 Months	Past 7 Days
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF OCCASIONS:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15+ ..... <input type="checkbox"/>		
INSTANT SOUP/ MEAL IN A CUP/BOWL	PERSONALLY EAT				
	Most Often	Others Sometimes			
<b>BRANDS:</b> Betty Crocker Bowl Appetit ..... <input type="checkbox"/> ..... <input type="checkbox"/> Campbell's Hearty Noodles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gattuso Snack Cups ..... <input type="checkbox"/> ..... <input type="checkbox"/> Knorr ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lipton —Cup A Soup ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Soupworks/Bowls ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mr. Noodle Cups ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nile Spice ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice Too Good to be True ..... <input type="checkbox"/> ..... <input type="checkbox"/> Thai Kitchen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>WHERE EATEN:</b> Home ..... <input type="checkbox"/> ..... <input type="checkbox"/> Office/Work ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>					

# BEVERAGES

COFFEE	PERSONALLY DRINK		ICED TEA	PERSONALLY DRINK		FRUIT DRINKS/ PUNCHES — Ready-To-Drink —	PERSONALLY DRINK	
	Past 6 Months	Past 7 Days		Most Often	Others Sometimes		Most Often	Others Sometimes
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF CUPS:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15-29 ..... <input type="checkbox"/> 30+ ..... <input type="checkbox"/>  <b>KINDS:</b> Regular ..... <input type="checkbox"/> Decaffeinated ..... <input type="checkbox"/>  <b>TYPES:</b> Flavoured ..... <input type="checkbox"/> Gourmet ..... <input type="checkbox"/> Cappuccino ..... <input type="checkbox"/> Espresso ..... <input type="checkbox"/> Iced ..... <input type="checkbox"/> Other Specialty ..... <input type="checkbox"/>			<b>FLAVOURS:</b> Green Tea ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lemon ..... <input type="checkbox"/> ..... <input type="checkbox"/> Peach ..... <input type="checkbox"/> ..... <input type="checkbox"/> Raspberry ..... <input type="checkbox"/> ..... <input type="checkbox"/> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tropical ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>FORMS:</b> Concentrate ..... <input type="checkbox"/> ..... <input type="checkbox"/> Frozen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Powder ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ready-to-Drink ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>TYPES:</b> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diet/Low Calorie ..... <input type="checkbox"/> ..... <input type="checkbox"/> Unsweetened ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Arizona ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lipton ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lipton Brisk ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nestea ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nestea Zero ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Snapple ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tazo ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tetley ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>BRANDS (Continued):</b> Minute Maid Lemonade ..... <input type="checkbox"/> ..... <input type="checkbox"/> Minute Maid Light Fruit Beverage ..... <input type="checkbox"/> ..... <input type="checkbox"/> Minute Maid Punches ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ocean Spray ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rich n' Ready ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rougemont ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sealtest ..... <input type="checkbox"/> ..... <input type="checkbox"/> Snapple Element ..... <input type="checkbox"/> ..... <input type="checkbox"/> Snapple Fruit Drinks (Excluding Teas) ..... <input type="checkbox"/> ..... <input type="checkbox"/> SoBe ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sunny Delight ..... <input type="checkbox"/> ..... <input type="checkbox"/> SunPac Just Awesome ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sun Rype ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tropicana Twister ..... <input type="checkbox"/> ..... <input type="checkbox"/> Welchade ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
TEA	PERSONALLY DRINK		FRUIT DRINKS/ PUNCHES — Ready-To-Drink —	PERSONALLY DRINK		FRUIT DRINKS/ PUNCHES — Ready-To-Drink —	PERSONALLY DRINK	
	Past 6 Months	Past 7 Days		Past 6 Months	Past 7 Days		Past 6 Months	Past 7 Days
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF CUPS:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15-29 ..... <input type="checkbox"/> 30+ ..... <input type="checkbox"/>  <b>KINDS:</b> Regular ..... <input type="checkbox"/> Green ..... <input type="checkbox"/> Herbal ..... <input type="checkbox"/> Other Specialty ..... <input type="checkbox"/>			<b>FRUIT DRINKS/ PUNCHES — Ready-To-Drink —</b>  YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15-29 ..... <input type="checkbox"/> 30+ ..... <input type="checkbox"/>			<b>NUMBER OF GLASSES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15-29 ..... <input type="checkbox"/> 30+ ..... <input type="checkbox"/>  <b>FORMS:</b> Buttermilk ..... <input type="checkbox"/> Filtered ..... <input type="checkbox"/> Fortified ..... <input type="checkbox"/> Lactose Reduced ..... <input type="checkbox"/> Regular ..... <input type="checkbox"/>  <b>KINDS:</b> Skimmed ..... <input type="checkbox"/> 1% ..... <input type="checkbox"/> 2% ..... <input type="checkbox"/> Whole (Homo) ..... <input type="checkbox"/>  <b>TYPES OF CHOCOLATE MILK:</b> Low Fat ..... <input type="checkbox"/> Ready-To-Drink ..... <input type="checkbox"/> Made With Powder ..... <input type="checkbox"/> Made With Syrup ..... <input type="checkbox"/>		
ICED TEA	PERSONALLY DRINK		FRUIT DRINKS/ PUNCHES — Ready-To-Drink —	PERSONALLY DRINK		FRUIT DRINKS/ PUNCHES — Ready-To-Drink —	PERSONALLY DRINK	
	Past 6 Months	Past 7 Days		Most Often	Others Sometimes		Most Often	Others Sometimes
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15-29 ..... <input type="checkbox"/> 30+ ..... <input type="checkbox"/>			<b>BRANDS:</b> Allen's International ..... <input type="checkbox"/> ..... <input type="checkbox"/> Country Time Lemonade ..... <input type="checkbox"/> ..... <input type="checkbox"/> C Plus Fruit Drinks ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dole ..... <input type="checkbox"/> ..... <input type="checkbox"/> Everfresh ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fairlee ..... <input type="checkbox"/> ..... <input type="checkbox"/> FBI ..... <input type="checkbox"/> ..... <input type="checkbox"/> Five Alive ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fresh n' Tasty ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fruité ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fruitopia ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fruit Works ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fuze ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hawaiian Punch ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hi-C ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>FRUIT DRINKS/ PUNCHES — Ready-To-Drink —</b>  YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15-29 ..... <input type="checkbox"/> 30+ ..... <input type="checkbox"/>		
HOT CHOCOLATE	PERSONALLY DRINK		FRUIT DRINKS/ PUNCHES — Ready-To-Drink —	PERSONALLY DRINK		FRUIT DRINKS/ PUNCHES — Ready-To-Drink —	PERSONALLY DRINK	
	Past 6 Months	Past 7 Days		Most Often	Others Sometimes		Most Often	Others Sometimes
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TYPES:</b> Homemade ..... <input type="checkbox"/> Individual Packages ..... <input type="checkbox"/>  <b>KINDS:</b> Diet/Low Calorie ..... <input type="checkbox"/> Regular ..... <input type="checkbox"/>								

# BEVERAGES

SOFT DRINKS/ COLAS		PERSONALLY DRINK		SOFT DRINKS/ COLAS		PERSONALLY DRINK		SPARKLING WATER/SELTZER		PERSONALLY DRINK					
		Past 6 Months	Drinks/ Glasses Past 7 Days			Most Often	Others Sometimes			Past 6 Months	Past 7 Days				
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TOTAL:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15-29 ..... <input type="checkbox"/> 30+ ..... <input type="checkbox"/>  <b>JUST AS A MIX:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15-29 ..... <input type="checkbox"/> 30+ ..... <input type="checkbox"/>				<b>BRANDS (Continued):</b> Jones Soda ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mountain Dew ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mountain Dew Fuel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mug ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pepsi ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diet Pepsi ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diet Pepsi—Caffeine Free ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diet President's Choice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Schweppes Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> Schweppes Diet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Schweppes Soda Water ..... <input type="checkbox"/> ..... <input type="checkbox"/> Schweppes Tonic ..... <input type="checkbox"/> ..... <input type="checkbox"/>  7-Up ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diet 7-Up ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sprite ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sprite Zero ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brands ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diet Store Brands ..... <input type="checkbox"/> ..... <input type="checkbox"/> All Other Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> All Other Diet ..... <input type="checkbox"/> ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF GLASSES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15-29 ..... <input type="checkbox"/> 30+ ..... <input type="checkbox"/>  <b>TYPES:</b> Flavoured ..... <input type="checkbox"/> Non-Flavoured ..... <input type="checkbox"/>  <b>KINDS:</b> Sparkling Water ..... <input type="checkbox"/> Mineral Water ..... <input type="checkbox"/> Tonic/Soda ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>							
SOFT DRINKS/ COLAS		PERSONALLY DRINK		ENERGY/SPORT DRINKS		PERSONALLY DRINK		NON- CARBONATED BOTTLED WATER		PERSONALLY DRINK					
		Most Often	Others Sometimes			Past 6 Months	Drinks/ Glasses Past 7 Days			Past 6 Months	Bottles Past 7 Days				
<b>KINDS:</b> Diet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>FLAVOURS:</b> Cola ..... <input type="checkbox"/> ..... <input type="checkbox"/> Citrus ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cherry Cola ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lemon-Lime ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ginger Ale ..... <input type="checkbox"/> ..... <input type="checkbox"/> Root Beer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Orange Soda ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cream Soda ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15-29 ..... <input type="checkbox"/> 30+ ..... <input type="checkbox"/>						YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15-29 ..... <input type="checkbox"/> 30+ ..... <input type="checkbox"/>					
				ENERGY/SPORT DRINKS		PERSONALLY DRINK		NON- CARBONATED BOTTLED WATER		PERSONALLY DRINK					
						Most Often	Others Sometimes			Most Often	Others Sometimes				
<b>BRANDS:</b> A&W ..... <input type="checkbox"/> ..... <input type="checkbox"/> Barq's ..... <input type="checkbox"/> ..... <input type="checkbox"/> Canada Dry Regular Ginger Ale ..... <input type="checkbox"/> ..... <input type="checkbox"/> Canada Dry Soda Water ..... <input type="checkbox"/> ..... <input type="checkbox"/> Canada Dry Tonic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diet Canada Dry Ginger Ale ..... <input type="checkbox"/> ..... <input type="checkbox"/> C-Plus Orange —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Diet ..... <input type="checkbox"/> ..... <input type="checkbox"/> C-Plus Other ..... <input type="checkbox"/> ..... <input type="checkbox"/> Coca-Cola ..... <input type="checkbox"/> ..... <input type="checkbox"/> Coca-Cola Zero ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diet Coke ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diet Coke—Caffeine Free ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diet Coke With Lime ..... <input type="checkbox"/> ..... <input type="checkbox"/> Crush Orange —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Diet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Crush (Other) —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Diet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dr. Pepper —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Diet ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Diet Cherry Vanilla ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fanta ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fresca ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>FORMS:</b> Cans ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bottles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Drinking Boxes ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kids Bottles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kids Drinking Boxes ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>TYPES:</b> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Powder ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> All Sport ..... <input type="checkbox"/> ..... <input type="checkbox"/> Full Throttle —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Sugar-Free ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gatorade ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Rain ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Fierce ..... <input type="checkbox"/> ..... <input type="checkbox"/> —X Factor ..... <input type="checkbox"/> ..... <input type="checkbox"/> Powerade Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> Powerade Low Calorie ..... <input type="checkbox"/> ..... <input type="checkbox"/> Propel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Red Bull —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Sugar-Free ..... <input type="checkbox"/> ..... <input type="checkbox"/> SoBe Arush ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tab Energy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Natural/Organic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>TYPES:</b> Flavoured ..... <input type="checkbox"/> ..... <input type="checkbox"/> Non-Flavoured ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>SIZES:</b> 330 mL ..... <input type="checkbox"/> ..... <input type="checkbox"/> 500 mL ..... <input type="checkbox"/> ..... <input type="checkbox"/> 710 mL ..... <input type="checkbox"/> ..... <input type="checkbox"/> 1 L ..... <input type="checkbox"/> ..... <input type="checkbox"/> 1.5 L ..... <input type="checkbox"/> ..... <input type="checkbox"/> 4 L ..... <input type="checkbox"/> ..... <input type="checkbox"/> 10+ L ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>KIND:</b> Home Delivered ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Bought ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Aquafina —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Flavour Splash ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Plus ..... <input type="checkbox"/> ..... <input type="checkbox"/> Canadian Essence ..... <input type="checkbox"/> ..... <input type="checkbox"/> Crystal Springs/Labrador ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dasani —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Flavoured ..... <input type="checkbox"/> ..... <input type="checkbox"/> Echo Springs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Evian ..... <input type="checkbox"/> ..... <input type="checkbox"/> Eska ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ice River ..... <input type="checkbox"/> ..... <input type="checkbox"/> Montclair ..... <input type="checkbox"/> ..... <input type="checkbox"/> Naya ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nestle Pure Life ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vittel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Volvic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>							

# BEVERAGES

BEER	PERSONALLY DRINK		BEER	PERSONALLY DRINK		COOLERS (Alcohol)	PERSONALLY DRINK	
	Past 6 Months	Drinks/ Glasses Past 7 Days		Most Often	Others Sometimes		Most Often	Others Sometimes
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-3 ..... <input type="checkbox"/> 4-6 ..... <input type="checkbox"/> 7-12 ..... <input type="checkbox"/> 13-24 ..... <input type="checkbox"/> 25+ ..... <input type="checkbox"/>			<b>BRANDS (Continued):</b> Harp ..... <input type="checkbox"/> ..... <input type="checkbox"/> Heineken ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hoegaarden ..... <input type="checkbox"/> ..... <input type="checkbox"/> John Labatt Classic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kilkenny ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kokanee ..... <input type="checkbox"/> ..... <input type="checkbox"/> Labatt Extra Dry ..... <input type="checkbox"/> ..... <input type="checkbox"/> Labatt Ice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Labatt Lite ..... <input type="checkbox"/> ..... <input type="checkbox"/> Labatt Genuine Draft ..... <input type="checkbox"/> ..... <input type="checkbox"/> Labatt Genuine Honey ..... <input type="checkbox"/> ..... <input type="checkbox"/> Labatt '50' ..... <input type="checkbox"/> ..... <input type="checkbox"/> Labatt Sterling ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lakeport ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lakeport Honey Lager ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lakeport Light ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lakeport Red ..... <input type="checkbox"/> ..... <input type="checkbox"/> Laurentide ..... <input type="checkbox"/> ..... <input type="checkbox"/> Leffe ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lucky ..... <input type="checkbox"/> ..... <input type="checkbox"/> Miller High Life ..... <input type="checkbox"/> ..... <input type="checkbox"/> Miller Genuine Draft ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Miller Light ..... <input type="checkbox"/> ..... <input type="checkbox"/> Milwaukee's Best ..... <input type="checkbox"/> ..... <input type="checkbox"/> Milwaukee's Best Dry ..... <input type="checkbox"/> ..... <input type="checkbox"/> Molson Dry ..... <input type="checkbox"/> ..... <input type="checkbox"/> Molson Export ..... <input type="checkbox"/> ..... <input type="checkbox"/> Molson Export Light ..... <input type="checkbox"/> ..... <input type="checkbox"/> Molson Golden ..... <input type="checkbox"/> ..... <input type="checkbox"/> Moosehead ..... <input type="checkbox"/> ..... <input type="checkbox"/> Okanagan Spring ..... <input type="checkbox"/> ..... <input type="checkbox"/> Old Milwaukee ..... <input type="checkbox"/> ..... <input type="checkbox"/> Old Milwaukee Dry ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pilsner ..... <input type="checkbox"/> ..... <input type="checkbox"/> Red Stripe ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rickard's Honey Brown ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rickard's Pale ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rickard's Red ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rickard's White ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sleeman ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sleeman Clear ..... <input type="checkbox"/> ..... <input type="checkbox"/> Smithwick's ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Stella Artois ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tiger ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tuborg ..... <input type="checkbox"/> ..... <input type="checkbox"/> Unibroue Brands ..... <input type="checkbox"/> ..... <input type="checkbox"/> Upper Canada ..... <input type="checkbox"/> ..... <input type="checkbox"/> Wildcat ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>BRANDS:</b> Absolut Cut ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bacardi Breezers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bungee ..... <input type="checkbox"/> ..... <input type="checkbox"/> Canada Coolers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kahlua Combos ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Mike's Hard Cranberry ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mike's Hard Lemonade ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mike's Hard Lemon Iced Tea ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mike's Not-So-Hard Lemonade/Cranberry ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mott's Clamato Caesar ..... <input type="checkbox"/> ..... <input type="checkbox"/> Original Stiff ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rev ..... <input type="checkbox"/> ..... <input type="checkbox"/> Seagram Coolers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Smirnoff Classic Caesar ..... <input type="checkbox"/> ..... <input type="checkbox"/> Smirnoff Fire ..... <input type="checkbox"/> ..... <input type="checkbox"/> Smirnoff Ice (Red) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Smirnoff Ice Ultra ..... <input type="checkbox"/> ..... <input type="checkbox"/> Smirnoff Triple Black ..... <input type="checkbox"/> ..... <input type="checkbox"/> Smirnoff Twisted ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sting Coolers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vex ..... <input type="checkbox"/> ..... <input type="checkbox"/> Wildberry/Wildberry xtra ..... <input type="checkbox"/> ..... <input type="checkbox"/> Woody's ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
BEER	PERSONALLY DRINK							
			Most Often	Others Sometimes				
<b>FORMS:</b> Regular Bottles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Large Bottles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Regular Cans ..... <input type="checkbox"/> ..... <input type="checkbox"/> Large Cans ..... <input type="checkbox"/> ..... <input type="checkbox"/> Draught ..... <input type="checkbox"/> ..... <input type="checkbox"/>								
<b>KINDS:</b> Domestic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Domestic/Microbreweries ..... <input type="checkbox"/> ..... <input type="checkbox"/> American ..... <input type="checkbox"/> ..... <input type="checkbox"/> Import ..... <input type="checkbox"/> ..... <input type="checkbox"/> Home Brew ..... <input type="checkbox"/> ..... <input type="checkbox"/>								
<b>TYPES:</b> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> Light ..... <input type="checkbox"/> ..... <input type="checkbox"/> Non-Alcohol ..... <input type="checkbox"/> ..... <input type="checkbox"/> High Alcohol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Low Carb ..... <input type="checkbox"/> ..... <input type="checkbox"/>								
<b>PRICE:</b> Discount ..... <input type="checkbox"/> ..... <input type="checkbox"/> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> Premium ..... <input type="checkbox"/> ..... <input type="checkbox"/>								
<b>BRANDS:</b> Alexander Keith's Pale Ale ..... <input type="checkbox"/> ..... <input type="checkbox"/> Alexander Keith's Red Ale ..... <input type="checkbox"/> ..... <input type="checkbox"/> Alpine ..... <input type="checkbox"/> ..... <input type="checkbox"/> Amstel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Amstel Light ..... <input type="checkbox"/> ..... <input type="checkbox"/> Becks ..... <input type="checkbox"/> ..... <input type="checkbox"/> Big Rock ..... <input type="checkbox"/> ..... <input type="checkbox"/> Black Ice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Blue ..... <input type="checkbox"/> ..... <input type="checkbox"/> Blue Dry ..... <input type="checkbox"/> ..... <input type="checkbox"/> Blue Light ..... <input type="checkbox"/> ..... <input type="checkbox"/> Boddington's ..... <input type="checkbox"/> ..... <input type="checkbox"/> Boréale ..... <input type="checkbox"/> ..... <input type="checkbox"/> Brahma ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bud Light ..... <input type="checkbox"/> ..... <input type="checkbox"/> Budweiser ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cafferys ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Canadian ..... <input type="checkbox"/> ..... <input type="checkbox"/> Canadian Cold Shot ..... <input type="checkbox"/> ..... <input type="checkbox"/> Canadian Ice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Canadian Light ..... <input type="checkbox"/> ..... <input type="checkbox"/> Carling ..... <input type="checkbox"/> ..... <input type="checkbox"/> Carling Light ..... <input type="checkbox"/> ..... <input type="checkbox"/> Carlsberg ..... <input type="checkbox"/> ..... <input type="checkbox"/> Carlsberg Light ..... <input type="checkbox"/> ..... <input type="checkbox"/> Club ..... <input type="checkbox"/> ..... <input type="checkbox"/> Coors ..... <input type="checkbox"/> ..... <input type="checkbox"/> Coors Light ..... <input type="checkbox"/> ..... <input type="checkbox"/> Corona ..... <input type="checkbox"/> ..... <input type="checkbox"/> Creemore ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dave Nichols/Dave's ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fosters ..... <input type="checkbox"/> ..... <input type="checkbox"/> Grolsch ..... <input type="checkbox"/> ..... <input type="checkbox"/> Guinness Draught ..... <input type="checkbox"/> ..... <input type="checkbox"/> Guinness Extra Stout ..... <input type="checkbox"/> ..... <input type="checkbox"/>								
			PERSONALLY DRINK					
			Past 6 Months	Drinks Or Glasses Past 30 Days				
			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>					
			PERSONALLY DRINK					
			Most Often	Others Sometimes				
			<b>COOLERS (Alcohol)</b>					
			<b>TYPES:</b> Beer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gin ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rum ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vodka ..... <input type="checkbox"/> ..... <input type="checkbox"/> Whiskey ..... <input type="checkbox"/> ..... <input type="checkbox"/> Wine ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
<b>PREPARED MIXED DRINKS WITH LIQUOR</b>							PERSONALLY DRINK	
							Past 6 Months	Drinks Or Glasses Past 30 Days
							YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>	
<b>PREPARED MIXED DRINKS WITH LIQUOR</b>							PERSONALLY DRINK	
							Most Often	Others Sometimes
							<b>BRANDS:</b> Arbor Mist ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kahlua Combos ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kittling Classic Shaker Cocktails ..... <input type="checkbox"/> ..... <input type="checkbox"/> McGuinness Ready To Drink Long Island Iced Tea ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mystic Bay ..... <input type="checkbox"/> ..... <input type="checkbox"/> Salvador's Margarita ..... <input type="checkbox"/> ..... <input type="checkbox"/> TGIF ..... <input type="checkbox"/> ..... <input type="checkbox"/> Wild Vines ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>	
<b>WINE</b>							PERSONALLY DRINK	
							Past 6 Months	Drinks Or Glasses Past 7 Days
							YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15-29 ..... <input type="checkbox"/> 30+ ..... <input type="checkbox"/>	

# BEVERAGES

WINE	PERSONALLY DRINK		WINE	PERSONALLY DRINK		WINE	PERSONALLY DRINK	
	Most Often	Others Sometimes		Most Often	Others Sometimes		Most Often	Others Sometimes
<b>TYPES:</b>			<b>BRANDS (Continued):</b>			<b>BRANDS (Continued):</b>		
Red			Henry Of Pelham	<input type="checkbox"/>	<input type="checkbox"/>	Deboeuf	<input type="checkbox"/>	<input type="checkbox"/>
—Cabernet Sauvignon	<input type="checkbox"/>	<input type="checkbox"/>	Hillebrand	<input type="checkbox"/>	<input type="checkbox"/>	Domaine D'Or	<input type="checkbox"/>	<input type="checkbox"/>
—Merlot	<input type="checkbox"/>	<input type="checkbox"/>	Inniskillin	<input type="checkbox"/>	<input type="checkbox"/>	Drostdy Hof	<input type="checkbox"/>	<input type="checkbox"/>
—Pinot Noir	<input type="checkbox"/>	<input type="checkbox"/>	J Lohre	<input type="checkbox"/>	<input type="checkbox"/>	Eagle Hawk	<input type="checkbox"/>	<input type="checkbox"/>
—Shiraz/Syrah	<input type="checkbox"/>	<input type="checkbox"/>	Jackson-Triggs	<input type="checkbox"/>	<input type="checkbox"/>	Entre Lacs	<input type="checkbox"/>	<input type="checkbox"/>
—Blends	<input type="checkbox"/>	<input type="checkbox"/>	Jackson-Triggs Proprietor's					
White			Selection	<input type="checkbox"/>	<input type="checkbox"/>	Faranese	<input type="checkbox"/>	<input type="checkbox"/>
—Chardonnay	<input type="checkbox"/>	<input type="checkbox"/>	Jackson-Triggs VQA	<input type="checkbox"/>	<input type="checkbox"/>	Fronterra	<input type="checkbox"/>	<input type="checkbox"/>
—Pinot Grigio/Pinot Gris	<input type="checkbox"/>	<input type="checkbox"/>	Jacob's Creek	<input type="checkbox"/>	<input type="checkbox"/>	Fetzer	<input type="checkbox"/>	<input type="checkbox"/>
—Riesling	<input type="checkbox"/>	<input type="checkbox"/>	Kressman	<input type="checkbox"/>	<input type="checkbox"/>	Folonari	<input type="checkbox"/>	<input type="checkbox"/>
—Sauvignon Blanc	<input type="checkbox"/>	<input type="checkbox"/>	Kumala	<input type="checkbox"/>	<input type="checkbox"/>	French Rabbit	<input type="checkbox"/>	<input type="checkbox"/>
—Blends	<input type="checkbox"/>	<input type="checkbox"/>	KWV	<input type="checkbox"/>	<input type="checkbox"/>	Gallo	<input type="checkbox"/>	<input type="checkbox"/>
Rosé			L'Ambiance	<input type="checkbox"/>	<input type="checkbox"/>	Gato Blanco	<input type="checkbox"/>	<input type="checkbox"/>
—Dry	<input type="checkbox"/>	<input type="checkbox"/>	Lamberti	<input type="checkbox"/>	<input type="checkbox"/>	Gray Fox	<input type="checkbox"/>	<input type="checkbox"/>
—Sweet	<input type="checkbox"/>	<input type="checkbox"/>	Le Clos Jordanne	<input type="checkbox"/>	<input type="checkbox"/>	Gray Monk	<input type="checkbox"/>	<input type="checkbox"/>
			L'Eparyrie	<input type="checkbox"/>	<input type="checkbox"/>	Hardy's	<input type="checkbox"/>	<input type="checkbox"/>
<b>COUNTRIES/REGIONS:</b>			Le Piat d'Or	<input type="checkbox"/>	<input type="checkbox"/>	Henry Of Pelham	<input type="checkbox"/>	<input type="checkbox"/>
Canada			Lindemans	<input type="checkbox"/>	<input type="checkbox"/>	Hochtaler	<input type="checkbox"/>	<input type="checkbox"/>
—Quebec	<input type="checkbox"/>	<input type="checkbox"/>	Little Penguin	<input type="checkbox"/>	<input type="checkbox"/>	Inniskillin	<input type="checkbox"/>	<input type="checkbox"/>
—Ontario	<input type="checkbox"/>	<input type="checkbox"/>	Masi	<input type="checkbox"/>	<input type="checkbox"/>	J Lohre	<input type="checkbox"/>	<input type="checkbox"/>
—B.C.	<input type="checkbox"/>	<input type="checkbox"/>	Melini	<input type="checkbox"/>	<input type="checkbox"/>	Jackson-Triggs	<input type="checkbox"/>	<input type="checkbox"/>
—Other	<input type="checkbox"/>	<input type="checkbox"/>	Mission Hill	<input type="checkbox"/>	<input type="checkbox"/>	Jackson-Triggs Proprietor's		
U.S.			Mission Ridge	<input type="checkbox"/>	<input type="checkbox"/>	Selection	<input type="checkbox"/>	<input type="checkbox"/>
—California	<input type="checkbox"/>	<input type="checkbox"/>	Mondavi	<input type="checkbox"/>	<input type="checkbox"/>	Jackson-Triggs VQA	<input type="checkbox"/>	<input type="checkbox"/>
—Washington	<input type="checkbox"/>	<input type="checkbox"/>	Mouton Cadet	<input type="checkbox"/>	<input type="checkbox"/>	Jacob's Creek	<input type="checkbox"/>	<input type="checkbox"/>
—Other	<input type="checkbox"/>	<input type="checkbox"/>	Naked Grape	<input type="checkbox"/>	<input type="checkbox"/>	Kressman	<input type="checkbox"/>	<input type="checkbox"/>
France			Nederberg	<input type="checkbox"/>	<input type="checkbox"/>	Kumala	<input type="checkbox"/>	<input type="checkbox"/>
—Bordeaux	<input type="checkbox"/>	<input type="checkbox"/>	Negrar	<input type="checkbox"/>	<input type="checkbox"/>	KWV	<input type="checkbox"/>	<input type="checkbox"/>
—Burgundy	<input type="checkbox"/>	<input type="checkbox"/>	Obikwa	<input type="checkbox"/>	<input type="checkbox"/>	L'Ambiance	<input type="checkbox"/>	<input type="checkbox"/>
—Other	<input type="checkbox"/>	<input type="checkbox"/>	Painted Turtle	<input type="checkbox"/>	<input type="checkbox"/>	Lamberti	<input type="checkbox"/>	<input type="checkbox"/>
Germany	<input type="checkbox"/>	<input type="checkbox"/>	Pelee Island	<input type="checkbox"/>	<input type="checkbox"/>	Le Clos Jordanne	<input type="checkbox"/>	<input type="checkbox"/>
Italy	<input type="checkbox"/>	<input type="checkbox"/>	Peller Estates Heritage Series	<input type="checkbox"/>	<input type="checkbox"/>	L'Eparyrie	<input type="checkbox"/>	<input type="checkbox"/>
Spain	<input type="checkbox"/>	<input type="checkbox"/>	Peller French Cross/ Proprietor's Reserve	<input type="checkbox"/>	<input type="checkbox"/>	Le Piat d'Or	<input type="checkbox"/>	<input type="checkbox"/>
New Zealand	<input type="checkbox"/>	<input type="checkbox"/>	Penfolds	<input type="checkbox"/>	<input type="checkbox"/>	Lindemans	<input type="checkbox"/>	<input type="checkbox"/>
Portugal	<input type="checkbox"/>	<input type="checkbox"/>	Robert Mondavi Private			Little Penguin	<input type="checkbox"/>	<input type="checkbox"/>
South Africa	<input type="checkbox"/>	<input type="checkbox"/>	Selection	<input type="checkbox"/>	<input type="checkbox"/>	Masi	<input type="checkbox"/>	<input type="checkbox"/>
South America			Robert's Rock	<input type="checkbox"/>	<input type="checkbox"/>	Melini	<input type="checkbox"/>	<input type="checkbox"/>
—Argentina	<input type="checkbox"/>	<input type="checkbox"/>	Roodenburg	<input type="checkbox"/>	<input type="checkbox"/>	Mission Hill	<input type="checkbox"/>	<input type="checkbox"/>
—Chile	<input type="checkbox"/>	<input type="checkbox"/>	Rosemount	<input type="checkbox"/>	<input type="checkbox"/>	Mission Ridge	<input type="checkbox"/>	<input type="checkbox"/>
Eastern Europe	<input type="checkbox"/>	<input type="checkbox"/>	Rothchild	<input type="checkbox"/>	<input type="checkbox"/>	Mondavi	<input type="checkbox"/>	<input type="checkbox"/>
Australia	<input type="checkbox"/>	<input type="checkbox"/>	Royal	<input type="checkbox"/>	<input type="checkbox"/>	Mouton Cadet	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Ruffino	<input type="checkbox"/>	<input type="checkbox"/>	Naked Grape	<input type="checkbox"/>	<input type="checkbox"/>
			Sandhill	<input type="checkbox"/>	<input type="checkbox"/>	Nederberg	<input type="checkbox"/>	<input type="checkbox"/>
<b>APPROXIMATE PRICE</b>			Santa Carolina	<input type="checkbox"/>	<input type="checkbox"/>			
<b>(Per Bottle):</b>			Santa Isabela	<input type="checkbox"/>	<input type="checkbox"/>	Negrar	<input type="checkbox"/>	<input type="checkbox"/>
Under \$10	<input type="checkbox"/>	<input type="checkbox"/>	Santa Rita	<input type="checkbox"/>	<input type="checkbox"/>	Obikwa	<input type="checkbox"/>	<input type="checkbox"/>
\$10-14	<input type="checkbox"/>	<input type="checkbox"/>	Sawmill Creek	<input type="checkbox"/>	<input type="checkbox"/>	Painted Turtle	<input type="checkbox"/>	<input type="checkbox"/>
\$15-19	<input type="checkbox"/>	<input type="checkbox"/>	Sola Nero	<input type="checkbox"/>	<input type="checkbox"/>	Pelee Island	<input type="checkbox"/>	<input type="checkbox"/>
\$20-24	<input type="checkbox"/>	<input type="checkbox"/>	Sonora Ranch	<input type="checkbox"/>	<input type="checkbox"/>	Peller Estates Heritage Series	<input type="checkbox"/>	<input type="checkbox"/>
\$25+	<input type="checkbox"/>	<input type="checkbox"/>	Sterling	<input type="checkbox"/>	<input type="checkbox"/>	Peller French Cross/ Proprietor's Reserve	<input type="checkbox"/>	<input type="checkbox"/>
			Sumach Ridge	<input type="checkbox"/>	<input type="checkbox"/>	Penfolds	<input type="checkbox"/>	<input type="checkbox"/>
<b>BRANDS:</b>			Sutter Home	<input type="checkbox"/>	<input type="checkbox"/>	Robert Mondavi Private		
<b>Red:</b>						Selection	<input type="checkbox"/>	<input type="checkbox"/>
B&G Wines	<input type="checkbox"/>	<input type="checkbox"/>	Tarapaca	<input type="checkbox"/>	<input type="checkbox"/>	Rosemount	<input type="checkbox"/>	<input type="checkbox"/>
Banrock Station	<input type="checkbox"/>	<input type="checkbox"/>	Tinhorn Creek	<input type="checkbox"/>	<input type="checkbox"/>	Rothchild	<input type="checkbox"/>	<input type="checkbox"/>
Beaulieu Vineyard	<input type="checkbox"/>	<input type="checkbox"/>	Trapiche	<input type="checkbox"/>	<input type="checkbox"/>	Royal	<input type="checkbox"/>	<input type="checkbox"/>
Beringer	<input type="checkbox"/>	<input type="checkbox"/>	Trius	<input type="checkbox"/>	<input type="checkbox"/>	Ruffino	<input type="checkbox"/>	<input type="checkbox"/>
Black Tower	<input type="checkbox"/>	<input type="checkbox"/>	Turning Leaf by Gallo	<input type="checkbox"/>	<input type="checkbox"/>	Sandhill	<input type="checkbox"/>	<input type="checkbox"/>
Bolla	<input type="checkbox"/>	<input type="checkbox"/>	Two Oceans	<input type="checkbox"/>	<input type="checkbox"/>	Santa Carolina	<input type="checkbox"/>	<input type="checkbox"/>
Caballero	<input type="checkbox"/>	<input type="checkbox"/>	Ubuntu	<input type="checkbox"/>	<input type="checkbox"/>	Santa Isabela	<input type="checkbox"/>	<input type="checkbox"/>
Calona Artist Series	<input type="checkbox"/>	<input type="checkbox"/>	Wolf Blass	<input type="checkbox"/>	<input type="checkbox"/>	Santa Rita	<input type="checkbox"/>	<input type="checkbox"/>
Calvet	<input type="checkbox"/>	<input type="checkbox"/>	Woodbridge	<input type="checkbox"/>	<input type="checkbox"/>			
Carlo Rossi	<input type="checkbox"/>	<input type="checkbox"/>	Wyndham Estates	<input type="checkbox"/>	<input type="checkbox"/>	Sawmill Creek	<input type="checkbox"/>	<input type="checkbox"/>
Cesari	<input type="checkbox"/>	<input type="checkbox"/>	XOXO	<input type="checkbox"/>	<input type="checkbox"/>	Sola Nero	<input type="checkbox"/>	<input type="checkbox"/>
Concha Y Toro	<input type="checkbox"/>	<input type="checkbox"/>	Yellow Tail	<input type="checkbox"/>	<input type="checkbox"/>	Sonora Ranch	<input type="checkbox"/>	<input type="checkbox"/>
Cono Sur	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Sterling	<input type="checkbox"/>	<input type="checkbox"/>
Deboeuf	<input type="checkbox"/>	<input type="checkbox"/>				Sumach Ridge	<input type="checkbox"/>	<input type="checkbox"/>
Domaine D'Or	<input type="checkbox"/>	<input type="checkbox"/>	<b>White:</b>			Sutter Home	<input type="checkbox"/>	<input type="checkbox"/>
Drostdy Hof	<input type="checkbox"/>	<input type="checkbox"/>	Banrock Station	<input type="checkbox"/>	<input type="checkbox"/>	Tinhorn Creek	<input type="checkbox"/>	<input type="checkbox"/>
			B&G Wines	<input type="checkbox"/>	<input type="checkbox"/>	Trapiche	<input type="checkbox"/>	<input type="checkbox"/>
Eagle Hawk	<input type="checkbox"/>	<input type="checkbox"/>	Beaulieu Vineyard	<input type="checkbox"/>	<input type="checkbox"/>	Trius	<input type="checkbox"/>	<input type="checkbox"/>
Entre Lacs	<input type="checkbox"/>	<input type="checkbox"/>	Beringer	<input type="checkbox"/>	<input type="checkbox"/>	Turning Leaf by Gallo	<input type="checkbox"/>	<input type="checkbox"/>
Faranese	<input type="checkbox"/>	<input type="checkbox"/>	Black Tower	<input type="checkbox"/>	<input type="checkbox"/>	Two Oceans	<input type="checkbox"/>	<input type="checkbox"/>
Fetzer	<input type="checkbox"/>	<input type="checkbox"/>	Bolla	<input type="checkbox"/>	<input type="checkbox"/>	Ubuntu	<input type="checkbox"/>	<input type="checkbox"/>
French Rabbit	<input type="checkbox"/>	<input type="checkbox"/>	Caballero	<input type="checkbox"/>	<input type="checkbox"/>	Wolf Blass	<input type="checkbox"/>	<input type="checkbox"/>
Folonari	<input type="checkbox"/>	<input type="checkbox"/>	Calona Artist Series	<input type="checkbox"/>	<input type="checkbox"/>	Woodbridge	<input type="checkbox"/>	<input type="checkbox"/>
Fronterra	<input type="checkbox"/>	<input type="checkbox"/>	Calvet	<input type="checkbox"/>	<input type="checkbox"/>	Wyndham Estates	<input type="checkbox"/>	<input type="checkbox"/>
Gallo	<input type="checkbox"/>	<input type="checkbox"/>	Carlo Rossi	<input type="checkbox"/>	<input type="checkbox"/>	XOXO	<input type="checkbox"/>	<input type="checkbox"/>
Gato Negro	<input type="checkbox"/>	<input type="checkbox"/>	Cesari	<input type="checkbox"/>	<input type="checkbox"/>	Yellow Tail	<input type="checkbox"/>	<input type="checkbox"/>
Gray Fox	<input type="checkbox"/>	<input type="checkbox"/>	Concha Y Toro	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Gray Monk	<input type="checkbox"/>	<input type="checkbox"/>	Cono Sur	<input type="checkbox"/>	<input type="checkbox"/>			
Hardy's	<input type="checkbox"/>	<input type="checkbox"/>						

# BEVERAGES

CHAMPAGNE/ SPARKLING WINE		PERSONALLY DRINK		PORT & SHERRY		PERSONALLY DRINK		CORDIALS & LIQUEURS		PERSONALLY DRINK									
		Past 6 Months				Most Often		Others Sometimes		Most Often		Others Sometimes							
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				<b>TYPES:</b> Dry Sherry ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sweet Sherry ..... <input type="checkbox"/> ..... <input type="checkbox"/> Port ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>BRANDS (Continued):</b> Goldschlager ..... <input type="checkbox"/> ..... <input type="checkbox"/> Grand Marnier ..... <input type="checkbox"/> ..... <input type="checkbox"/> Havana Club ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hypnotique ..... <input type="checkbox"/> ..... <input type="checkbox"/> Jagermeister ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kahlua ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kamora ..... <input type="checkbox"/> ..... <input type="checkbox"/> Malibu ..... <input type="checkbox"/> ..... <input type="checkbox"/> Malibu Coconut ..... <input type="checkbox"/> ..... <input type="checkbox"/> Malibu Mango ..... <input type="checkbox"/> ..... <input type="checkbox"/> Malibu Passion Fruit ..... <input type="checkbox"/> ..... <input type="checkbox"/> Malibu Pineapple ..... <input type="checkbox"/> ..... <input type="checkbox"/> Marie Brizard ..... <input type="checkbox"/> ..... <input type="checkbox"/> McGuinness Liqueurs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Meaghers Liqueurs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Meaghers Triple Sec ..... <input type="checkbox"/> ..... <input type="checkbox"/> Navan ..... <input type="checkbox"/> ..... <input type="checkbox"/>											
<b>NUMBER OF DRINKS/GLASSES:</b> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6+ ..... <input type="checkbox"/>				<b>BRANDS—SHERRIES:</b> Croft ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dry Sack ..... <input type="checkbox"/> ..... <input type="checkbox"/> Harvey's Bristol Cream ..... <input type="checkbox"/> ..... <input type="checkbox"/> Paarl ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>BRANDS—PORTS:</b> Cockburn's ..... <input type="checkbox"/> ..... <input type="checkbox"/> Croft ..... <input type="checkbox"/> ..... <input type="checkbox"/> Delaforce ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sandeman ..... <input type="checkbox"/> ..... <input type="checkbox"/> Taylor Fladgate ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>											
<b>COUNTRIES:</b> Canada ..... <input type="checkbox"/> U.S. .... <input type="checkbox"/> France ..... <input type="checkbox"/> Germany ..... <input type="checkbox"/> Italy ..... <input type="checkbox"/> Spain ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/>																			
<b>BRANDS:</b> Cordoniu ..... <input type="checkbox"/> Dom Perignon ..... <input type="checkbox"/> Henkell ..... <input type="checkbox"/> Freixenet ..... <input type="checkbox"/> La Grande Dame ..... <input type="checkbox"/> Martini & Rossi Asti Spumante ..... <input type="checkbox"/> Moet et Chandon ..... <input type="checkbox"/> Mummies ..... <input type="checkbox"/> Piper Heidsieck ..... <input type="checkbox"/> Pol Roger ..... <input type="checkbox"/> Pommery ..... <input type="checkbox"/> Segura Viudas ..... <input type="checkbox"/> Veuve Clicquot ..... <input type="checkbox"/> Yellowglen ..... <input type="checkbox"/>																			
VERMOUTHS/ APERITIFS		PERSONALLY DRINK		CORDIALS & LIQUEURS		PERSONALLY DRINK		CORDIALS & LIQUEURS		PERSONALLY DRINK		CORDIALS & LIQUEURS		PERSONALLY DRINK					
		Past 6 Months		Drinks Or Glasses Past 30 Days				Most Often		Others Sometimes				Past 6 Months		Drinks Or Glasses Past 30 Days			
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>															
None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>																			
VERMOUTHS/ APERITIFS		PERSONALLY DRINK		CORDIALS & LIQUEURS		PERSONALLY DRINK		CORDIALS & LIQUEURS		PERSONALLY DRINK		SPIRITS/LIQUOR		PERSONALLY DRINK					
		Most Often		Others Sometimes				Most Often		Others Sometimes				Past 6 Months		Drinks Or Glasses Past 30 Days			
<b>TYPES:</b> Dry ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sweet ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>KINDS:</b> Amaretto ..... <input type="checkbox"/> ..... <input type="checkbox"/> Anisette/Licorice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Apricot ..... <input type="checkbox"/> ..... <input type="checkbox"/> Banana ..... <input type="checkbox"/> ..... <input type="checkbox"/> Chocolate ..... <input type="checkbox"/> ..... <input type="checkbox"/> Coconut ..... <input type="checkbox"/> ..... <input type="checkbox"/> Coffee ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cream Liqueur ..... <input type="checkbox"/> ..... <input type="checkbox"/> Creme de Menthe ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fruit Flavour ..... <input type="checkbox"/> ..... <input type="checkbox"/> Schnapps ..... <input type="checkbox"/> ..... <input type="checkbox"/> Triple Sec/Orange ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tropical Fruits ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>															
<b>BRANDS:</b> Cinzano ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dubonnet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Martini & Rossi ..... <input type="checkbox"/> ..... <input type="checkbox"/> Noilly Pratt ..... <input type="checkbox"/> ..... <input type="checkbox"/> Stock ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>																			
PORT & SHERRY		PERSONALLY DRINK		CORDIALS & LIQUEURS		PERSONALLY DRINK		CORDIALS & LIQUEURS		PERSONALLY DRINK		COGNAC		PERSONALLY DRINK					
		Past 6 Months		Drinks Or Glasses Past 30 Days				Most Often		Others Sometimes				Past 6 Months		Drinks Or Glasses Past 30 Days			
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>															
None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>																			
<b>BRANDS:</b> Alize ..... <input type="checkbox"/> ..... <input type="checkbox"/> Amaretto Di Saronno ..... <input type="checkbox"/> ..... <input type="checkbox"/> Amarula ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bailey's ..... <input type="checkbox"/> ..... <input type="checkbox"/> Baja Rosa ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bols ..... <input type="checkbox"/> ..... <input type="checkbox"/> Captain Morgan's Parrot Bay ..... <input type="checkbox"/> ..... <input type="checkbox"/> Carolans ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cointreau ..... <input type="checkbox"/> ..... <input type="checkbox"/> Crème de Cacao ..... <input type="checkbox"/> ..... <input type="checkbox"/> DeKuyper ..... <input type="checkbox"/> ..... <input type="checkbox"/> Drambuie ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fireball ..... <input type="checkbox"/> ..... <input type="checkbox"/> Frangelico ..... <input type="checkbox"/> ..... <input type="checkbox"/> Godiva ..... <input type="checkbox"/> ..... <input type="checkbox"/>																			
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>																			
None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>																			





# PERSONAL PROFILE

	YOU PERSONALLY				YOU PERSONALLY			
<b>PARTNERSHIP</b>	Status	How Long In Marriage/Partnership		<b>EDUCATION</b>	Currently Attending			
Traditional Married ..... <input type="checkbox"/> Same Sex Married ..... <input type="checkbox"/> Common Law Partner —Opposite Sex ..... <input type="checkbox"/> —Same Sex ..... <input type="checkbox"/> No Partner ..... <input type="checkbox"/>  Less Than 5 Years ..... <input type="checkbox"/> 5–9 Years ..... <input type="checkbox"/> 10–14 Years ..... <input type="checkbox"/> 15–19 Years ..... <input type="checkbox"/> 20–24 Years ..... <input type="checkbox"/> 25 Years Or Longer ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>FORM:</b> Part-Time ..... <input type="checkbox"/> Full-Time ..... <input type="checkbox"/> Correspondence ..... <input type="checkbox"/>				
<b>IF NO PARTNER</b>	Preferred Partnership			<b>TYPE OF SCHOOL:</b>				
Traditional Married ..... <input type="checkbox"/> Same Sex Married ..... <input type="checkbox"/> Common Law Partner —Opposite Sex ..... <input type="checkbox"/> —Same Sex ..... <input type="checkbox"/>				High School ..... <input type="checkbox"/> Vocational/Technical School ..... <input type="checkbox"/> College ..... <input type="checkbox"/> University ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>				
<b>MEALS</b>	IN YOUR HOUSEHOLD			<b>LEVEL OF STUDY:</b>				
	Regularly Prepared			Undergraduate ..... <input type="checkbox"/> Graduate ..... <input type="checkbox"/> —Masters ..... <input type="checkbox"/> —PhD ..... <input type="checkbox"/> —Professional Designation ..... <input type="checkbox"/>				
<b>WHO REGULARLY PREPARES THE MEALS:</b>								
Yourself ..... <input type="checkbox"/> Other Household Member ..... <input type="checkbox"/> Yourself And Other Household Member Equally ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>								
<b>EVENTS</b>	TO YOU PERSONALLY			<b>PURCHASE INFLUENCE</b>	HOUSEHOLD			
	Has Ever Happened	Happened Past 12 Months	Expect To Happen Next 12 Months		Renovation; Furniture; Electronics and Gardening			
Married ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Child Born ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> Grandchild Born ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Retire Or Take Early Retirement ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lost Job Or Laid Off ..... <input type="checkbox"/> ..... <input type="checkbox"/> Collect Lump-Sum From Company Pension, Savings Or Stock Plan ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Change Job Within Same Company ..... <input type="checkbox"/> ..... <input type="checkbox"/> Change Job, New Company ..... <input type="checkbox"/> ..... <input type="checkbox"/> Start Your Own Business ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Moved Out Of Parental Home ..... <input type="checkbox"/> ..... <input type="checkbox"/> Buy First Home ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sell Or Change Principal Home ..... <input type="checkbox"/> ..... <input type="checkbox"/> Buy/Lease A Car ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Take Driver Education Course ..... <input type="checkbox"/> ..... <input type="checkbox"/> Move To Retirement Home/Community ..... <input type="checkbox"/> ..... <input type="checkbox"/> Become Caregiver To Elderly Relative ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Graduated From High School ..... <input type="checkbox"/> ..... <input type="checkbox"/> Graduated From University/College ..... <input type="checkbox"/> ..... <input type="checkbox"/> Child Graduates High School ..... <input type="checkbox"/> ..... <input type="checkbox"/> Child Graduates University/College ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Quit Smoking ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>CHECK ALL THAT APPLY:</b>				
						Yourself ..... <input type="checkbox"/> Your Husband/Wife ..... <input type="checkbox"/> Parent ..... <input type="checkbox"/> Son/Daughter ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>		

# PERSONAL VIEWS

APPAREL/FASHION	PERSONAL AGREEMENT SCALE										BEVERAGES/ALCOHOL	PERSONAL AGREEMENT SCALE											
	Strongly Agree										Strongly Disagree		Strongly Agree										Strongly Disagree
	1	2	3	4	5	6	7	8	9	10		1	2	3	4	5	6	7	8	9	10		
<b>STATEMENTS:</b>												<b>STATEMENTS:</b>											
I enjoy dressing for formal occasions . . . <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"/>												Canadian beer is the best in the world . . . <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 feel most comfortable in jeans . . . . . <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"/>												Drinking is part of 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"/>											
I look for bargains in second-hand clothing stores . . . . . <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 prepared to pay more for good quality wine . . . . . <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 prefer to buy clothes that are classic and timeless in 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 probably should drink less alcohol . . . <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 really enjoy shopping for clothes . . . . <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 seldom experiment with different brands of alcoholic beverages . . . . . <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 trust my own judgement in picking out my clothes . . . . . <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"/>												Low alcohol beer is not a man's drink . . <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 try to keep abreast of changes in style and fashion . . . . . <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"/>												<b>HOME ELECTRONICS/ TECHNOLOGY</b>											
When shopping for clothes I generally look for designer labels . . . . . <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"/>												PERSONAL AGREEMENT SCALE											
APPLIANCE/ HOME FURNISHINGS	PERSONAL AGREEMENT SCALE										BUSINESS/FINANCIAL/ REAL ESTATE	PERSONAL AGREEMENT SCALE											
	Strongly Agree										Strongly Disagree		Strongly Agree										Strongly Disagree
	1	2	3	4	5	6	7	8	9	10		1	2	3	4	5	6	7	8	9	10		
<b>STATEMENTS:</b>												<b>STATEMENTS:</b>											
I am good at fixing mechanical things . . . . . <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 tend to be the first to own new electronic products . . . . . <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 do not need most of the features in top-of-the-line appliances . . . . . <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"/>												More and more, I feel that I am being left behind by 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"/>											
I love to spend time looking at household decorating ideas . . . . . <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 cannot imagine life without the internet . . . . . <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 only do do-it-yourself around the house if I absolutely have to . . . . . <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 excited by the development of new technologies . . . . . <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 home always has that lived in look . . . . . <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 buy products that offer the latest in new 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"/>											
AUTOMOTIVE	PERSONAL AGREEMENT SCALE										STATEMENTS:												
	Strongly Agree										Strongly Disagree												
	1	2	3	4	5	6	7	8	9	10													
<b>STATEMENTS:</b>												<b>STATEMENTS:</b>											
Given a choice, I would always choose a full-size, luxury automobile . . . . . <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 consider myself to be an entrepreneur . . . . . <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 get quite attached to my car . . . . . <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 always have an accurate account of my financial commitments . . . . . <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 love expensive sports cars . . . . . <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 more of a spender than a saver . . . <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 refuse to buy a car that is not fuel efficient . . . . . <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 consider myself to be a risk-averse investor . . . . . <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 try to do as much car maintenance work myself, as possible . . . . . <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 have already taken steps to ensure that I have sufficient income for my retirement . . . . . <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"/>											
If possible, I use my local gas station for car maintenance and general service . . . . . <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 prefer to postpone a purchase than to buy on credit . . . . . <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"/>											
The choice of car tells a great deal about a person . . . . . <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 seldom make a financial move without consulting an expert . . . . . <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 money more carefully than I used to . . . . . <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 welcome the cashless society . . . . . <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 main goal is to make a great deal of money as quickly as possible . . . . . <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"/>											

# PERSONAL VIEWS

CANDIES/SNACKS	PERSONAL AGREEMENT SCALE	GROCERIES/ FOOD SHOPPING/ COOKING/EATING	PERSONAL AGREEMENT SCALE
	Strongly Agree 1 2 3 4 5 6 7 8 9 10 Strongly Disagree		Strongly Agree 1 2 3 4 5 6 7 8 9 10 Strongly Disagree
<b>STATEMENTS:</b> I feel guilty when I eat "junk food" ..... <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"/>		<b>STATEMENTS:</b> I always use a shopping list ..... <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 have a wide variety of snacks ..... <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 willing to pay a little extra to save time shopping ..... <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 look for low calorie/light snacks ..... <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 have conservative tastes in food ..... <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 often buy snacks just with myself in mind ..... <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 look at specials in flyers and newspaper inserts when planning my shopping list ..... <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 often reward myself by having a snack ..... <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 love to cook ..... <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"/>	
COSMETICS/BEAUTY	PERSONAL AGREEMENT SCALE	SPORTS/ATHLETICS	PERSONAL AGREEMENT SCALE
	Strongly Agree 1 2 3 4 5 6 7 8 9 10 Strongly Disagree		Strongly Agree 1 2 3 4 5 6 7 8 9 10 Strongly Disagree
<b>STATEMENTS:</b> I don't feel complete without a perfume or fragrance ..... <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"/>		<b>STATEMENTS:</b> Flying a plane is an enviable human experience ..... <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 change my appearance with cosmetics ..... <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 closely follow at least one sport throughout its season ..... <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 the time I'm trying to lose weight ..... <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 enjoy keeping fit ..... <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 confidence is greatly enhanced when I know I look my best ..... <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 activities which push my mental and physical limits ..... <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 personal care routine is a real chore 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 love fresh air and outdoor activities .. <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"/>	
TRAVEL/LEISURE/ RECREATIONAL ACTIVITIES	PERSONAL AGREEMENT SCALE	PRODUCTS AND SERVICES	PERSONAL AGREEMENT SCALE
	Strongly Agree 1 2 3 4 5 6 7 8 9 10 Strongly Disagree		Strongly Agree 1 2 3 4 5 6 7 8 9 10 Strongly Disagree
<b>STATEMENTS:</b> I am concerned about safety when travelling ..... <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"/>		<b>STATEMENTS:</b> When I find a new product I like, I typically recommend it to others ..... <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 interested in more exotic, unfamiliar destinations for my vacation travel ..... <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"/>		Price is more important to me than the brand name ..... <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 enjoy entertaining ..... <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"/>		People around me expect that I will be able to give them good advice about products and services ..... <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 dine at fine restaurants as often as possible ..... <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"/>		On average, brands that are advertised are better in quality than brands that are not advertised ..... <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 do handicrafts ..... <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"/>		In general, I consider myself to be very brand loyal ..... <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 tend to go to the movies a lot ..... <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 would rather spend an evening at home than almost anything else ..... <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"/>			
Newspaper and magazine articles on holiday and travel influence my choice of holiday ..... <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"/>			

# PERSONAL VIEWS

PRODUCTS AND SERVICES	PERSONAL AGREEMENT SCALE										HEALTH CARE/ NUTRITION	PERSONAL AGREEMENT SCALE									
	Strongly Agree	1	2	3	4	5	6	7	8	9		Strongly Disagree	Strongly Agree	1	2	3	4	5	6	7	8
<b>STATEMENTS (Continued):</b>											<b>STATEMENTS (Continued):</b>										
I like to keep informed about new products and services . . . . . <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 try to avoid eating at fast food restaurants . . . . . <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 always one of the first of my friends to try new products and services . . . . . <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 overall good health depends on eating well . . . . . <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"/>										
Brand name is the best indicator of quality . . . . . <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 often try to eat smaller portions these days . . . . . <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"/>										
Advertising helps me keep up-to-date with new and different products and services . . . . . <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"/>											<b>THE ENVIRONMENT</b>										
I tend to buy based on quality, not price <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"/>											PERSONAL AGREEMENT SCALE										Strongly Disagree
HEALTH CARE/ NUTRITION											Strongly Agree	1	2	3	4	5	6	7	8	9	Strongly Disagree
<b>STATEMENTS:</b>											<b>STATEMENTS:</b>										
I am better informed about nutrition than the average person . . . . . <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"/>											Using renewable energy sources will help reduce global warming . . . . . <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 consider homeopathic and herbal remedies . . . . . <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 willing to pay more for environmentally-friendly products . . . . . <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 should really try to eat foods that are better for 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 recycle everything that I can . . . . . <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"/>										
Regular exercise is an important part of 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"/>											Global warming is not man-made – it is a natural occurrence . . . . . <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"/>										
Low fat foods are an important part of my regular diet . . . . . <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 concerned about the quality of our drinking water . . . . . <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 try to avoid eating pre-packaged foods . . . . . <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"/>											Today, there is too much emphasis on conservation and the environment . . . . . <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 prefer to buy organic products . . . . . <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 give preference to "green" products . . . . . <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 pay very close attention to the nutritional content of food I eat . . . . . <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 buy products in bulk or in larger sizes to avoid over-packaging . . . . . <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 monitor the ingredient lists on packaged foods . . . . . <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"/>											Some environmental damage is acceptable as a consequence of progress . . . . . <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"/>										
There is too much attention today on eating only healthy foods . . . . . <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 refuse excess bagging and wrapping when shopping . . . . . <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"/>										
Low carbohydrate diets are not really healthy . . . . . <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"/>											The need to promote conservation and combat waste in our society is very 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 try to avoid eating foods that contain trans fats . . . . . <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"/>											There is very little we can do to reduce the rate of global warming . . . . . <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 concerned about the effects of pollution on our planet . . . . . <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"/>										

# PERSONAL VIEWS

PERSONAL AND SOCIAL VIEWS	PERSONAL AGREEMENT SCALE										PERSONAL AND SOCIAL VIEWS	PERSONAL AGREEMENT SCALE									
	Strongly Agree									Strongly Disagree		Strongly Agree									Strongly Disagree
	1	2	3	4	5	6	7	8	9	10		1	2	3	4	5	6	7	8	9	10
<b>STATEMENTS:</b>											<b>STATEMENTS (Continued):</b>										
I do not manage my time very well . . . . . <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 consider myself to be a spiritual person . . . . . <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"/>										
People say that I am decisive and make decisions easily . . . . . <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 consider myself to be a creative person . . . . . <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"/>										
There is a lot of stress 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"/>											I am willing to volunteer my time for a good cause . . . . . <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 do not like having too many things to do at one time . . . . . <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 have a keen sense of adventure. . . . . <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 generally achieve everything I set out to do . . . . . <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 want to get to the very top in 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"/>										
I am very satisfied with my life and my accomplishments . . . . . <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"/>											How I spend my time is more important than the money I make . . . . . <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 feel in control of 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"/>											I think it is important to have a lasting relationship with one partner . . . . . <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"/>										
It is important to me to continue learning new things throughout 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"/>											There should be more public funding available for the arts . . . . . <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 considered a leader . . . . . <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"/>											Universal day care should be a government priority . . . . . <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 think that I am extremely neat and organized . . . . . <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 in favour of capital punishment . . . . . <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 rarely give up when facing a difficult challenge . . . . . <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"/>											It should be tougher to obtain welfare and employment insurance . . . . . <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 find I am easily swayed by other people's views . . . . . <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"/>											Use of marijuana should be legalized in Canada . . . . . <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 really like meeting new people . . . . . <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 in favour of privatizing healthcare . . . . . <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 enjoy being extravagant . . . . . <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"/>											There should be more severe penalties for those who commit violent crimes . . . . . <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 have a fairly rigid routine that I really like to follow . . . . . <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 support the strengthening of Canada's social welfare net . . . . . <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 have more self-confidence than most of those around 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"/>											We should have much stricter gun control laws . . . . . <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"/>										
People who know me would describe me as cheerful . . . . . <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"/>											More immigration to Canada should be encouraged . . . . . <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 live a fairly hectic 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"/>											I am very supportive of alternate lifestyles . . . . . <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"/>										
To spend, to buy myself something new, is for me one of the greatest pleasures in 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"/>											Violent behaviour of any kind is not acceptable 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 concerned about the health and safety of 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"/>											Teenagers should be told not to have sex at an early age . . . . . <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"/>										
Material possessions are not really that 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 believe we should all be very supportive of same sex relationships . . . . . <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 enjoy entertaining at home . . . . . <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 find exposure to different peoples and cultures personally rewarding . . . . . <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"/>										
It is important that those around me think that I am doing well . . . . . <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 prefer to work as part of a team than work alone . . . . . <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"/>																					

**GROCERIES**

**THE REMAINDER OF THIS QUESTIONNAIRE REFERS TO PRODUCTS USED BY OR FOR THE ENTIRE HOUSEHOLD**

**IT SHOULD BE COMPLETED BY THE PERSON WHO DOES MOST OF THE SHOPPING FOR GROCERIES AND HOUSEHOLD ITEMS**

Please include use and purchase of all products for your primary and any other home, such as a cottage, or other residence that you use.

<b>ABOUT PERSON COMPLETING THIS GROCERY SECTION</b>	SAME PERSON WHO COMPLETED PREVIOUS SECTIONS
YES ..... <input type="checkbox"/>	
NO ..... <input type="checkbox"/>	
<b>IF DIFFERENT PERSON</b>	FIRST NAME: _____ LAST NAME: _____
<b>SEX:</b> Male ..... <input type="checkbox"/> Female ..... <input type="checkbox"/> <b>AGE: (WRITE IN)</b> _____ <b>RELATIONSHIP TO PERSON COMPLETING PREVIOUS SECTIONS:</b> Spouse ..... <input type="checkbox"/> Son Or Daughter ..... <input type="checkbox"/> Parent ..... <input type="checkbox"/> Other (WRITE IN) _____	

# GROCERY SHOPPING

FOOD SHOPPING	YOUR HOUSEHOLD SHOPPED FOR GROCERIES		WHERE BOUGHT	GROCERIES FOR YOUR HOUSEHOLD	
	Past 6 Months	In Average Week		Most Often	Others Sometimes
<p>YES ..... <input type="checkbox"/></p> <p>NO ..... <input type="checkbox"/></p> <p><b>NUMBER OF TIMES:</b></p> <p>None ..... <input type="checkbox"/></p> <p>1 ..... <input type="checkbox"/></p> <p>2 ..... <input type="checkbox"/></p> <p>3-4 ..... <input type="checkbox"/></p> <p>5+ ..... <input type="checkbox"/></p> <p><b>AMOUNT SPENT:</b></p> <p>\$1-49 ..... <input type="checkbox"/></p> <p>\$50-99 ..... <input type="checkbox"/></p> <p>\$100-149 ..... <input type="checkbox"/></p> <p>\$150-249 ..... <input type="checkbox"/></p> <p>\$250+ ..... <input type="checkbox"/></p>			<p><b>STORES (Continued):</b></p> <p>M&amp;M Meat Shops ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Maxi ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Maxi et Cie ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Metro/Metro Plus ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Mr. Grocer ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>No Frills ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Overwaita ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Price Chopper ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Provigo ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Rabba ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Real Canadian Super Store ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Richelieu ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Safeway ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Sam's Club ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Save-On-Foods ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Sobeys ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Super C ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Superfresh ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Thrifty's ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Valu Mart ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Wal-Mart ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Zehr ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Zellers ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Other ..... <input type="checkbox"/> ..... <input type="checkbox"/></p>		
FOOD SHOPPING	YOUR HOUSEHOLD				
	Never	Sometimes	Often		
<p>Buys No-Name Products ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Buys Private Label/Store Brands ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Uses Cents-Off Coupons ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/></p>					
WHERE BOUGHT	GROCERIES FOR YOUR HOUSEHOLD				
	Most Often	Others	Sometimes		
<p><b>TYPES:</b></p> <p>Bulk Food Store ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Convenience Stores ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Department Store ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Drug Store ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Frozen Food Store ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Fruit &amp; Vegetable Store ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Gourmet Food Store ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Grocery Store ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Health Food Store ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Public Market ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p><b>STORES:</b></p> <p>A&amp;P ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Atlantic Grocer/Super Store/Super Value ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Buy Low Stores ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Co-op ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Costco ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Dominion ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Dutch Boy ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Extra Foods ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Food Basics ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Food City ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Food Town ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Fortino's ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Grocery Gateway ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Highland Farms ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>IGA/IGA Extra ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Inter-Marché ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Knechtels ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Loblaws/Loblaws Superstores ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Loeb/Loeb Plus ..... <input type="checkbox"/> ..... <input type="checkbox"/></p> <p>Longos ..... <input type="checkbox"/> ..... <input type="checkbox"/></p>					

# FOODS USED IN YOUR HOUSEHOLD

BREADS/ FLAT BREADS	USED IN HOUSEHOLD	MARGARINE	USED IN HOUSEHOLD	BUTTER	USED IN HOUSEHOLD
	Past 6 Months      Past 7 Days		Past 6 Months      Past 30 Days		Past 6 Months      Past 30 Days
YES .....	<input type="checkbox"/>	YES .....	<input type="checkbox"/>	YES .....	<input type="checkbox"/>
NO .....	<input type="checkbox"/>	NO .....	<input type="checkbox"/>	NO .....	<input type="checkbox"/>
<b>TYPES:</b>		<b>NUMBER OF TUBS/ PACKAGES:</b>		<b>NUMBER OF POUNDS:</b>	
White Bread .....	<input type="checkbox"/>	None .....	<input type="checkbox"/>	None .....	<input type="checkbox"/>
Wheat Bread .....	<input type="checkbox"/>	Less Than 1 .....	<input type="checkbox"/>	Less Than 1 .....	<input type="checkbox"/>
Grain Bread .....	<input type="checkbox"/>	1 .....	<input type="checkbox"/>	1 .....	<input type="checkbox"/>
Pitas .....	<input type="checkbox"/>	2-3 .....	<input type="checkbox"/>	2-3 .....	<input type="checkbox"/>
Tortilla/Wraps .....	<input type="checkbox"/>	4+ .....	<input type="checkbox"/>	4+ .....	<input type="checkbox"/>
Bagels .....	<input type="checkbox"/>				
English Muffins .....	<input type="checkbox"/>				
Hot Dog Buns .....	<input type="checkbox"/>				
Hamburger Buns .....	<input type="checkbox"/>				
Instore Bakery Bread .....	<input type="checkbox"/>				
		MARGARINE	USED IN HOUSEHOLD		
			Most Often      Others Sometimes		
		<b>USED FOR:</b>			
		Baking .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Cooking .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Spread .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Topping .....	<input type="checkbox"/>	<input type="checkbox"/>	
		<b>TYPES:</b>			
		Regular .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Heart Healthy .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Light .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Unsalted .....	<input type="checkbox"/>	<input type="checkbox"/>	
		<b>FORMS:</b>			
		Hard .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Soft .....	<input type="checkbox"/>	<input type="checkbox"/>	
		<b>BRANDS:</b>			
		Becel .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Becel Omega 3 .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Blue Bonnet .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Canola Harvest .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Fleischmann's .....	<input type="checkbox"/>	<input type="checkbox"/>	
		I Can't Believe It's Not Butter .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Imperial .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Lactantia .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Lactantia Healthy Attitude Omega 3 .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Mirage .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Nuvel .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Olivina .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Parkay .....	<input type="checkbox"/>	<input type="checkbox"/>	
		President's Choice Celeb .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Store Brand .....	<input type="checkbox"/>	<input type="checkbox"/>	
		Other .....	<input type="checkbox"/>	<input type="checkbox"/>	
				BUTTER	USED IN HOUSEHOLD
					Most Often      Others Sometimes
				<b>TYPES:</b>	
				Regular Salted .....	<input type="checkbox"/>
				Regular Unsalted .....	<input type="checkbox"/>
				Light .....	<input type="checkbox"/>
				<b>USED FOR:</b>	
				Baking .....	<input type="checkbox"/>
				Cooking .....	<input type="checkbox"/>
				Spread .....	<input type="checkbox"/>
				Topping .....	<input type="checkbox"/>
PIZZA SHELLS/ CRUSTS	USED IN HOUSEHOLD				
	Past 6 Months      Past 30 Days				
YES .....	<input type="checkbox"/>				
NO .....	<input type="checkbox"/>				
<b>NUMBER OF PACKAGES:</b>					
None .....	<input type="checkbox"/>				
Less Than 1 .....	<input type="checkbox"/>				
1-2 .....	<input type="checkbox"/>				
3-4 .....	<input type="checkbox"/>				
5+ .....	<input type="checkbox"/>				
<b>TYPES:</b>					
Frozen .....	<input type="checkbox"/>				
Mix .....	<input type="checkbox"/>				
Ready To Use .....	<input type="checkbox"/>				
SALT/ SALT SUBSTITUTE	USED IN HOUSEHOLD				
	Past 6 Months      Past 30 Days				
YES .....	<input type="checkbox"/>				
NO .....	<input type="checkbox"/>				
<b>TYPES:</b>					
Salt .....	<input type="checkbox"/>				
Salt Substitute .....	<input type="checkbox"/>				
SUGAR	USED IN HOUSEHOLD				
	Past 6 Months      Past 30 Days				
YES .....	<input type="checkbox"/>				
NO .....	<input type="checkbox"/>				
<b>NUMBER OF KILOGRAMS:</b>					
None .....	<input type="checkbox"/>				
Less Than 1 .....	<input type="checkbox"/>				
1-4 .....	<input type="checkbox"/>				
5-9 .....	<input type="checkbox"/>				
10+ .....	<input type="checkbox"/>				
BAKING INGREDIENTS	USED IN HOUSEHOLD				
	Past 6 Months				
YES .....	<input type="checkbox"/>				
NO .....	<input type="checkbox"/>				
Yeast .....	<input type="checkbox"/>				
Baking Powder .....	<input type="checkbox"/>				
Baking Soda .....	<input type="checkbox"/>				
Shortening .....	<input type="checkbox"/>				
Lard .....	<input type="checkbox"/>				
EGGS	USED IN HOUSEHOLD				
	Past 6 Months      Past 30 Days				
YES .....	<input type="checkbox"/>				
NO .....	<input type="checkbox"/>				
<b>NUMBER OF DOZEN:</b>					
None .....	<input type="checkbox"/>				
Less Than 1 .....	<input type="checkbox"/>				
1-2 .....	<input type="checkbox"/>				
3-4 .....	<input type="checkbox"/>				
5+ .....	<input type="checkbox"/>				
<b>KINDS:</b>					
Regular Brown .....	<input type="checkbox"/>				
Regular White .....	<input type="checkbox"/>				
Omega 3 Specialty .....	<input type="checkbox"/>				
Other Specialty .....	<input type="checkbox"/>				
Liquid Egg Products .....	<input type="checkbox"/>				
FLOUR	USED IN HOUSEHOLD				
	Past 6 Months      Past 30 Days				
YES .....	<input type="checkbox"/>				
NO .....	<input type="checkbox"/>				
<b>NUMBER OF KILOGRAMS:</b>					
None .....	<input type="checkbox"/>				
Less Than 1 .....	<input type="checkbox"/>				
1-4 .....	<input type="checkbox"/>				
5-9 .....	<input type="checkbox"/>				
10+ .....	<input type="checkbox"/>				
AEROSOL NON- STICK COOKING PRODUCTS	USED IN HOUSEHOLD				
	Past 6 Months				
YES .....	<input type="checkbox"/>				
NO .....	<input type="checkbox"/>				
<b>NUMBER OF CANS:</b>					
Less Than 1 .....	<input type="checkbox"/>				
1-2 .....	<input type="checkbox"/>				
3-4 .....	<input type="checkbox"/>				
5+ .....	<input type="checkbox"/>				

# FOODS USED IN YOUR HOUSEHOLD

MILK	USED IN HOUSEHOLD		SWEETENED CONDENSED MILK	USED IN HOUSEHOLD		YOGURT	USED IN HOUSEHOLD	
	Past 6 Months	Past 7 Days		Past 6 Months	Past 30 Days		Most Often	Others Sometimes
YES ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/>			<b>KINDS:</b> Creamy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Drinkable ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fresh Cheese ..... <input type="checkbox"/> ..... <input type="checkbox"/> Low Fat ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mousse ..... <input type="checkbox"/> ..... <input type="checkbox"/> Non-fat/Fat-Free ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sugar Free ..... <input type="checkbox"/> ..... <input type="checkbox"/> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> With Probiotic Culture ..... <input type="checkbox"/> ..... <input type="checkbox"/> Organic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tubes ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
NO ..... <input type="checkbox"/>			NO ..... <input type="checkbox"/>					
<b>NUMBER OF LITRES:</b>			<b>NUMBER OF CANS:</b>					
None ..... <input type="checkbox"/>			None ..... <input type="checkbox"/>					
Less Than 1 ..... <input type="checkbox"/>			1-2 ..... <input type="checkbox"/>					
1-3 ..... <input type="checkbox"/>			3-4 ..... <input type="checkbox"/>					
4-9 ..... <input type="checkbox"/>			5+ ..... <input type="checkbox"/>					
10+ ..... <input type="checkbox"/>								
<b>USED FOR:</b>			<b>USED FOR:</b>			<b>TYPES:</b>		
Cereal ..... <input type="checkbox"/>			Cooking/Baking ..... <input type="checkbox"/>			With Fruit		
Cooking/Baking ..... <input type="checkbox"/>			With Tea Or Coffee ..... <input type="checkbox"/>			—Pre-Mixed ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
Drinking ..... <input type="checkbox"/>			<i>Other</i> ..... <input type="checkbox"/>			—Fruit on the bottom ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
With Tea Or Coffee ..... <input type="checkbox"/>						Other Flavour ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
						Plain (Unflavoured) ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
<b>FORMS:</b>			<b>CANNED EVAPORATED MILK</b>	USED IN HOUSEHOLD		<b>CONTAINER SIZE:</b>		
Buttermilk ..... <input type="checkbox"/>				Past	Past	Children's Size (Up To 60 g) .. <input type="checkbox"/> ..... <input type="checkbox"/>		
Filtered ..... <input type="checkbox"/>				6 Months	30 Days	Individual Serving (100 To 250 g) ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
Goat ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/>			Large Size (500-750 g) ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
Lactose Reduced ..... <input type="checkbox"/>			NO ..... <input type="checkbox"/>			Bottle (Up To 200 ml) ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
Regular ..... <input type="checkbox"/>			<b>NUMBER OF CANS:</b>			Bottle (200 ml+) ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
Soy ..... <input type="checkbox"/>			None ..... <input type="checkbox"/>			Multipacks ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			Less Than 1 ..... <input type="checkbox"/>			<i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
<b>KINDS:</b>			1-2 ..... <input type="checkbox"/>			<b>BRANDS:</b>		
Skimmed ..... <input type="checkbox"/>			3-4 ..... <input type="checkbox"/>			Activia		
1% ..... <input type="checkbox"/>			5+ ..... <input type="checkbox"/>			—Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
2% ..... <input type="checkbox"/>						—Light ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
Whole (Homo) ..... <input type="checkbox"/>			<b>USED:</b>			Astro		
<b>TYPES OF CHOCOLATE MILK:</b>			For Cooking/Baking ..... <input type="checkbox"/>			—Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
Low Fat ..... <input type="checkbox"/>			With Tea/Coffee ..... <input type="checkbox"/>			—Fat Free ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
Regular						—Jeunesse ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
—Ready-To-Drink ..... <input type="checkbox"/>						—Smooth'n Fruity ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
—Powder/Syrup Based ..... <input type="checkbox"/>						—Cream ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
						—Biobest ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
						— <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			<b>INSTANT COFFEE WHITENER</b>	USED IN HOUSEHOLD		Beatrice ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
				Past	Past	Cardivia ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			YES ..... <input type="checkbox"/>	6 Months	7 Days	Dairyland ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			NO ..... <input type="checkbox"/>			Danino ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			<b>NUMBER OF SERVINGS:</b>			Danissimo ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			None ..... <input type="checkbox"/>			Danone Creamy ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			1-4 ..... <input type="checkbox"/>			Dan Active ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			5-9 ..... <input type="checkbox"/>			Danimals ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			10+ ..... <input type="checkbox"/>			Danimals Drinkable ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
						Finesse ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			<b>YOGURT</b>	USED IN HOUSEHOLD		Liberty		
				Past	Past	—Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			YES ..... <input type="checkbox"/>	6 Months	7 Days	—Mediterranean ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			NO ..... <input type="checkbox"/>			—Organic ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			<b>NUMBER OF CONTAINERS:</b>			—Six Grains ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			None ..... <input type="checkbox"/>			Minigo ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			Less Than 1 ..... <input type="checkbox"/>			Naturalia ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			1-4 ..... <input type="checkbox"/>			Petit Danone ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			5-9 ..... <input type="checkbox"/>			Petit Danone Drinkable ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			10+ ..... <input type="checkbox"/>					
						Silhouette ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
						Silhouette Mousse ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
						Silhouette Delicioso ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
						Source ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
						Stoneyfield ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
						Svelte ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
						Yoplait Basket Fat Free ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
						Yoplait Creamy ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
						Yoplait Delicieux ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
						YOP ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
						Yoplait Tubes ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
						Yoptimal ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
						Store Brand/Private Label ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
						<i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>		

# FOODS USED IN YOUR HOUSEHOLD

SOY BEVERAGES	USED IN HOUSEHOLD		ICE CREAM, ICE MILK, SHERBET & FROZEN YOGURT	USED IN HOUSEHOLD		WHIPPED TOPPING	USED IN HOUSEHOLD	
	Past 6 Months	Past 30 Days		Past 30 Days	Most Often		Others Sometimes	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF LITRES:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-3 ..... <input type="checkbox"/> 4-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>  <b>FLAVOURS:</b> Chocolate ..... <input type="checkbox"/> Fruit Based ..... <input type="checkbox"/> Plain/Original ..... <input type="checkbox"/> Vanilla ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>			<b>BRANDS:</b> Baskin Robbins ..... <input type="checkbox"/> Ben & Jerry's ..... <input type="checkbox"/> Breyers Naturally Flavoured ..... <input type="checkbox"/> Breyers Blends (e.g. Reese) ..... <input type="checkbox"/> Breyers Classic ..... <input type="checkbox"/> Chapman's ..... <input type="checkbox"/> Dairy Queen ..... <input type="checkbox"/> Haagen-Dazs ..... <input type="checkbox"/> Nestlé Candy Ice Cream (e.g. Smarties) ..... <input type="checkbox"/> Nestlé Parlour ..... <input type="checkbox"/> Nestlé Real Dairy ..... <input type="checkbox"/> Nestlé Sundae ..... <input type="checkbox"/> Nestlé Tollhouse ..... <input type="checkbox"/> Oreo ..... <input type="checkbox"/> Rolo ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>			<b>TYPES:</b> Aerosol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Frozen/Refrigerated ..... <input type="checkbox"/> ..... <input type="checkbox"/> Powder ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Cool Whip ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cool Whip Light ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cool Whip Ultra Low Fat ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dream Whip ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gay Lea ..... <input type="checkbox"/> ..... <input type="checkbox"/> NutriWhip ..... <input type="checkbox"/> ..... <input type="checkbox"/> ReddiWhip ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sealtest ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
SOY BEVERAGES	USED IN HOUSEHOLD		FROZEN SNACKS — Not Frozen Yogurt Or Ice Cream —	USED IN HOUSEHOLD		FROZEN DESSERTS	USED IN HOUSEHOLD	
Most Often	Others Sometimes	Past 6 Months		Past 30 Days	Past 6 Months		Past 30 Days	
<b>BRANDS:</b> Natura ..... <input type="checkbox"/> ..... <input type="checkbox"/> PC Organics/PC Blue Menu ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sensational Soy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Silk ..... <input type="checkbox"/> ..... <input type="checkbox"/> So Good ..... <input type="checkbox"/> ..... <input type="checkbox"/> So Nice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vita Soy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>  <b>TYPES:</b> Sandwich ..... <input type="checkbox"/> Cone ..... <input type="checkbox"/> Stick Bar ..... <input type="checkbox"/> Stickless Bar ..... <input type="checkbox"/> Cup ..... <input type="checkbox"/> Water Ice ..... <input type="checkbox"/>  <b>BRANDS:</b> Chapman's ..... <input type="checkbox"/> Del Monte ..... <input type="checkbox"/> Drumstick ..... <input type="checkbox"/> Haagen-Dazs Bar ..... <input type="checkbox"/> Klondike ..... <input type="checkbox"/> Oreo ..... <input type="checkbox"/> Rolo Chocolate Cone ..... <input type="checkbox"/> Turtles Bar ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>		
ICE CREAM, ICE MILK, SHERBET & FROZEN YOGURT	USED IN HOUSEHOLD		WHIPPED TOPPING	USED IN HOUSEHOLD		CHOCOLATE BAKING SQUARES	USED IN HOUSEHOLD	
Past 6 Months	Past 30 Days	Past 6 Months		Past 30 Days	Past 6 Months		Past 30 Days	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF LITRES:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>  <b>TYPES USED:</b> Economy Ice Cream ..... <input type="checkbox"/> Regular Ice Cream ..... <input type="checkbox"/> Premium Ice Cream ..... <input type="checkbox"/> Lactose Free ..... <input type="checkbox"/> Low Fat Ice Cream ..... <input type="checkbox"/> Low Carb Ice Cream ..... <input type="checkbox"/> Ice Milk ..... <input type="checkbox"/> Non-dairy ..... <input type="checkbox"/> Sherbet/Sorbet ..... <input type="checkbox"/> Frozen Yogurt ..... <input type="checkbox"/> Ice Cream Desserts/Cakes ..... <input type="checkbox"/> No Sugar Added ..... <input type="checkbox"/> Soya ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF CONTAINERS:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF SQUARES:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>		
			WHIPPED TOPPING	USED IN HOUSEHOLD		BAKING CHIPS	USED IN HOUSEHOLD	
			Past 6 Months	Past 30 Days	Past 6 Months		Past 30 Days	
			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF BAGS:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>					

# FOODS USED IN YOUR HOUSEHOLD

<b>COCOA POWDER</b>	USED IN HOUSEHOLD	<b>PUDDING</b>	USED IN HOUSEHOLD	<b>JELLY POWDER/ GELATIN</b>	USED IN HOUSEHOLD
	Past 6 Months      Past 30 Days		Past 6 Months      Past 30 Days		Past 6 Months      Past 30 Days
YES ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/>	
NO ..... <input type="checkbox"/>		NO ..... <input type="checkbox"/>		NO ..... <input type="checkbox"/>	
<b>NUMBER OF CONTAINERS:</b>		<b>NUMBER OF CONTAINERS:</b>		<b>NUMBER OF PACKAGES:</b>	
None ..... <input type="checkbox"/>		None ..... <input type="checkbox"/>		None ..... <input type="checkbox"/>	
Less Than 1 ..... <input type="checkbox"/>		1-2 ..... <input type="checkbox"/>		Less Than 1 ..... <input type="checkbox"/>	
1-2 ..... <input type="checkbox"/>		3-4 ..... <input type="checkbox"/>		1-2 ..... <input type="checkbox"/>	
3+ ..... <input type="checkbox"/>		5+ ..... <input type="checkbox"/>		3-4 ..... <input type="checkbox"/>	
				5+ ..... <input type="checkbox"/>	
<b>FROSTINGS</b>	USED IN HOUSEHOLD	<b>COOKIE MIXES</b>	USED IN HOUSEHOLD	<b>APPLE SAUCE</b>	USED IN HOUSEHOLD
	Past 6 Months      Past 30 Days		Past 6 Months      Past 30 Days		Past 6 Months      Past 30 Days
YES ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/>	
NO ..... <input type="checkbox"/>		NO ..... <input type="checkbox"/>		NO ..... <input type="checkbox"/>	
<b>TYPES:</b>		<b>TYPES:</b>		<b>NUMBER OF CANS/JARS:</b>	
Pre-Mixed ..... <input type="checkbox"/>		Cooked Pudding ..... <input type="checkbox"/>		None ..... <input type="checkbox"/>	
Mix ..... <input type="checkbox"/>		Instant Pudding ..... <input type="checkbox"/>		Less Than 1 ..... <input type="checkbox"/>	
		Single Serve Cups (Refrigerated) ..... <input type="checkbox"/>		1-2 ..... <input type="checkbox"/>	
		Single Serve Cups (Non-Refrigerated) ..... <input type="checkbox"/>		3-4 ..... <input type="checkbox"/>	
				5+ ..... <input type="checkbox"/>	
<b>DRY CAKE MIXES</b>	USED IN HOUSEHOLD	<b>COOKIES — Ready To Eat —</b>	USED IN HOUSEHOLD	<b>CANNED FRUIT</b>	USED IN HOUSEHOLD
	Past 6 Months      Past 30 Days		Past 6 Months      Past 30 Days		Past 6 Months      Past 30 Days
YES ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/>	
NO ..... <input type="checkbox"/>		NO ..... <input type="checkbox"/>		NO ..... <input type="checkbox"/>	
<b>NUMBER OF PACKAGES:</b>		<b>NUMBER OF BOXES OR PACKAGES:</b>		<b>NUMBER OF CONTAINERS:</b>	
None ..... <input type="checkbox"/>		None ..... <input type="checkbox"/>		None ..... <input type="checkbox"/>	
Less Than 1 ..... <input type="checkbox"/>		Less Than 1 ..... <input type="checkbox"/>		Less Than 1 ..... <input type="checkbox"/>	
1-2 ..... <input type="checkbox"/>		1-2 ..... <input type="checkbox"/>		1-2 ..... <input type="checkbox"/>	
3-4 ..... <input type="checkbox"/>		3-4 ..... <input type="checkbox"/>		3-4 ..... <input type="checkbox"/>	
5+ ..... <input type="checkbox"/>		5-9 ..... <input type="checkbox"/>		5+ ..... <input type="checkbox"/>	
		10+ ..... <input type="checkbox"/>			
<b>LEMON JUICE</b>	USED IN HOUSEHOLD	<b>COOKIES — Ready To Eat —</b>	USED IN HOUSEHOLD		
	Past 6 Months      Past 30 Days		Most Often      Others Sometimes		
YES ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/>		<b>TYPES:</b>	
NO ..... <input type="checkbox"/>		NO ..... <input type="checkbox"/>		Butter ..... <input type="checkbox"/>	
<b>USED FOR:</b>		<b>NUMBER OF BOXES OR PACKAGES:</b>		Chocolate Chip ..... <input type="checkbox"/>	
Cooking/Baking ..... <input type="checkbox"/>		None ..... <input type="checkbox"/>		Chocolate Covered ..... <input type="checkbox"/>	
Beverage ..... <input type="checkbox"/>		Less Than 1 ..... <input type="checkbox"/>		Figbars ..... <input type="checkbox"/>	
		1-2 ..... <input type="checkbox"/>		Fudge ..... <input type="checkbox"/>	
		3-4 ..... <input type="checkbox"/>		Marshmallow (Coated) ..... <input type="checkbox"/>	
		5-9 ..... <input type="checkbox"/>		Nut ..... <input type="checkbox"/>	
		10+ ..... <input type="checkbox"/>		Oatmeal ..... <input type="checkbox"/>	
				Peanut Butter ..... <input type="checkbox"/>	
				Sandwich Type ..... <input type="checkbox"/>	
				Other ..... <input type="checkbox"/>	
<b>SNACK CAKES</b>	USED IN HOUSEHOLD	<b>COOKIES — Ready To Eat —</b>	USED IN HOUSEHOLD		
	Past 6 Months      Past 30 Days		Most Often      Others Sometimes	<b>NUMBER OF CONTAINERS:</b>	
YES ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/>		None ..... <input type="checkbox"/>	
NO ..... <input type="checkbox"/>		NO ..... <input type="checkbox"/>		Less Than 1 ..... <input type="checkbox"/>	
<b>NUMBER OF BOXES OR PACKAGES:</b>		<b>TYPES:</b>		1-2 ..... <input type="checkbox"/>	
None ..... <input type="checkbox"/>		Butter ..... <input type="checkbox"/>		3-4 ..... <input type="checkbox"/>	
Less Than 1 ..... <input type="checkbox"/>		Chocolate Chip ..... <input type="checkbox"/>		5+ ..... <input type="checkbox"/>	
1-2 ..... <input type="checkbox"/>		Chocolate Covered ..... <input type="checkbox"/>		<b>TYPES:</b>	
3-4 ..... <input type="checkbox"/>		Figbars ..... <input type="checkbox"/>		Cherries ..... <input type="checkbox"/>	
5+ ..... <input type="checkbox"/>		Fudge ..... <input type="checkbox"/>		Cranberries ..... <input type="checkbox"/>	
		Marshmallow (Coated) ..... <input type="checkbox"/>		Fruit Cocktail ..... <input type="checkbox"/>	
		Nut ..... <input type="checkbox"/>		Peaches ..... <input type="checkbox"/>	
		Oatmeal ..... <input type="checkbox"/>		Pears ..... <input type="checkbox"/>	
		Peanut Butter ..... <input type="checkbox"/>		Pineapple ..... <input type="checkbox"/>	
		Sandwich Type ..... <input type="checkbox"/>		Other ..... <input type="checkbox"/>	
		Other ..... <input type="checkbox"/>			
<b>PIE FILLINGS</b>	USED IN HOUSEHOLD				
	Past 6 Months      Past 30 Days				
YES ..... <input type="checkbox"/>					
NO ..... <input type="checkbox"/>					
<b>TYPES:</b>					
From Mix ..... <input type="checkbox"/>					
From Can ..... <input type="checkbox"/>					

# FOODS USED IN YOUR HOUSEHOLD

TOASTER PRODUCTS	USED IN HOUSEHOLD		INSTANT HOT CEREALS — Single Serve Packets —	USED IN HOUSEHOLD		COLD CEREALS	USED IN HOUSEHOLD	
	Past 6 Months	Past 30 Days		Most Often	Others Sometimes		Past 7 Days	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>			<b>BRANDS:</b> Co-Op ..... <input type="checkbox"/> ..... <input type="checkbox"/> Instant Quaker Oatmeal ..... <input type="checkbox"/> ..... <input type="checkbox"/> Master Choice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nabisco Instant Cream of Wheat ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nature's Path ..... <input type="checkbox"/> ..... <input type="checkbox"/> Our Compliments ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Red River ..... <input type="checkbox"/> ..... <input type="checkbox"/> Western Family ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>TYPES:</b> Bran Type ..... <input type="checkbox"/> Granola/Muesli ..... <input type="checkbox"/> Multi-Grain ..... <input type="checkbox"/> Oat Based ..... <input type="checkbox"/> Organic Ingredients ..... <input type="checkbox"/> Soy Based/Enhanced Nutrition ..... <input type="checkbox"/> Sweetened Within/Frosting ..... <input type="checkbox"/> Wheat Based ..... <input type="checkbox"/> With Dried Fruits/Berries ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>		
TOASTER PRODUCTS	USED IN HOUSEHOLD		ROLLED OATS/ OATMEAL/ HOT CEREALS	USED IN HOUSEHOLD		COLD CEREALS	USED IN HOUSEHOLD	
		Most Often		Others Sometimes	Past 6 Months		Past 7 Days	Most Often
<b>BRANDS:</b> Aunt Jemima Breakfast Sandwiches ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aunt Jemima French Toast ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aunt Jemima Pancakes ..... <input type="checkbox"/> ..... <input type="checkbox"/> Aunt Jemima Waffles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kellogg's Eggo French Toaster Stix ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kellogg's Eggo Doubles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kellogg's Eggo Pancakes ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kellogg's Eggo Waffles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kellogg's Eggo Plus Waffles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kellogg's Pop Tarts ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lifestream Waffles ..... <input type="checkbox"/> ..... <input type="checkbox"/> McCain Gold'n Crisp Waffles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nature's Path Waffles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pillsbury Toaster Strudel Fruit & Cream Cheese ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pillsbury Toaster Strudel Vans Waffles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand Waffles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>BRANDS:</b> General Mills — Apple Cinnamon Cheerios ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Cheerios ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Cinnamon Toast Crunch ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Count Chocula ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Fibre 1 ..... <input type="checkbox"/> ..... <input type="checkbox"/> — French Toast Crunch ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Frosted Cheerios ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Golden Grahams ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Honey Nut Cheerios ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Honey Nut Chex ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Lucky Charms ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Multi-Grain Cheerios ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Nesquik Cereal ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Oatmeal Crisp ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Reese Peanut Butter Puffs ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Strawberry Cheerios ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Triple Berry Burst Cheerios ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Trix ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Kellogg's — All-Bran ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Bran Buds ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Bran Flakes ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Guardian ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Honey Nut ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Strawberry Bites ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Corn Flakes ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Corn Pops ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Froot Loops ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Frosted Flakes ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Frosted Flakes 1/3 Less Sugar ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Fun Pack/Variety Pack ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Just Right ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Mini Wheats — White/Brown Frosted ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Maple/Vanilla ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Strawberry ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Muslix ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Rice Krispies ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Rice Krispies Vanilla ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Special K ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Special K Chocolatey Delight ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Special K Fruit & Yogurt ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Special K Red Berries ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Special K Vanilla Almond ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Two Scoops Raisin Bran ..... <input type="checkbox"/> ..... <input type="checkbox"/> — Vector ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Leclerc Vital ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
INSTANT BREAKFAST — Mixed With Milk —	USED IN HOUSEHOLD		ROLLED OATS/ OATMEAL/ HOT CEREALS	USED IN HOUSEHOLD		COLD CEREALS	USED IN HOUSEHOLD	
		Past 6 Months		Past 30 Days	Most Often		Others Sometimes	Past 6 Months
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF INDIVIDUAL PORTIONS:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>			<b>USED FOR:</b> Cereal ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cooking/Baking ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>BRANDS:</b> Nabisco Cream of Wheat ..... <input type="checkbox"/> ..... <input type="checkbox"/> Old Mill Oats ..... <input type="checkbox"/> ..... <input type="checkbox"/> Quaker Oats ..... <input type="checkbox"/> ..... <input type="checkbox"/> Robin Hood Oats ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
INSTANT HOT CEREALS — Single Serve Packets —	USED IN HOUSEHOLD		COLD CEREALS	USED IN HOUSEHOLD		COLD CEREALS	USED IN HOUSEHOLD	
		Past 6 Months		Past 7 Days	Past 6 Months		Past 7 Days	Past 6 Months
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TOTAL NUMBER OF INDIVIDUAL PORTIONS EATEN FOR BREAKFAST:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>			<b>BRANDS:</b> Nabisco Cream of Wheat ..... <input type="checkbox"/> ..... <input type="checkbox"/> Old Mill Oats ..... <input type="checkbox"/> ..... <input type="checkbox"/> Quaker Oats ..... <input type="checkbox"/> ..... <input type="checkbox"/> Robin Hood Oats ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>TOTAL NUMBER OF INDIVIDUAL PORTIONS:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10-14 ..... <input type="checkbox"/> 15-20 ..... <input type="checkbox"/> 21+ ..... <input type="checkbox"/>		
<b>NUMBER OF INDIVIDUAL PORTIONS EATEN AS SNACK:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>			<b>NUMBER OF INDIVIDUAL PORTIONS EATEN OTHER THAN AT BREAKFAST:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>					

# FOODS USED IN YOUR HOUSEHOLD

COLD CEREALS	USED IN HOUSEHOLD		GRANOLA/ CEREAL/ MUFFIN BARS	USED IN HOUSEHOLD		GRANOLA/ CEREAL/ MUFFIN BARS	USED IN HOUSEHOLD		
	Most Often	Others Sometimes		Past 6 Months	Past 7 Days		Most Often	Others Sometimes	
<b>BRANDS (Continued):</b> Post —100% Bran ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Alpha Bits ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Bran Flakes ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Banana Nut Crunch ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Blueberry Almond Crunch ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Cranberry Almond Crunch ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Honey Bunches Of Oats ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Honeycomb ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Strawberry Honeycomb ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Shreddies (Regular) ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Golden Honey Shreddies ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Maple Crunch Shreddies ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Shredded Wheat (Regular) ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Spoon Size Shredded Wheat ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Spoon Size Shredded Wheat'n Bran ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Frosted Spoon Size Shredded Wheat ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Sugar Crisp ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice —Organics ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> Quaker —Cap'n Crunch ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Corn Bran Squares ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Harvest Crunch —Light n' Crisp ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Jordan's Morning Crisp ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Jordan's Muesli ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Life —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Cinnamon ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Maple & Brown Sugar Squares ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Muffets ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Multigrain ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Oat Bran ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Oat Squares ..... <input type="checkbox"/> ..... <input type="checkbox"/> Any Kashi ..... <input type="checkbox"/> ..... <input type="checkbox"/> Any Master Choice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Any Nature's Path ..... <input type="checkbox"/> ..... <input type="checkbox"/> Any Our Compliments ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/> <b>NUMBER OF TIMES SERVED:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6+ ..... <input type="checkbox"/>			<b>BRANDS (Continued):</b> President's Choice Granola Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Chewy ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Chocolate ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Chocolate Coated ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Yogurt ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Regular (Yogurt Coated) ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice Cereal Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Quaker Granola/Cereal Bars —Chewy ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Chewy Dips ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Chewy Yogurt ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Chewy Trail Mix ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Crunchy ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Oatmeal To Go Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Oatmeal To Go Squares ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sun Rype Cereal Bar ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vachon Hop & Go Muffin Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vachon Hop & Go Homestyle Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
			GRANOLA/ CEREAL/ MUFFIN BARS	USED IN HOUSEHOLD					
					Most Often	Others Sometimes			
			<b>KINDS:</b> Cereal Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Granola Bars —Chewy (Non-Coated) ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Chocolate (Coated) ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Crunchy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Muffin Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> <b>BRANDS:</b> Kellogg's All Bran Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kellogg's All Bran Snack Bites ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kellogg's Nutri-Grain Cereal Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kellogg's Rice Krispies Split Stix ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kellogg's Rice Krispies Squares Bars —Original ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Chocolate ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Chocolatey Caramel ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Rainbow ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kellogg's Special K Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kellogg's Vector Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Leclerc Granola Bars —Choco Max ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Regular (Uncoated) ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Vital Trail Mix ..... <input type="checkbox"/> ..... <input type="checkbox"/> Leclerc Sweet Morning Cereal Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Leclerc Sweet Morning Muffin Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nature Valley Granola Bars —Chewy ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Crunchy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Newton Full Fruit Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nutri Grain Munch 'Ems ..... <input type="checkbox"/> ..... <input type="checkbox"/> Nutri Grain Sweet & Salty Bars ..... <input type="checkbox"/> ..... <input type="checkbox"/>			FRUIT SNACKS			
					Past 6 Months	Past 30 Days			
					YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				
					<b>NUMBER OF BOXES:</b> None ..... <input type="checkbox"/> Less Than One ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>				
					<b>TYPE:</b> Bars ..... <input type="checkbox"/> Shapes ..... <input type="checkbox"/> Rolls ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>				
					<b>BRAND:</b> Betty Crocker Fruit Snacks ..... <input type="checkbox"/> General Mills Fruit By The Foot ..... <input type="checkbox"/> General Mills Fruit Roll-Up ..... <input type="checkbox"/> Kellogg's Fruit Shapes ..... <input type="checkbox"/> Kellogg's Yogos ..... <input type="checkbox"/> Sun Rype Fruit Snacks ..... <input type="checkbox"/> Welch's Fruit Snacks ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>				

# FOODS USED IN YOUR HOUSEHOLD

WAFFLES		SERVED IN HOUSEHOLD		JAMS & JELLIES		USED IN HOUSEHOLD		SALSA		USED IN HOUSEHOLD	
		Past 6 Months	Past 30 Days			Past 6 Months	Past 30 Days			Past 6 Months	Past 30 Days
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>			
<b>NUMBER OF TIMES SERVED:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6+ ..... <input type="checkbox"/>				<b>NUMBER OF JARS:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>				<b>NUMBER OF CONTAINERS:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			
<b>TYPE:</b> Fresh ..... <input type="checkbox"/> From Mix ..... <input type="checkbox"/> From Scratch ..... <input type="checkbox"/> Frozen ..... <input type="checkbox"/>				<b>TYPES:</b> Regular ..... <input type="checkbox"/> Diet/Low Calorie ..... <input type="checkbox"/>				<b>BRANDS:</b> Old Dutch ..... <input type="checkbox"/> Old El Paso ..... <input type="checkbox"/> Pace ..... <input type="checkbox"/> Tostitos ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>			
PANCAKES		SERVED IN HOUSEHOLD		PEANUT BUTTER		USED IN HOUSEHOLD		READY-TO-SERVE DIPS		USED IN HOUSEHOLD	
		Past 6 Months	Past 30 Days			Past 6 Months	Past 30 Days			Past 6 Months	Past 30 Days
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>			
<b>NUMBER OF TIMES SERVED:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6+ ..... <input type="checkbox"/>				<b>NUMBER OF JARS:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>				<b>NUMBER OF CONTAINERS:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>			
<b>TYPES:</b> From Mix ..... <input type="checkbox"/> —Complete (Add Water) ..... <input type="checkbox"/> —Add Milk And Eggs ..... <input type="checkbox"/> From Scratch ..... <input type="checkbox"/> Frozen ..... <input type="checkbox"/>				<b>TYPES:</b> Crunchy ..... <input type="checkbox"/> Smooth ..... <input type="checkbox"/> Flavoured ..... <input type="checkbox"/>				<b>KINDS:</b> Mediterranean Style (e.g. Hummus) ..... <input type="checkbox"/> Regular ..... <input type="checkbox"/>			
<b>KINDS:</b> Buttermilk ..... <input type="checkbox"/> Regular ..... <input type="checkbox"/>				<b>KINDS:</b> Light ..... <input type="checkbox"/> No Sugar/Salt ..... <input type="checkbox"/> Natural 100% Peanuts ..... <input type="checkbox"/>				<b>TYPES:</b> Refrigerated ..... <input type="checkbox"/> Non-Refrigerated ..... <input type="checkbox"/> Dry Mix Package ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>			
TABLE SYRUP		USED IN HOUSEHOLD		SWEET SPREADS		USED IN HOUSEHOLD		PROCESSED CHEESE		USED IN HOUSEHOLD	
		Past 6 Months	Past 30 Days			Past 6 Months	Past 30 Days			Past 6 Months	Past 30 Days
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>			
<b>NUMBER OF TIMES SERVED:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>				<b>NUMBER OF JARS:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>				<b>NUMBER OF KILOGRAMS:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>			
<b>TYPES:</b> Regular ..... <input type="checkbox"/> Lite ..... <input type="checkbox"/> Butter Flavoured ..... <input type="checkbox"/> Real Maple Syrup Added ..... <input type="checkbox"/>				<b>TYPES:</b> Hazelnut ..... <input type="checkbox"/> Mixed Flavour ..... <input type="checkbox"/>				<b>PROCESSED CHEESE</b>		Most Often ..... Others Sometimes .....	
HONEY		USED IN HOUSEHOLD						PROCESSED CHEESE		USED IN HOUSEHOLD	
		Past 6 Months	Past 30 Days							Most Often	Others Sometimes
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>								<b>TYPES:</b> Light/Lite ..... <input type="checkbox"/> Regular ..... <input type="checkbox"/>			
<b>NUMBER OF CONTAINERS OR JARS:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>								<b>FORMS:</b> Chunk/Loaf ..... <input type="checkbox"/> Individually Wrapped Slices ..... <input type="checkbox"/> Stick-String ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>			
								<b>USED FOR:</b> Cooking ..... <input type="checkbox"/> On Its Own ..... <input type="checkbox"/> Sandwiches ..... <input type="checkbox"/>			



# FOODS USED IN YOUR HOUSEHOLD

CONDENSED SOUP		USED IN HOUSEHOLD		READY-TO-SERVE SOUP		USED IN HOUSEHOLD		CANNED PASTA		USED IN HOUSEHOLD					
		Past 6 Months	Past 30 Days			Most Often	Others Sometimes			Past 6 Months	Past 30 Days				
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				<b>BRANDS:</b> Aylmer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Baxter's —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Organic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Campbell's Broth ..... <input type="checkbox"/> ..... <input type="checkbox"/> Campbell's Chunky ..... <input type="checkbox"/> ..... <input type="checkbox"/> Campbell's Chunky Bowls ..... <input type="checkbox"/> ..... <input type="checkbox"/> Campbell's Gardennay ..... <input type="checkbox"/> ..... <input type="checkbox"/> Campbell's Healthy Request ..... <input type="checkbox"/> ..... <input type="checkbox"/> Campbell's Ready-To-Enjoy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Campbell's Soup At Hand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Habitant ..... <input type="checkbox"/> ..... <input type="checkbox"/> Knorr Broth ..... <input type="checkbox"/> ..... <input type="checkbox"/> Knorr Soup ..... <input type="checkbox"/> ..... <input type="checkbox"/> Maple Leaf Simply Fresh ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Primo ..... <input type="checkbox"/> ..... <input type="checkbox"/> St. Hubert ..... <input type="checkbox"/> ..... <input type="checkbox"/> Private Label/Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				<b>NUMBER OF CANS:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>			
<b>NUMBER OF OCCASIONS EATEN AS A SOUP:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>				<b>BRANDS:</b> Aylmer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Campbell's Condensed Soup ..... <input type="checkbox"/> ..... <input type="checkbox"/> Campbell's Broth ..... <input type="checkbox"/> ..... <input type="checkbox"/> Private Label/Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				PACKAGED PASTA		USED IN HOUSEHOLD					
										Past 6 Months      Past 30 Days					
<b>CONDENSED SOUP</b>		USED IN HOUSEHOLD						YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>							
		Most Often	Others Sometimes					<b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>							
<b>BRANDS:</b> Eaten As A Soup: Aylmer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Campbell's Condensed Soup ..... <input type="checkbox"/> ..... <input type="checkbox"/> Campbell's Broth ..... <input type="checkbox"/> ..... <input type="checkbox"/> Private Label/Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				ORIENTAL NOODLES		USED IN HOUSEHOLD		PASTA SAUCE		USED IN HOUSEHOLD					
						Past 6 Months				Past 6 Months      Past 30 Days					
<b>In A Recipe/Base For Homemade Soup:</b> Aylmer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Campbell's Condensed Soup —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Half Fat ..... <input type="checkbox"/> ..... <input type="checkbox"/> Campbell's Broth ..... <input type="checkbox"/> ..... <input type="checkbox"/> Private Label/Store Brand —Condensed Soup ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Broth ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>							
<b>READY-TO-SERVE SOUP</b>		USED IN HOUSEHOLD						<b>NUMBER OF CONTAINERS:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>							
								YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>							
<b>READY-TO-SERVE SOUP</b>		USED IN HOUSEHOLD						<b>KINDS:</b> Tomato Based ..... <input type="checkbox"/> Tomato Based With Meat ..... <input type="checkbox"/> Cream ..... <input type="checkbox"/> Cheese ..... <input type="checkbox"/> Pesto ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>							
								YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>							
<b>FORMS:</b> Bowls ..... <input type="checkbox"/> ..... <input type="checkbox"/> Canned ..... <input type="checkbox"/> ..... <input type="checkbox"/> Carton ..... <input type="checkbox"/> ..... <input type="checkbox"/> Jars ..... <input type="checkbox"/> ..... <input type="checkbox"/> Jars (Refrigerated) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Plastic (Portable Cup) ..... <input type="checkbox"/> ..... <input type="checkbox"/>				CANNED VEGETABLES		USED IN HOUSEHOLD		TYPES:		Canned ..... <input type="checkbox"/> Dry Mix ..... <input type="checkbox"/> Bottled ..... <input type="checkbox"/> Frozen ..... <input type="checkbox"/> Refrigerated ..... <input type="checkbox"/>					
						Past 6 Months									

# FOODS USED IN YOUR HOUSEHOLD

COOKING SAUCES & GRAVY SAUCES	USED IN HOUSEHOLD	PACKAGED INSTANT POTATOES	USED IN HOUSEHOLD	PLAIN RICE	USED IN HOUSEHOLD
	Past 6 Months      Past 30 Days		Past 6 Months      Past 30 Days		Past 6 Months      Past 30 Days
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES/CONTAINERS:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>  <b>FORMS:</b> Bottle ..... <input type="checkbox"/> Canned ..... <input type="checkbox"/> Pouch ..... <input type="checkbox"/> Tetra Carton ..... <input type="checkbox"/>  <b>TYPES:</b> Dry Sauce ..... <input type="checkbox"/> Gravy Mix ..... <input type="checkbox"/> Liquid Sauce ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>  <b>TYPES:</b> Boil In Bag ..... <input type="checkbox"/> Instant ..... <input type="checkbox"/> Regular (Long Cooking) ..... <input type="checkbox"/> Specialty ..... <input type="checkbox"/>	
COOKING SAUCES & GRAVY SAUCES	USED IN HOUSEHOLD		USED IN HOUSEHOLD	FLAVOURED & SEASONED RICE	USED IN HOUSEHOLD
	Most Often      Others Sometimes		Most Often      Others Sometimes		Past 6 Months      Past 30 Days
<b>BRANDS:</b> Club House ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kikkoman ..... <input type="checkbox"/> ..... <input type="checkbox"/> Knorr ..... <input type="checkbox"/> ..... <input type="checkbox"/> McCormick ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pataks ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice ..... <input type="checkbox"/> ..... <input type="checkbox"/> V-H ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>		<b>PACKAGED INSTANT POTATOES</b>  <b>BRANDS:</b> Betty Crocker Mashed ..... <input type="checkbox"/> ..... <input type="checkbox"/> Betty Crocker Sliced ..... <input type="checkbox"/> ..... <input type="checkbox"/> Idahoan Mashed ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lipton Sidekicks Mashed Potatoes ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lipton Sidekicks Mashed With Gravy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lipton Sidekicks Sliced Potatoes ..... <input type="checkbox"/> ..... <input type="checkbox"/> Shirriff Mashed ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>	
COOKING SAUCES & GRAVY SAUCES	USED IN HOUSEHOLD	STUFFING MIXES AND STUFFING PRODUCTS	USED IN HOUSEHOLD	FLAVOURED & SEASONED RICE	USED IN HOUSEHOLD
	Past 6 Months      Past 30 Days		Past 6 Months		Most Often      Others Sometimes
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>		<b>BRANDS:</b> Dainty ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lipton Sidekicks Fiesta Rice .. <input type="checkbox"/> ..... <input type="checkbox"/> Lipton Sidekicks Rice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lipton Sidekicks Whole Grain Rice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rice-A-Roni ..... <input type="checkbox"/> ..... <input type="checkbox"/> Uncle Ben's Bistro Express ..... <input type="checkbox"/> ..... <input type="checkbox"/> Uncle Ben's Classiques ..... <input type="checkbox"/> ..... <input type="checkbox"/> Uncle Ben's Fast & Fancy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Uncle Ben's Natural Select ..... <input type="checkbox"/> ..... <input type="checkbox"/> Zatarain's ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>	
FLAVOURED PASTA/NOODLES & SAUCES — Dry Packaged —	USED IN HOUSEHOLD	SEASONED COATING MIXES	USED IN HOUSEHOLD	FROZEN POTATO PRODUCTS	USED IN HOUSEHOLD
	Past 6 Months      Past 30 Days		Past 6 Months      Past 30 Days		Past 6 Months      Past 30 Days
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>  <b>KINDS:</b> For Meat/Fish ..... <input type="checkbox"/> For Vegetables/Potatoes ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>  <b>TYPES:</b> French Fried Potatoes ..... <input type="checkbox"/> Other Potatoes ..... <input type="checkbox"/>	
FLAVOURED PASTA/NOODLES & SAUCES — Dry Packaged —	USED IN HOUSEHOLD		USED IN HOUSEHOLD		USED IN HOUSEHOLD
	Most Often      Others Sometimes		Past 6 Months      Past 30 Days		Past 6 Months      Past 30 Days
<b>BRANDS:</b> Kraft Easy Mac ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kraft Macaroni & Cheese ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kraft Pasta & Sauce Sideshies ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kraft Thick & Creamy ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lipton Sidekicks —Asian Pasta ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Pasta ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Tortellini ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Spaghetti ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Whole Grain Pasta ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>					

# FOODS USED IN YOUR HOUSEHOLD

FROZEN VEGETABLES		USED IN HOUSEHOLD		FROZEN MAIN COURSES		USED IN HOUSEHOLD		FROZEN HOT SNACKS		USED IN HOUSEHOLD	
		Past 6 Months	Past 30 Days			Past 6 Months	Past 30 Days			Past 6 Months	Past 30 Days
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>			
FROZEN VEGETABLES		USED IN HOUSEHOLD		FROZEN MAIN COURSES		USED IN HOUSEHOLD		FROZEN HOT SNACKS		USED IN HOUSEHOLD	
		Most Often	Others Sometimes			Most Often	Others Sometimes			Most Often	Others Sometimes
<b>KINDS:</b> Vegetables Only ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vegetables With Butter or Cheese Sauce ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vegetables With Pasta ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Arctic Garden ..... <input type="checkbox"/> ..... <input type="checkbox"/> Green Giant ..... <input type="checkbox"/> ..... <input type="checkbox"/> Masters Choice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Our Compliments ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>TYPES:</b> Low Calorie/Low Fat ..... <input type="checkbox"/> ..... <input type="checkbox"/> Organic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Green Giant Valley Selections . . . <input type="checkbox"/> ..... <input type="checkbox"/> Knorr ..... <input type="checkbox"/> ..... <input type="checkbox"/> Michelina's —Appetito ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Avantage ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Avantage Bowls ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Comfort Classico ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Lifestyle ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Original ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Signature ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Yu Sing ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Zap'em's ..... <input type="checkbox"/> ..... <input type="checkbox"/>  President's Choice ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice Blue Menu . . . <input type="checkbox"/> ..... <input type="checkbox"/> Savarin ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Stouffer's —Red Box ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Bistro Bowls ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Lean Cuisine ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Lean Cuisine Café Classics ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Lean Cuisine Pizza ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Lean Cuisine Skillet Sensations ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Lean Cuisine Spa ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Homestyle Dinners ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Pastaria ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Skillet Sensations ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Swanson —Dinners ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Hearty Bowls ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Hungry-Man ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Hungry-Man Express ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Meat Pies ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Weight Watchers Smart Ones . . . <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand Entrees ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand Frozen Dinners . . . <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>BRANDS:</b> Amy's Organics ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dr. Oetker Intermezzo ..... <input type="checkbox"/> ..... <input type="checkbox"/> El Paso Burritos ..... <input type="checkbox"/> ..... <input type="checkbox"/> Heinz Bagel Bites ..... <input type="checkbox"/> ..... <input type="checkbox"/> Heinz Hot Bites ..... <input type="checkbox"/> ..... <input type="checkbox"/> McCain's Deep & Delicious Mini Pizzas ..... <input type="checkbox"/> ..... <input type="checkbox"/> McCain's Pizza Pockets ..... <input type="checkbox"/> ..... <input type="checkbox"/> Michelina's Mini Pizzas ..... <input type="checkbox"/> ..... <input type="checkbox"/> Michelina's Zap'em's ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pillsbury Pizza Pops ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pillsbury Pizza Minis ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Pillsbury Mini Pops ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pogo ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rosarita Burritos ..... <input type="checkbox"/> ..... <input type="checkbox"/> Schneider's Hot Stuffs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Schneider's Lean Stuffs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Stouffer's Bistro Crustini ..... <input type="checkbox"/> ..... <input type="checkbox"/> Wong Wing ..... <input type="checkbox"/> ..... <input type="checkbox"/> Yin Yang ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
FROZEN PIZZA		USED IN HOUSEHOLD		FROZEN PIZZA		USED IN HOUSEHOLD		LUNCH KITS		USED IN HOUSEHOLD	
		Past 6 Months	Past 30 Days			Past 6 Months	Past 30 Days			Past 6 Months	
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>  <b>KINDS:</b> Regular ..... <input type="checkbox"/> Gourmet ..... <input type="checkbox"/>  <b>TYPES:</b> Meal Size ..... <input type="checkbox"/> Mini ..... <input type="checkbox"/>				Swanson —Dinners ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Hearty Bowls ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Hungry-Man ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Hungry-Man Express ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Meat Pies ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Weight Watchers Smart Ones . . . <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand Entrees ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand Frozen Dinners . . . <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>			
FROZEN PIZZA		USED IN HOUSEHOLD		MEAL HELPER		USED IN HOUSEHOLD		MEXICAN DINNERS KITS OR SHELLS		USED IN HOUSEHOLD	
		Most Often	Others Sometimes			Past 6 Months				Past 6 Months	Past 30 Days
<b>BRANDS:</b> Del Maestro ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dr. Oetker Ristorante ..... <input type="checkbox"/> ..... <input type="checkbox"/> Thin Crust ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kraft Delissio —Microwaveable ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Rising Crust Pizza —Regular Crust ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Harvest Wheat Crust ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Thin Crust Pizza —Regular Crust ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Harvest Wheat Crust ..... <input type="checkbox"/> ..... <input type="checkbox"/> McCain's —International/Thin Crust . . . <input type="checkbox"/> ..... <input type="checkbox"/> —Pizza Premiere ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Crescendo Rising Crust . . . <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice —Chicago Deep Dish ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Rising Crust Pizza ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Stone Baked ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Wood Fired Pizza ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				<b>NUMBER OF TIMES EATEN:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>  <b>KINDS:</b> Kits ..... <input type="checkbox"/> Shells ..... <input type="checkbox"/>			

# FOODS USED IN YOUR HOUSEHOLD

	USED IN HOUSEHOLD			USED IN HOUSEHOLD			USED IN HOUSEHOLD	
CANNED FISH/ MEAT	Past 6 Months	Past 30 Days	OTHER MEAT	Past 6 Months	Past 30 Days	COLD CUTS	Past 6 Months	Past 30 Days
YES .....	<input type="checkbox"/>		YES .....	<input type="checkbox"/>		YES .....	<input type="checkbox"/>	
NO .....	<input type="checkbox"/>		NO .....	<input type="checkbox"/>		NO .....	<input type="checkbox"/>	
<b>NUMBER OF CANS:</b>			<b>KINDS:</b>			<b>NUMBER OF KILOGRAMS:</b>		
None .....	<input type="checkbox"/>		Ham .....	<input type="checkbox"/>		None .....	<input type="checkbox"/>	
Less Than 1 .....	<input type="checkbox"/>		Lamb .....	<input type="checkbox"/>		Less Than 1 .....	<input type="checkbox"/>	
1-4 .....	<input type="checkbox"/>		Pork .....	<input type="checkbox"/>		1-4 .....	<input type="checkbox"/>	
5-9 .....	<input type="checkbox"/>		Veal .....	<input type="checkbox"/>		5-9 .....	<input type="checkbox"/>	
10+ .....	<input type="checkbox"/>					10+ .....	<input type="checkbox"/>	
<b>KINDS:</b>						<b>FORMS:</b>		
Canned Ham .....	<input type="checkbox"/>					Packaged .....	<input type="checkbox"/>	
Canned Flake Meat .....	<input type="checkbox"/>					Fresh Cut .....	<input type="checkbox"/>	
Luncheon Meat .....	<input type="checkbox"/>							
Meat Spreads .....	<input type="checkbox"/>							
Tuna .....	<input type="checkbox"/>							
Salmon .....	<input type="checkbox"/>							
Other Seafood .....	<input type="checkbox"/>							
FISH & SEAFOOD	USED IN HOUSEHOLD					MUSTARD	USED IN HOUSEHOLD	
	Past 6 Months	Past 30 Days		Past 6 Months	Past 30 Days		Past 6 Months	Past 30 Days
YES .....	<input type="checkbox"/>		YES .....	<input type="checkbox"/>		YES .....	<input type="checkbox"/>	
NO .....	<input type="checkbox"/>		NO .....	<input type="checkbox"/>		NO .....	<input type="checkbox"/>	
<b>NUMBER OF KILOGRAMS:</b>			<b>NUMBER OF KILOGRAMS:</b>			<b>NUMBER OF JARS/ SQUEEZE BOTTLES:</b>		
None .....	<input type="checkbox"/>		None .....	<input type="checkbox"/>		None .....	<input type="checkbox"/>	
Less Than 1 .....	<input type="checkbox"/>		Less Than 1 .....	<input type="checkbox"/>		Less Than 1 .....	<input type="checkbox"/>	
1-4 .....	<input type="checkbox"/>		1-4 .....	<input type="checkbox"/>		1-2 .....	<input type="checkbox"/>	
5-9 .....	<input type="checkbox"/>		5-9 .....	<input type="checkbox"/>		3-4 .....	<input type="checkbox"/>	
10+ .....	<input type="checkbox"/>		10+ .....	<input type="checkbox"/>		5+ .....	<input type="checkbox"/>	
<b>FORMS:</b>			<b>FORMS:</b>			<b>TYPES:</b>		
Fresh .....	<input type="checkbox"/>		YES .....	<input type="checkbox"/>		Brown .....	<input type="checkbox"/>	
Frozen .....	<input type="checkbox"/>		NO .....	<input type="checkbox"/>		Dijon .....	<input type="checkbox"/>	
						Honey .....	<input type="checkbox"/>	
						Hot .....	<input type="checkbox"/>	
						Yellow .....	<input type="checkbox"/>	
						Other .....	<input type="checkbox"/>	
						<b>FORMS:</b>		
						Jar .....	<input type="checkbox"/>	
						Squeeze Bottle .....	<input type="checkbox"/>	
CHICKEN & TURKEY	USED IN HOUSEHOLD		WIENERS	USED IN HOUSEHOLD				
	Past 6 Months	Past 30 Days		Past 6 Months	Past 30 Days		Past 6 Months	Past 30 Days
YES .....	<input type="checkbox"/>		YES .....	<input type="checkbox"/>		YES .....	<input type="checkbox"/>	
NO .....	<input type="checkbox"/>		NO .....	<input type="checkbox"/>		NO .....	<input type="checkbox"/>	
<b>NUMBER OF TIMES SERVED:</b>			<b>NUMBER OF PACKAGES:</b>			<b>NUMBER OF KILOGRAMS:</b>		
None .....	<input type="checkbox"/>		None .....	<input type="checkbox"/>		None .....	<input type="checkbox"/>	
1-4 .....	<input type="checkbox"/>		Less Than 1 .....	<input type="checkbox"/>		Less Than 1 .....	<input type="checkbox"/>	
5-9 .....	<input type="checkbox"/>		1-2 .....	<input type="checkbox"/>		1-4 .....	<input type="checkbox"/>	
10+ .....	<input type="checkbox"/>		3-4 .....	<input type="checkbox"/>		5-9 .....	<input type="checkbox"/>	
<b>TYPE:</b>			5+ .....	<input type="checkbox"/>		10+ .....	<input type="checkbox"/>	
Turkey .....	<input type="checkbox"/>		<b>TYPES:</b>					
Chicken .....	<input type="checkbox"/>		Regular .....	<input type="checkbox"/>				
			Flavoured .....	<input type="checkbox"/>				
BEEF	USED IN HOUSEHOLD		SAUSAGE	USED IN HOUSEHOLD		KETCHUP	USED IN HOUSEHOLD	
	Past 6 Months	Past 30 Days		Past 6 Months	Past 30 Days		Past 6 Months	Past 30 Days
YES .....	<input type="checkbox"/>		YES .....	<input type="checkbox"/>		YES .....	<input type="checkbox"/>	
NO .....	<input type="checkbox"/>		NO .....	<input type="checkbox"/>		NO .....	<input type="checkbox"/>	
<b>NUMBER OF TIMES SERVED:</b>			<b>NUMBER OF KILOGRAMS:</b>			<b>NUMBER OF BOTTLES:</b>		
None .....	<input type="checkbox"/>		None .....	<input type="checkbox"/>		None .....	<input type="checkbox"/>	
1-4 .....	<input type="checkbox"/>		Less Than 1 .....	<input type="checkbox"/>		Less Than 1 .....	<input type="checkbox"/>	
5-9 .....	<input type="checkbox"/>		1-4 .....	<input type="checkbox"/>		1-2 .....	<input type="checkbox"/>	
10+ .....	<input type="checkbox"/>		5-9 .....	<input type="checkbox"/>		3-4 .....	<input type="checkbox"/>	
			10+ .....	<input type="checkbox"/>		5+ .....	<input type="checkbox"/>	
			<b>TYPES:</b>					
			Flavoured .....	<input type="checkbox"/>				
			Regular .....	<input type="checkbox"/>				
			Specialty .....	<input type="checkbox"/>				

# FOODS USED IN YOUR HOUSEHOLD

BOTTLED BARBECUE SAUCES		USED IN HOUSEHOLD		MARINADE		USED IN HOUSEHOLD		PICKLES		USED IN HOUSEHOLD	
		Past 6 Months	Past 3 Months			Past 6 Months	Past 30 Days			Past 6 Months	Past 30 Days
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF BOTTLES:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF BOTTLES:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF JARS:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>			
BOTTLED BARBECUE SAUCES		USED IN HOUSEHOLD		MARINADE		USED IN HOUSEHOLD		VINEGAR		USED IN HOUSEHOLD	
		Most Often	Others Sometimes			Most Often	Others Sometimes			Past 6 Months	Past 3 Months
<b>BRANDS:</b> Bulls-Eye ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diana ..... <input type="checkbox"/> ..... <input type="checkbox"/> Heinz ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kraft ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>BRANDS:</b> Club House ..... <input type="checkbox"/> ..... <input type="checkbox"/> Diana ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kikkoman ..... <input type="checkbox"/> ..... <input type="checkbox"/> Knorr ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Renée's ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TYPES:</b> Regular ..... <input type="checkbox"/> Flavoured ..... <input type="checkbox"/> Wine ..... <input type="checkbox"/>			
BOTTLED SEASONING SAUCES		USED IN HOUSEHOLD		CRANBERRY SAUCE		USED IN HOUSEHOLD		SALAD/COOKING OIL		USED IN HOUSEHOLD	
		Past 6 Months	Past 3 Months			Past 6 Months				Past 6 Months	Past 3 Months
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF BOTTLES:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TYPES:</b> Chili Sauce ..... <input type="checkbox"/> Horseradish ..... <input type="checkbox"/> Seafood Cocktail Sauce ..... <input type="checkbox"/> Soy Sauce ..... <input type="checkbox"/> Steak Sauce ..... <input type="checkbox"/> Tartar Sauce ..... <input type="checkbox"/> Teriyaki Sauce ..... <input type="checkbox"/> Worcestershire Sauce ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF LITRES:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>			
HOT SAUCE		USED IN HOUSEHOLD		SEASONINGS & SPICES		USED IN HOUSEHOLD		SALAD/COOKING OIL		USED IN HOUSEHOLD	
		Past 6 Months	Past 30 Days			Past 6 Months				Most Often	Others Sometimes
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES OR CONTAINERS:</b> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>				<b>BRANDS:</b> Becel ..... <input type="checkbox"/> ..... <input type="checkbox"/> Berio ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bertolli ..... <input type="checkbox"/> ..... <input type="checkbox"/> Canola Harvest ..... <input type="checkbox"/> ..... <input type="checkbox"/> Crisco ..... <input type="checkbox"/> ..... <input type="checkbox"/> Gallo ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mastro ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mazola ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pam ..... <input type="checkbox"/> ..... <input type="checkbox"/> Petrelli ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand —Olive Oil ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Vegetable/Canola Oil ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Other ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
<b>USED FOR:</b> Condiment ..... <input type="checkbox"/> Ingredient ..... <input type="checkbox"/>											
<b>BRANDS:</b> Frank's Red Hot ..... <input type="checkbox"/> Louisiana ..... <input type="checkbox"/> President's Choice ..... <input type="checkbox"/> Tabasco ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>											

# FOODS USED IN YOUR HOUSEHOLD

<b>MAYONNAISE AND MAYONNAISE TYPE SALAD DRESSING</b>	USED IN HOUSEHOLD	<b>SALAD DRESSING</b>	USED IN HOUSEHOLD	<b>ORGANIC FOODS</b>	USED IN HOUSEHOLD
	Past 6 Months      Past 3 Months		Past 6 Months      Past 30 Days		Past 6 Months      Past 30 Days
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF JARS/BOTTLES:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF BOTTLES OR PACKAGES:</b> None ..... <input type="checkbox"/> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TYPES:</b> Dairy ..... <input type="checkbox"/> Fruit ..... <input type="checkbox"/> Vegetables ..... <input type="checkbox"/> Grains ..... <input type="checkbox"/> Meat ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>	
<b>MAYONNAISE AND MAYONNAISE TYPE SALAD DRESSING</b>	USED IN HOUSEHOLD	<b>SALAD DRESSING</b>	USED IN HOUSEHOLD	<b>VEGETARIAN PRODUCTS</b>	USED IN HOUSEHOLD
	Most Often      Others Sometimes		Most Often      Others Sometimes		Past 6 Months      Past 30 Days
<b>TYPES:</b> Unflavoured —Reduced Calorie ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Reduced Fat ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> Flavoured —Reduced Calorie ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Reduced Fat ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Hellmann's —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Light ..... <input type="checkbox"/> ..... <input type="checkbox"/> —With Olive Oil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kraft Mayo ..... <input type="checkbox"/> ..... <input type="checkbox"/> Miracle Whip —Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Light ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice Mayonnaise ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice Whipped Dressing ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand Mayonnaise ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand Whipped Dressing ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>		<b>TYPES:</b> Low Calorie/Light ..... <input type="checkbox"/> ..... <input type="checkbox"/> Low Fat ..... <input type="checkbox"/> ..... <input type="checkbox"/> No Fat/No Cholesterol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>FORMS:</b> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Powder ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Classico ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hellmann's Spritzers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kraft —Regular (Classic) ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Calorie-Wise/Light Done Right ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Signature Collection ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>  <b>KINDS:</b> Breakfast Links/Patties ..... <input type="checkbox"/> Burgers ..... <input type="checkbox"/> Veggie Dogs ..... <input type="checkbox"/> Other ..... <input type="checkbox"/>	

# BEVERAGES SERVED IN HOUSEHOLD

ORANGE JUICE		USED IN HOUSEHOLD		TOMATO AND VEGETABLE JUICES		USED IN HOUSEHOLD		OTHER FRUIT JUICES & DRINKS		USED IN HOUSEHOLD	
		Past 6 Months	Past 7 Days			Most Often	Others Sometimes			Past 6 Months	Past 7 Days
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				<b>FORMS:</b> Bottled ..... <input type="checkbox"/> ..... <input type="checkbox"/> Canned ..... <input type="checkbox"/> ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>			
<b>NUMBER OF GLASSES:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10-20 ..... <input type="checkbox"/> 21+ ..... <input type="checkbox"/>				<b>TYPES:</b> Tomato ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tomato Clam ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vegetable ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>NUMBER OF GLASSES:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10-15 ..... <input type="checkbox"/> 16+ ..... <input type="checkbox"/>			
ORANGE JUICE		USED IN HOUSEHOLD		LEMONADE		USED IN HOUSEHOLD		OTHER FRUIT JUICES & DRINKS		USED IN HOUSEHOLD	
		Most Often	Others Sometimes			Past 6 Months	Past 7 Days			Most Often	Others Sometimes
<b>FORMS:</b> Frozen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid Ready-To-Serve —Refrigerated From Concentrate ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Refrigerated Not From Concentrate ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Non-Refrigerated ..... <input type="checkbox"/> ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>		<b>NUMBER OF GLASSES:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>		<b>TYPES:</b> Single Serving —Bottles ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Boxes ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Cans ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Pouches ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bottled ..... <input type="checkbox"/> ..... <input type="checkbox"/> Canned ..... <input type="checkbox"/> ..... <input type="checkbox"/> Carton ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
<b>TYPES:</b> Single Serving —Bottles ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Boxes ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bottled —Glass ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Plastic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Canned ..... <input type="checkbox"/> ..... <input type="checkbox"/> Carton ..... <input type="checkbox"/> ..... <input type="checkbox"/> Plastic Jug ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>FORMS:</b> Liquid Ready-To-Drink —Refrigerated ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Non-Refrigerated ..... <input type="checkbox"/> ..... <input type="checkbox"/> Frozen Concentrate ..... <input type="checkbox"/> ..... <input type="checkbox"/> Unfrozen Concentrate ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>FORMS:</b> Liquid Ready-To-Drink —Refrigerated ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Non-Refrigerated ..... <input type="checkbox"/> ..... <input type="checkbox"/> Frozen Concentrate ..... <input type="checkbox"/> ..... <input type="checkbox"/> Unfrozen Concentrate ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
<b>BRANDS:</b> Beatrice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Everfresh ..... <input type="checkbox"/> ..... <input type="checkbox"/> Florida's Natural ..... <input type="checkbox"/> ..... <input type="checkbox"/> Minute Maid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Minute Maid Light Orange Juice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Minute Maid Simply Orange ..... <input type="checkbox"/> ..... <input type="checkbox"/> McCains ..... <input type="checkbox"/> ..... <input type="checkbox"/> Oasis ..... <input type="checkbox"/> ..... <input type="checkbox"/> Oasis with Calcium ..... <input type="checkbox"/> ..... <input type="checkbox"/> Old South ..... <input type="checkbox"/> ..... <input type="checkbox"/> Our Compliments ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice Calcium ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sealtest ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sunkist ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sunkist Valencia ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tropicana ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tropicana Pure Premium ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tropicana Essentials ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>FORMS:</b> Frozen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ready To Drink ..... <input type="checkbox"/> ..... <input type="checkbox"/> Powder ..... <input type="checkbox"/> ..... <input type="checkbox"/> Single Serve Boxes/Bottles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fresh Squeezed ..... <input type="checkbox"/> ..... <input type="checkbox"/>				<b>KINDS:</b> Apple ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cherry ..... <input type="checkbox"/> ..... <input type="checkbox"/> Citrus Blend ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cranberry ..... <input type="checkbox"/> ..... <input type="checkbox"/> Cranberry Blends ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fruit Drink/Punch ..... <input type="checkbox"/> ..... <input type="checkbox"/> Grape Drink ..... <input type="checkbox"/> ..... <input type="checkbox"/> Grape Juice —Purple ..... <input type="checkbox"/> ..... <input type="checkbox"/> —White ..... <input type="checkbox"/> ..... <input type="checkbox"/> Grapefruit —Pink ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Ruby Red ..... <input type="checkbox"/> ..... <input type="checkbox"/> —White ..... <input type="checkbox"/> ..... <input type="checkbox"/> Juice Blends (100% Juice) ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kiwi ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mango ..... <input type="checkbox"/> ..... <input type="checkbox"/> Orange ..... <input type="checkbox"/> ..... <input type="checkbox"/> Orange Grapefruit ..... <input type="checkbox"/> ..... <input type="checkbox"/> Orange Tangerine ..... <input type="checkbox"/> ..... <input type="checkbox"/> Passion Fruit ..... <input type="checkbox"/> ..... <input type="checkbox"/> Peach ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pineapple ..... <input type="checkbox"/> ..... <input type="checkbox"/> Prune ..... <input type="checkbox"/> ..... <input type="checkbox"/> Raspberry ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
TOMATO AND VEGETABLE JUICES		USED IN HOUSEHOLD		POWDERED FRUIT DRINKS		USED IN HOUSEHOLD		OTHER FRUIT JUICES & DRINKS		USED IN HOUSEHOLD	
		Past 6 Months	Past 7 Days			Past 6 Months	Past 7 Days			Most Often	Others Sometimes
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>		<b>NUMBER OF GLASSES:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>		Peach ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pineapple ..... <input type="checkbox"/> ..... <input type="checkbox"/> Prune ..... <input type="checkbox"/> ..... <input type="checkbox"/> Raspberry ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			
<b>NUMBER OF GLASSES:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>				<b>FORMS:</b> Pouch ..... <input type="checkbox"/> ..... <input type="checkbox"/> Plastic Cannister ..... <input type="checkbox"/> ..... <input type="checkbox"/>							

# BEVERAGES SERVED IN HOUSEHOLD

OTHER FRUIT JUICES & DRINKS	USED IN HOUSEHOLD		ICED TEA	USED IN HOUSEHOLD		GROUND COFFEE	USED IN HOUSEHOLD	
	Most Often	Others Sometimes		Past 6 Months	Average Day		Past 6 Months	Past 30 Days
<b>BRANDS:</b> Allen's ..... <input type="checkbox"/> ..... <input type="checkbox"/> Beatrice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bennetts ..... <input type="checkbox"/> ..... <input type="checkbox"/> Black River ..... <input type="checkbox"/> ..... <input type="checkbox"/> Capri Sun ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ceres ..... <input type="checkbox"/> ..... <input type="checkbox"/> C Plus ..... <input type="checkbox"/> ..... <input type="checkbox"/> Del Monte ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dole ..... <input type="checkbox"/> ..... <input type="checkbox"/> Everfresh ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Fairlee ..... <input type="checkbox"/> ..... <input type="checkbox"/> FBI ..... <input type="checkbox"/> ..... <input type="checkbox"/> Five Alive ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fresh n' Tasty ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fruité ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fruitopia ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fruitworks ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fuze ..... <input type="checkbox"/> ..... <input type="checkbox"/> Hi-C ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Minute Maid Light Fruit Beverage ..... <input type="checkbox"/> ..... <input type="checkbox"/> Minute Maid Fruit Solutions ..... <input type="checkbox"/> ..... <input type="checkbox"/> Morning Dew ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mott's ..... <input type="checkbox"/> ..... <input type="checkbox"/> Oasis Pause Sante ..... <input type="checkbox"/> ..... <input type="checkbox"/> Oasis Premium Collection ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ocean Spray ..... <input type="checkbox"/> ..... <input type="checkbox"/> Old South ..... <input type="checkbox"/> ..... <input type="checkbox"/>  President's Choice —Tropical Blend ..... <input type="checkbox"/> ..... <input type="checkbox"/> —TGTBT Berry Fruit Juice Blend ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Orange Strawberry/Cranberry Blend ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rich & Ready ..... <input type="checkbox"/> ..... <input type="checkbox"/> Rougemont ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sealtest ..... <input type="checkbox"/> ..... <input type="checkbox"/> Snapple ..... <input type="checkbox"/> ..... <input type="checkbox"/> SoBe ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sunlike ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sunny Delight ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sun Maid ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Sun Pac ..... <input type="checkbox"/> ..... <input type="checkbox"/> Sun Rype ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tropicana —Cranberry ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Cranberry/Orange ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Cranberry/Raspberry ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Grape ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Grapefruit ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Orange Grapefruit ..... <input type="checkbox"/> ..... <input type="checkbox"/> —PUR ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Tropics ..... <input type="checkbox"/> ..... <input type="checkbox"/> V8 Splash ..... <input type="checkbox"/> ..... <input type="checkbox"/> Welch's —Concord Grape Juice ..... <input type="checkbox"/> ..... <input type="checkbox"/> —White Grape Juice ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Grape Blends ..... <input type="checkbox"/> ..... <input type="checkbox"/> ZWAK ..... <input type="checkbox"/> ..... <input type="checkbox"/>  Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF CUPS OR GLASSES:</b> None ..... <input type="checkbox"/> 1-3 ..... <input type="checkbox"/> 4-6 ..... <input type="checkbox"/> 7-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF KILOGRAMS:</b> None ..... <input type="checkbox"/> 1/2 ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>		
			ICED TEA	USED IN HOUSEHOLD		GROUND COFFEE	USED IN HOUSEHOLD	
				Most Often	Others Sometimes		Most Often	Others Sometimes
			<b>TYPES:</b> Frozen ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid Concentrate ..... <input type="checkbox"/> ..... <input type="checkbox"/> Powder ..... <input type="checkbox"/> ..... <input type="checkbox"/> Ready-To-Drink ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>FORMS:</b> Single Serving ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>KINDS:</b> Diet/Low Calorie ..... <input type="checkbox"/> ..... <input type="checkbox"/> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>KINDS:</b> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> Decaffeinated ..... <input type="checkbox"/> ..... <input type="checkbox"/> 50% Decaffeinated ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>TYPES:</b> Flavoured ..... <input type="checkbox"/> ..... <input type="checkbox"/> Unflavoured ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>FORMS:</b> Tin ..... <input type="checkbox"/> ..... <input type="checkbox"/> Bag ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
			TEA	USED IN HOUSEHOLD		WHOLE COFFEE BEANS	USED IN HOUSEHOLD	
				Past 6 Months	Average Day		Past 6 Months	Past 30 Days
			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF CUPS OR GLASSES:</b> None ..... <input type="checkbox"/> 1-3 ..... <input type="checkbox"/> 4-6 ..... <input type="checkbox"/> 7-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>			YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF KILOGRAMS:</b> None ..... <input type="checkbox"/> Less Than 1/2 ..... <input type="checkbox"/> 1/2 ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2 ..... <input type="checkbox"/> 3+ ..... <input type="checkbox"/>		
			TEA	USED IN HOUSEHOLD		WHOLE COFFEE BEANS	USED IN HOUSEHOLD	
				Most Often	Others Sometimes		Most Often	Others Sometimes
			<b>TYPES:</b> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> Decaffeinated ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>KINDS:</b> Green Tea ..... <input type="checkbox"/> ..... <input type="checkbox"/> Regular Tea ..... <input type="checkbox"/> ..... <input type="checkbox"/> Herbal Tea ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other (Specialty) ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>HOW BOUGHT:</b> Tea Bags ..... <input type="checkbox"/> ..... <input type="checkbox"/> Loose Tea ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Bigelow ..... <input type="checkbox"/> ..... <input type="checkbox"/> Celestial Seasonings ..... <input type="checkbox"/> ..... <input type="checkbox"/> King Cole ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lipton ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lipton Yellow Label ..... <input type="checkbox"/> ..... <input type="checkbox"/> President's Choice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Red Rose ..... <input type="checkbox"/> ..... <input type="checkbox"/> Salada ..... <input type="checkbox"/> ..... <input type="checkbox"/> Stash ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tazo ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tetley ..... <input type="checkbox"/> ..... <input type="checkbox"/> Twinings ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>			<b>KINDS:</b> Regular ..... <input type="checkbox"/> ..... <input type="checkbox"/> Decaffeinated ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>TYPES:</b> Flavoured ..... <input type="checkbox"/> ..... <input type="checkbox"/> Unflavoured ..... <input type="checkbox"/> ..... <input type="checkbox"/>		
						INSTANT COFFEE	USED IN HOUSEHOLD	
							Past 6 Months	Past 30 Days
						YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF GRAMS:</b> None ..... <input type="checkbox"/> Less Than 500 ..... <input type="checkbox"/> 500 ..... <input type="checkbox"/> 1000 ..... <input type="checkbox"/> 2000 ..... <input type="checkbox"/> 3000+ ..... <input type="checkbox"/>		



# HOUSEHOLD PRODUCTS

PAPER TOWELS	USED IN HOUSEHOLD		PRE-MOISTENED HOUSEHOLD WIPES	USED IN HOUSEHOLD		PLASTIC-TYPE KITCHEN WRAP	USED IN HOUSEHOLD	
	Most Often	Others Sometimes		Past 6 Months	Past 30 Days		Past 6 Months	Past 7 Days
<b>BRANDS:</b> Bounty Prints <input type="checkbox"/> <input type="checkbox"/> Bounty Select-A-Size <input type="checkbox"/> <input type="checkbox"/> Bounty White (Regular Sheet) <input type="checkbox"/> <input type="checkbox"/> Cascades <input type="checkbox"/> <input type="checkbox"/> Kirkland/Signature <input type="checkbox"/> <input type="checkbox"/> Majesta <input type="checkbox"/> <input type="checkbox"/> Mardi Gras <input type="checkbox"/> <input type="checkbox"/> Mardi Gras Prints <input type="checkbox"/> <input type="checkbox"/> Royale <input type="checkbox"/> <input type="checkbox"/> Royale Prints <input type="checkbox"/> <input type="checkbox"/> Scott <input type="checkbox"/> <input type="checkbox"/> Scott Prints <input type="checkbox"/> <input type="checkbox"/> Sponge Towels <input type="checkbox"/> <input type="checkbox"/> Sponge Towels Ultra <input type="checkbox"/> <input type="checkbox"/> Viva <input type="checkbox"/> <input type="checkbox"/> White Swan <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>  <b>NUMBER OF PACKAGES:</b> None <input type="checkbox"/> Less Than 1 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+ <input type="checkbox"/>  <b>TYPES:</b> Adult <input type="checkbox"/> General Purpose <input type="checkbox"/>  <b>KINDS:</b> Scented <input type="checkbox"/> Unscented <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> None <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+ <input type="checkbox"/>		
PAPER NAPKINS	USED IN HOUSEHOLD		GARBAGE BAGS	USED IN HOUSEHOLD		ALUMINUM FOIL	USED IN HOUSEHOLD	
	Past 6 Months	Past 30 Days		Past 6 Months	Past 30 Days		Past 6 Months	Past 7 Days
YES <input type="checkbox"/> NO <input type="checkbox"/>  <b>NUMBER OF NAPKINS:</b> None <input type="checkbox"/> Less Than 50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 101+ <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>  <b>NUMBER OF BAGS:</b> None <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20+ <input type="checkbox"/>  <b>TYPES:</b> Garden/Outdoor <input type="checkbox"/> Kitchen <input type="checkbox"/> Large Bags <input type="checkbox"/> Recycling <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> None <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+ <input type="checkbox"/>		
PAPER NAPKINS	USED IN HOUSEHOLD		PLASTIC STORAGE BAGS	USED IN HOUSEHOLD		IN TANK TOILET BOWL CLEANERS	USED IN HOUSEHOLD	
	Most Often	Others Sometimes		Past 6 Months	Past 7 Days		Past 6 Months	
<b>TYPES:</b> Luncheon <input type="checkbox"/> <input type="checkbox"/> Dinner <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>  <b>BRANDS:</b> Bounty <input type="checkbox"/> <input type="checkbox"/> Cascades <input type="checkbox"/> <input type="checkbox"/> Hi Dri <input type="checkbox"/> <input type="checkbox"/> Kleenex <input type="checkbox"/> <input type="checkbox"/> Majesta <input type="checkbox"/> <input type="checkbox"/> Mardi Gras <input type="checkbox"/> <input type="checkbox"/> Royale <input type="checkbox"/> <input type="checkbox"/> White Swan <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>  <b>NUMBER OF BAGS:</b> None <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+ <input type="checkbox"/>  <b>KINDS:</b> Freezer <input type="checkbox"/> Sandwich <input type="checkbox"/>  <b>TYPES:</b> Zipper <input type="checkbox"/> Open Top <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>  <b>TYPES:</b> Liquid Automatic <input type="checkbox"/> Pucks <input type="checkbox"/>		
DISPOSABLE TABLEWARE	USED IN HOUSEHOLD					IN BOWL TOILET CLEANERS	USED IN HOUSEHOLD	
	Past 6 Months						Past 6 Months	
YES <input type="checkbox"/> NO <input type="checkbox"/>						YES <input type="checkbox"/> NO <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+ <input type="checkbox"/>		

# HOUSEHOLD PRODUCTS

IN BOWL TOILET CLEANERS	USED IN HOUSEHOLD		AUTOMATIC DISHWASHER DETERGENT	USED IN HOUSEHOLD		ALL PURPOSE HOUSEHOLD CLEANERS	USED IN HOUSEHOLD				
	Most Often	Others Sometimes		Past 6 Months	Past 7 Days		Most Often	Others Sometimes			
<b>TYPES:</b> Clip On <input type="checkbox"/> <input type="checkbox"/> Gel <input type="checkbox"/> <input type="checkbox"/> Liquid <input type="checkbox"/> <input type="checkbox"/> Powder <input type="checkbox"/> <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>			<b>TYPES:</b> Creams/Gels <input type="checkbox"/> <input type="checkbox"/> Liquid <input type="checkbox"/> <input type="checkbox"/> Powder <input type="checkbox"/> <input type="checkbox"/> Wipes <input type="checkbox"/> <input type="checkbox"/>					
<b>BRANDS:</b> 2000 Flushes <input type="checkbox"/> <input type="checkbox"/> Bam Stain & Drain <input type="checkbox"/> <input type="checkbox"/> Fantastik <input type="checkbox"/> <input type="checkbox"/> Javex <input type="checkbox"/> <input type="checkbox"/> Lime-A-Way <input type="checkbox"/> <input type="checkbox"/> Lysol Power <input type="checkbox"/> <input type="checkbox"/> Lysol Power With Bleach <input type="checkbox"/> <input type="checkbox"/> Lysol Action Gel <input type="checkbox"/> <input type="checkbox"/> Sani-Flush <input type="checkbox"/> <input type="checkbox"/> Toilet Duck <input type="checkbox"/> <input type="checkbox"/> Tilex <input type="checkbox"/> <input type="checkbox"/> Vanish <input type="checkbox"/> <input type="checkbox"/> Vim Thick Bleach <input type="checkbox"/> <input type="checkbox"/> Any Other Bleach <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			<b>NUMBER OF LOADS:</b> None <input type="checkbox"/> <input type="checkbox"/> 1-2 <input type="checkbox"/> <input type="checkbox"/> 3-4 <input type="checkbox"/> <input type="checkbox"/> 5-9 <input type="checkbox"/> <input type="checkbox"/> 10+ <input type="checkbox"/> <input type="checkbox"/>			<b>WHERE USED:</b> Bathroom <input type="checkbox"/> <input type="checkbox"/> Kitchen <input type="checkbox"/> <input type="checkbox"/> Other Areas <input type="checkbox"/> <input type="checkbox"/>					
			AUTOMATIC DISHWASHER DETERGENT		USED IN HOUSEHOLD						
			Most Often	Others Sometimes							
			<b>TYPES:</b> Gel Pacs (Singles) <input type="checkbox"/> <input type="checkbox"/> Gel/Liquid <input type="checkbox"/> <input type="checkbox"/> Powder <input type="checkbox"/> <input type="checkbox"/> Powder Pacs (Singles) <input type="checkbox"/> <input type="checkbox"/> Tablets (Singles) <input type="checkbox"/> <input type="checkbox"/>								
			<b>BRANDS:</b> All <input type="checkbox"/> <input type="checkbox"/> Calgonite <input type="checkbox"/> <input type="checkbox"/> Cascade <input type="checkbox"/> <input type="checkbox"/> Electrasol <input type="checkbox"/> <input type="checkbox"/> Palmolive <input type="checkbox"/> <input type="checkbox"/> Sunlight <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>								
DRAIN CLEANERS			USED IN HOUSEHOLD								
			Most Often	Others Sometimes							
			Past 6 Months								
YES <input type="checkbox"/> NO <input type="checkbox"/>											
DISHWASHING LIQUID			USED IN HOUSEHOLD		SCOURING CLEANSERS		USED IN HOUSEHOLD		HOUSEHOLD CLEANERS — Spray Bottle —		
			Most Often	Others Sometimes	Past 6 Months	Past 7 Days	Past 6 Months	Past 7 Days	Past 6 Months	Past 7 Days	
YES <input type="checkbox"/> NO <input type="checkbox"/>					YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>NUMBER OF TIMES:</b> None <input type="checkbox"/> <input type="checkbox"/> 1-4 <input type="checkbox"/> <input type="checkbox"/> 5-9 <input type="checkbox"/> <input type="checkbox"/> 10-20 <input type="checkbox"/> <input type="checkbox"/> 21+ <input type="checkbox"/> <input type="checkbox"/>					<b>NUMBER OF TIMES:</b> None <input type="checkbox"/> <input type="checkbox"/> 1-4 <input type="checkbox"/> <input type="checkbox"/> 5-9 <input type="checkbox"/> <input type="checkbox"/> 10+ <input type="checkbox"/> <input type="checkbox"/>				<b>NUMBER OF TIMES:</b> None <input type="checkbox"/> <input type="checkbox"/> 1-2 <input type="checkbox"/> <input type="checkbox"/> 3-5 <input type="checkbox"/> <input type="checkbox"/> 6+ <input type="checkbox"/> <input type="checkbox"/>		
<b>TYPES:</b> Ultra/Concentrate <input type="checkbox"/> <input type="checkbox"/> Regular <input type="checkbox"/> <input type="checkbox"/>					<b>KINDS:</b> Powder <input type="checkbox"/> <input type="checkbox"/> Creme/Liquid <input type="checkbox"/> <input type="checkbox"/>				<b>WHERE USED:</b> Bathroom <input type="checkbox"/> <input type="checkbox"/> Kitchen <input type="checkbox"/> <input type="checkbox"/> Other Areas <input type="checkbox"/> <input type="checkbox"/>		
DISHWASHING LIQUID			USED IN HOUSEHOLD		ALL PURPOSE HOUSEHOLD CLEANERS		USED IN HOUSEHOLD		HOUSEHOLD CLEANERS — Spray Bottle —		
			Most Often	Others Sometimes	Past 6 Months	Past 7 Days	Past 6 Months	Past 7 Days	Most Often	Others Sometimes	
<b>BRANDS:</b> Dawn <input type="checkbox"/> <input type="checkbox"/> Ivory <input type="checkbox"/> <input type="checkbox"/> Palmolive <input type="checkbox"/> <input type="checkbox"/> President's Choice <input type="checkbox"/> <input type="checkbox"/> Sunlight <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>					YES <input type="checkbox"/> NO <input type="checkbox"/>				<b>WHERE USED:</b> Bathroom <input type="checkbox"/> <input type="checkbox"/> Kitchen <input type="checkbox"/> <input type="checkbox"/> Other Areas <input type="checkbox"/> <input type="checkbox"/>		
<b>NUMBER OF TIMES:</b> None <input type="checkbox"/> <input type="checkbox"/> 1-2 <input type="checkbox"/> <input type="checkbox"/> 3-5 <input type="checkbox"/> <input type="checkbox"/> 6+ <input type="checkbox"/> <input type="checkbox"/>					<b>NUMBER OF TIMES:</b> None <input type="checkbox"/> <input type="checkbox"/> 1-2 <input type="checkbox"/> <input type="checkbox"/> 3-5 <input type="checkbox"/> <input type="checkbox"/> 6+ <input type="checkbox"/> <input type="checkbox"/>				<b>BRANDS:</b> Bam <input type="checkbox"/> <input type="checkbox"/> Clorox Clean-Up <input type="checkbox"/> <input type="checkbox"/> Fantastik <input type="checkbox"/> <input type="checkbox"/> Glass Plus <input type="checkbox"/> <input type="checkbox"/> Hertel <input type="checkbox"/> <input type="checkbox"/> Lysol All-Purpose <input type="checkbox"/> <input type="checkbox"/> Lysol Antibacterial Kitchen Cleaner <input type="checkbox"/> <input type="checkbox"/> Mr. Clean <input type="checkbox"/> <input type="checkbox"/> Pledge <input type="checkbox"/> <input type="checkbox"/> Scrub-Free <input type="checkbox"/> <input type="checkbox"/> Vim Oxy Gel <input type="checkbox"/> <input type="checkbox"/> Windex <input type="checkbox"/> <input type="checkbox"/> Store Brand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>		

# HOUSEHOLD PRODUCTS

BATHROOM CLEANERS	USED IN HOUSEHOLD	FURNITURE POLISH/ LEMON OIL	USED IN HOUSEHOLD	CARPET AND RUG CLEANERS	USED IN HOUSEHOLD
	Past 6 Months      Past 7 Days		Past 6 Months      Past 30 Days		Past 6 Months
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF CONTAINERS:</b> Less Than 1 ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5+ ..... <input type="checkbox"/>	
BATHROOM CLEANERS	USED IN HOUSEHOLD	FLOOR WAX & POLISH	USED IN HOUSEHOLD	AIR FRESHENERS, CARPET & ROOM DEODORIZERS	USED IN HOUSEHOLD
	Most Often      Others Sometimes		Past 6 Months      Past 30 Days		Past 3 Months
<b>TYPES:</b> Aerosol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Creams/Gels ..... <input type="checkbox"/> ..... <input type="checkbox"/> Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Trigger Spray ..... <input type="checkbox"/> ..... <input type="checkbox"/> Wipes ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Bam Grime & Lime ..... <input type="checkbox"/> ..... <input type="checkbox"/> Clorox Disinfecting Wipes ..... <input type="checkbox"/> ..... <input type="checkbox"/> CLR ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fantastik Cleaner ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fantastik Shower Shine ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lime-A-Way Trigger ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lysol Bathroom Cleaner —Trigger ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Gel ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Aerosol ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Wipes ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mr. Clean Bathroom —Spray ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Liquid ..... <input type="checkbox"/> ..... <input type="checkbox"/> Scrub Free —Daily Shower Spray ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Mildew Spray ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Soap Scum Spray ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tilex —Daily Shower Cleaner Spray ..... <input type="checkbox"/> ..... <input type="checkbox"/> —General Bathroom Cleaner Spray ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Mildew Remover Spray ..... <input type="checkbox"/> ..... <input type="checkbox"/> —Soap Scum Remover Spray ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vim Bathroom Spray ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vim Cream ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>		<b>TYPES:</b> Lemon Oil ..... <input type="checkbox"/> Furniture Polish —Spray ..... <input type="checkbox"/> —Other ..... <input type="checkbox"/> Wipes ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TYPES:</b> Aerosol Spray ..... <input type="checkbox"/> ..... <input type="checkbox"/> Automatic Spray ..... <input type="checkbox"/> ..... <input type="checkbox"/> Carpet Powder ..... <input type="checkbox"/> ..... <input type="checkbox"/> Disinfectant Spray ..... <input type="checkbox"/> ..... <input type="checkbox"/> Electrical Oil/Plug In ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fabric Refreshers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Fragrance Discs ..... <input type="checkbox"/> ..... <input type="checkbox"/> Portable Oil ..... <input type="checkbox"/> ..... <input type="checkbox"/> Scented Candles ..... <input type="checkbox"/> ..... <input type="checkbox"/> Solid Gel ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Airwick ..... <input type="checkbox"/> ..... <input type="checkbox"/> Arm & Hammer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Carpet Fresh ..... <input type="checkbox"/> ..... <input type="checkbox"/> Febreze ..... <input type="checkbox"/> ..... <input type="checkbox"/> Glade ..... <input type="checkbox"/> ..... <input type="checkbox"/> Lysol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Neutra Air By Lysol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Oust ..... <input type="checkbox"/> ..... <input type="checkbox"/> Renuzit ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>	
SCOURING PADS	USED IN HOUSEHOLD	DUST/DIRT CLEANING SYSTEM	USED IN HOUSEHOLD	DISINFECTANT SPRAYS	USED IN HOUSEHOLD
	Past 6 Months      Past 30 Days		Past 6 Months		Past 6 Months      Past 7 Days
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF PADS:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TYPES:</b> Dusters ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dry ..... <input type="checkbox"/> ..... <input type="checkbox"/> Mitt ..... <input type="checkbox"/> ..... <input type="checkbox"/> Wet—Powered ..... <input type="checkbox"/> ..... <input type="checkbox"/> Wet—Manual ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Mr. Clean ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pledge ..... <input type="checkbox"/> ..... <input type="checkbox"/> Swiffer ..... <input type="checkbox"/> ..... <input type="checkbox"/> Swiffer Dusters ..... <input type="checkbox"/> ..... <input type="checkbox"/> Swiffer Sweep & Vac ..... <input type="checkbox"/> ..... <input type="checkbox"/> Swiffer Wet Jet ..... <input type="checkbox"/> ..... <input type="checkbox"/> Vileda ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-5 ..... <input type="checkbox"/> 6+ ..... <input type="checkbox"/>	
WINDOW/GLASS CLEANERS	USED IN HOUSEHOLD	DUST/DIRT CLEANING SYSTEM	USED IN HOUSEHOLD	SOAP & DETERGENTS FOR REGULAR LAUNDRY	USED IN HOUSEHOLD
	Past 6 Months      Past 7 Days		Most Often      Others Sometimes		Past 6 Months      Past 7 Days
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF TIMES:</b> None ..... <input type="checkbox"/> 1 ..... <input type="checkbox"/> 2-3 ..... <input type="checkbox"/> 4+ ..... <input type="checkbox"/>				YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF LOADS:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>	

# HOUSEHOLD PRODUCTS

SOAP & DETERGENTS FOR REGULAR LAUNDRY	USED IN HOUSEHOLD		SOAP & DETERGENTS FOR FINE FABRICS	USED IN HOUSEHOLD		FABRIC SOFTENERS	USED IN HOUSEHOLD				
	Most Often	Others Sometimes		Past 7 Days	Past 7 Days		Past 7 Days	Past 7 Days			
<b>TYPES:</b>											
Liquid											
—Concentrated/Ultra	<input type="checkbox"/>	<input type="checkbox"/>	Cheer Dark <input type="checkbox"/>								
—Regular/Non-Ultra	<input type="checkbox"/>	<input type="checkbox"/>	Cheer For Colours <input type="checkbox"/>								
—High Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	Cheer True Fit <input type="checkbox"/>								
Powder											
—Concentrated/Ultra	<input type="checkbox"/>	<input type="checkbox"/>	Ivory Snow <input type="checkbox"/>								
—Regular/Non-Ultra	<input type="checkbox"/>	<input type="checkbox"/>	La Parisienne <input type="checkbox"/>								
—High Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	President's Choice Dark <input type="checkbox"/>								
Tablets											
—High Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	President's Choice Gentle <input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	Purex Baby <input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	Zero Colours <input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	Zero Gentle Wash <input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	Zero Dark Wash <input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<i>Other</i> <input type="checkbox"/>								
<b>BRANDS:</b>											
ABC	<input type="checkbox"/>	<input type="checkbox"/>									
All	<input type="checkbox"/>	<input type="checkbox"/>									
Arctic Power	<input type="checkbox"/>	<input type="checkbox"/>									
Arm & Hammer	<input type="checkbox"/>	<input type="checkbox"/>									
Cheer	<input type="checkbox"/>	<input type="checkbox"/>									
Gain	<input type="checkbox"/>	<input type="checkbox"/>									
Ivory Snow	<input type="checkbox"/>	<input type="checkbox"/>									
Kirkland	<input type="checkbox"/>	<input type="checkbox"/>									
President's Choice	<input type="checkbox"/>	<input type="checkbox"/>									
Purex	<input type="checkbox"/>	<input type="checkbox"/>									
—Lemon	<input type="checkbox"/>	<input type="checkbox"/>									
—Sunshine Clean	<input type="checkbox"/>	<input type="checkbox"/>									
—Perfume Free	<input type="checkbox"/>	<input type="checkbox"/>									
Sunlight											
—Regular	<input type="checkbox"/>	<input type="checkbox"/>									
—HE (High Efficiency)	<input type="checkbox"/>	<input type="checkbox"/>									
—HE Sensitive Skin	<input type="checkbox"/>	<input type="checkbox"/>									
—Lemon Fresh	<input type="checkbox"/>	<input type="checkbox"/>									
—Morning Fresh	<input type="checkbox"/>	<input type="checkbox"/>									
—Multi-Action 3x Concentrate	<input type="checkbox"/>	<input type="checkbox"/>									
—Sensitive Skin	<input type="checkbox"/>	<input type="checkbox"/>									
—Spring Escape	<input type="checkbox"/>	<input type="checkbox"/>									
—Tropical Ocean	<input type="checkbox"/>	<input type="checkbox"/>									
—With Bleach	<input type="checkbox"/>	<input type="checkbox"/>									
—With Snuggle	<input type="checkbox"/>	<input type="checkbox"/>									
Surf											
—Regular	<input type="checkbox"/>	<input type="checkbox"/>									
—Clean Breeze	<input type="checkbox"/>	<input type="checkbox"/>									
—Cold Water	<input type="checkbox"/>	<input type="checkbox"/>									
—Free	<input type="checkbox"/>	<input type="checkbox"/>									
—Lemon Fresh	<input type="checkbox"/>	<input type="checkbox"/>									
—Mountain Spring	<input type="checkbox"/>	<input type="checkbox"/>									
—Regular Scent	<input type="checkbox"/>	<input type="checkbox"/>									
—With Bleach	<input type="checkbox"/>	<input type="checkbox"/>									
Wisk											
Woolite Delicate	<input type="checkbox"/>	<input type="checkbox"/>									
Store Brand Liquid	<input type="checkbox"/>	<input type="checkbox"/>									
Powder	<input type="checkbox"/>	<input type="checkbox"/>									
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>									
<b>WATER TEMPERATURE:</b>											
Hot	<input type="checkbox"/>	<input type="checkbox"/>									
Warm	<input type="checkbox"/>	<input type="checkbox"/>									
Cold	<input type="checkbox"/>	<input type="checkbox"/>									
<b>SOAP &amp; DETERGENTS FOR FINE FABRICS</b>											
USED IN HOUSEHOLD											
			Past 6 Months		Past 7 Days						
YES	<input type="checkbox"/>										
NO	<input type="checkbox"/>										
<b>NUMBER OF TIMES:</b>											
None	<input type="checkbox"/>										
1-2	<input type="checkbox"/>										
3-4	<input type="checkbox"/>										
5+	<input type="checkbox"/>										
<b>BLEACH</b>											
USED IN HOUSEHOLD											
			Past 6 Months		Past 7 Days						
YES	<input type="checkbox"/>										
NO	<input type="checkbox"/>										
<b>NUMBER OF LOADS:</b>											
None	<input type="checkbox"/>										
1-4	<input type="checkbox"/>										
5-9	<input type="checkbox"/>										
10+	<input type="checkbox"/>										
<b>FORM:</b>											
Liquid	<input type="checkbox"/>										
Powder	<input type="checkbox"/>										
<b>LAUNDRY PRE-TREATMENTS &amp; PRE-CLEANERS</b>											
USED IN HOUSEHOLD											
			Past 6 Months		Past 7 Days						
YES	<input type="checkbox"/>										
NO	<input type="checkbox"/>										
<b>NUMBER OF LOADS:</b>											
None	<input type="checkbox"/>										
1-4	<input type="checkbox"/>										
5-9	<input type="checkbox"/>										
10+	<input type="checkbox"/>										
<b>LAUNDRY PRE-TREATMENTS &amp; PRE-CLEANERS</b>											
USED IN HOUSEHOLD											
			Most Often		Others Sometimes						
<b>TYPES:</b>											
Liquid	<input type="checkbox"/>	<input type="checkbox"/>									
Powder	<input type="checkbox"/>	<input type="checkbox"/>									
Spray	<input type="checkbox"/>	<input type="checkbox"/>									
Stick	<input type="checkbox"/>	<input type="checkbox"/>									
Tabs	<input type="checkbox"/>	<input type="checkbox"/>									
<b>BRANDS:</b>											
Clorox 2	<input type="checkbox"/>	<input type="checkbox"/>									
Javex	<input type="checkbox"/>	<input type="checkbox"/>									
Oxy Clean	<input type="checkbox"/>	<input type="checkbox"/>									
Shout	<input type="checkbox"/>	<input type="checkbox"/>									
Spray 'n Wash	<input type="checkbox"/>	<input type="checkbox"/>									
Spray 'n Wash Dual Power	<input type="checkbox"/>	<input type="checkbox"/>									
Tide To Go Pen	<input type="checkbox"/>	<input type="checkbox"/>									
Zout	<input type="checkbox"/>	<input type="checkbox"/>									
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>									
<b>FABRIC SOFTENERS</b>											
USED IN HOUSEHOLD											
			Past 6 Months		Past 7 Days						
YES	<input type="checkbox"/>										
NO	<input type="checkbox"/>										
<b>NUMBER OF LOADS:</b>											
None	<input type="checkbox"/>										
1-4	<input type="checkbox"/>										
5-9	<input type="checkbox"/>										
10+	<input type="checkbox"/>										
<b>AMOUNT SPENT AT DRY CLEANERS:</b>											
\$1-\$9	<input type="checkbox"/>										
\$10-\$19	<input type="checkbox"/>										
\$20-\$49	<input type="checkbox"/>										
\$50+	<input type="checkbox"/>										
<b>FABRIC SOFTENERS</b>											
USED IN HOUSEHOLD											
			Most Often		Others Sometimes						
<b>NUMBER OF LOADS:</b>											
None	<input type="checkbox"/>										
1-4	<input type="checkbox"/>										
5-9	<input type="checkbox"/>										
10+	<input type="checkbox"/>										
<b>BRANDS—DRYER SHEETS:</b>											
Bounce	<input type="checkbox"/>	<input type="checkbox"/>									
Bounce Free	<input type="checkbox"/>	<input type="checkbox"/>									
Cling Free	<input type="checkbox"/>	<input type="checkbox"/>									
Downy	<input type="checkbox"/>	<input type="checkbox"/>									
Fleecy	<input type="checkbox"/>	<input type="checkbox"/>									
Snuggle	<input type="checkbox"/>	<input type="checkbox"/>									
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>									
<i>Other—Dryer Sheets</i>	<input type="checkbox"/>	<input type="checkbox"/>									
<b>BRANDS—LIQUID:</b>											
Original Downy (Non-Concentrate)	<input type="checkbox"/>	<input type="checkbox"/>									
Ultra Downy	<input type="checkbox"/>	<input type="checkbox"/>									
Fleecy (Non-Concentrate)	<input type="checkbox"/>	<input type="checkbox"/>									
Ultra Fleecy	<input type="checkbox"/>	<input type="checkbox"/>									
Ultra Gain	<input type="checkbox"/>	<input type="checkbox"/>									
Kirkland	<input type="checkbox"/>	<input type="checkbox"/>									
La Parisienne	<input type="checkbox"/>	<input type="checkbox"/>									
Snuggle	<input type="checkbox"/>	<input type="checkbox"/>									
Store Brand	<input type="checkbox"/>	<input type="checkbox"/>									
<i>Other—Liquid</i>	<input type="checkbox"/>	<input type="checkbox"/>									
<b>SPRAY STARCH</b>											
USED IN HOUSEHOLD											
			Past 6 Months		Past 7 Days						
YES	<input type="checkbox"/>										
NO	<input type="checkbox"/>										
<b>NUMBER OF TIMES:</b>											
None	<input type="checkbox"/>										
1-2	<input type="checkbox"/>										
3-4	<input type="checkbox"/>										
5+	<input type="checkbox"/>										
<b>SPRAY STARCH</b>											
USED IN HOUSEHOLD											
			Most Often		Others Sometimes						
<b>TYPES:</b>											
Aerosol	<input type="checkbox"/>	<input type="checkbox"/>									
Pump	<input type="checkbox"/>	<input type="checkbox"/>									
Liquid	<input type="checkbox"/>	<input type="checkbox"/>									
<b>DRY CLEANING</b>											
FOR HOUSEHOLD											
			Past 30 Days								
YES	<input type="checkbox"/>										
NO	<input type="checkbox"/>										
<b>TYPES:</b>											
In Dryer	<input type="checkbox"/>										
At Dry Cleaners	<input type="checkbox"/>										



# CATS & DOGS/BABY/CHILDREN'S PRODUCTS

	USED IN HOUSEHOLD		USED IN HOUSEHOLD		USED IN HOUSEHOLD		
<b>PET FOOD</b> — Where Bought —	Past 30 Days	<b>BABY FOODS</b>	Past 6 Months	Past 7 Days	<b>TOILET TRAINING PRODUCTS</b>	Past 6 Months	
	Global Pet Foods ..... <input type="checkbox"/> J.E. Mondou ..... <input type="checkbox"/> Pet Cetera ..... <input type="checkbox"/> PJ's Pet Centres ..... <input type="checkbox"/> Pet Smart ..... <input type="checkbox"/> Pet Valu ..... <input type="checkbox"/> Super Pet ..... <input type="checkbox"/> <i>Other Pet Store</i> ..... <input type="checkbox"/>  Canadian Tire ..... <input type="checkbox"/> Wal-Mart ..... <input type="checkbox"/> Zellers ..... <input type="checkbox"/>  Drug Store ..... <input type="checkbox"/> Supermarket/Grocery ..... <input type="checkbox"/> <i>Other Grocery Store</i> ..... <input type="checkbox"/> From The Vet ..... <input type="checkbox"/> Warehouse Stores ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF CONTAINERS:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>	YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TYPES:</b> Disposable Training Pants ..... <input type="checkbox"/> Disposable Diaper ..... <input type="checkbox"/> Cloth Training Pants ..... <input type="checkbox"/> Regular Underwear ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/>			
		<b>INFANT CEREAL</b>	USED IN HOUSEHOLD				
			Past 6 Months	Past 7 Days			
		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF SERVINGS:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>			<b>BABY/CHILDREN'S CARE PRODUCTS</b>	Past 6 Months	Past 30 Days
						YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>Baby</b> — Soap ..... <input type="checkbox"/> — Oil/Lotion ..... <input type="checkbox"/> — Powder ..... <input type="checkbox"/>  <b>Children's</b> — Toothpaste ..... <input type="checkbox"/> — Toothbrush ..... <input type="checkbox"/> — Sunscreen ..... <input type="checkbox"/>	
<b>ANIMAL HEALTH PRODUCTS FOR DOGS &amp; CATS</b>	PURCHASED						
	Past 12 Months						
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>PURPOSE:</b> Fleas & Ticks ..... <input type="checkbox"/> Heartworm ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/>  <b>TYPES:</b> Collars ..... <input type="checkbox"/> Injectable (Prescribed) ..... <input type="checkbox"/> Tablet (Prescribed) ..... <input type="checkbox"/> Spot On (Prescribed) ..... <input type="checkbox"/> Shampoo ..... <input type="checkbox"/> Mousse ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF SERVINGS:</b> None ..... <input type="checkbox"/> 1-4 ..... <input type="checkbox"/> 5-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>  <b>FORMS:</b> Hard Bottles ..... <input type="checkbox"/> Liners ..... <input type="checkbox"/>			<b>BABY WIPES</b>	Past 6 Months	Average Day
						YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF WIPES:</b> None ..... <input type="checkbox"/> 1-2 ..... <input type="checkbox"/> 3-4 ..... <input type="checkbox"/> 5-6 ..... <input type="checkbox"/> 7-9 ..... <input type="checkbox"/> 10+ ..... <input type="checkbox"/>	
		<b>DIAPERS</b>	USED IN HOUSEHOLD				
			Past 6 Months	Past 7 Days			
		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>NUMBER OF DIAPERS:</b> None ..... <input type="checkbox"/> 1-9 ..... <input type="checkbox"/> 10-24 ..... <input type="checkbox"/> 25-49 ..... <input type="checkbox"/> 50+ ..... <input type="checkbox"/>  <b>TYPES:</b> Cloth ..... <input type="checkbox"/> Disposable ..... <input type="checkbox"/>			<b>BABY WIPES</b>	Most Often	Others Sometimes
						<b>TYPES:</b> Scented ..... <input type="checkbox"/> ..... <input type="checkbox"/> Unscented ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>BRANDS:</b> Huggies ..... <input type="checkbox"/> ..... <input type="checkbox"/> Just For Kids ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kandoo ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pampers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>	
		<b>DIAPERS</b>	USED IN HOUSEHOLD				
			Most Often	Others Sometimes			
		<b>BRANDS:</b> Huggies Supreme ..... <input type="checkbox"/> ..... <input type="checkbox"/> Huggies Ultratrim/Baby Shape ..... <input type="checkbox"/> ..... <input type="checkbox"/> Kirkland ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pampers Baby Dry ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pampers Cruisers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Pampers Swaddlers ..... <input type="checkbox"/> ..... <input type="checkbox"/> Teddy's Choice ..... <input type="checkbox"/> ..... <input type="checkbox"/> Store Brand ..... <input type="checkbox"/> ..... <input type="checkbox"/> <i>Other</i> ..... <input type="checkbox"/> ..... <input type="checkbox"/>					

# BABY/CHILDREN'S PRODUCTS, CHILDREN'S CLOTHING/SHOES

<b>CHILDREN'S MEDICATION</b>	USED IN HOUSEHOLD Past 3 Months	<b>CHILDREN'S CLOTHING/SHOES</b>	YOUR HOUSEHOLD BOUGHT PAST 12 MONTHS Clothing/Shoes		
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>TYPES:</b> Anti-Nauseant/Motion Sickness Remedies ..... <input type="checkbox"/> Cold Tablets/Liquids ..... <input type="checkbox"/> Laxatives ..... <input type="checkbox"/> Medicated Throat Lozenges ..... <input type="checkbox"/> Pain Relievers ..... <input type="checkbox"/> Vitamins ..... <input type="checkbox"/>		<b>WHERE BOUGHT:</b> Sears ..... <input type="checkbox"/> Sears Catalogue ..... <input type="checkbox"/> The Bay ..... <input type="checkbox"/>  Saan ..... <input type="checkbox"/> Wal-Mart ..... <input type="checkbox"/> Zellers ..... <input type="checkbox"/>  Au Coin des Petits ..... <input type="checkbox"/> Clément ..... <input type="checkbox"/> Disney Store ..... <input type="checkbox"/> Gap ..... <input type="checkbox"/> Giant Tiger ..... <input type="checkbox"/> Gymboree ..... <input type="checkbox"/> H&M ..... <input type="checkbox"/> L'Aubainerie ..... <input type="checkbox"/> La Senza Girl ..... <input type="checkbox"/> Le Chateau ..... <input type="checkbox"/> Northern Getaway ..... <input type="checkbox"/> Please Mum ..... <input type="checkbox"/> Roots ..... <input type="checkbox"/> Thrifty's ..... <input type="checkbox"/> Warehouse One ..... <input type="checkbox"/> Winners ..... <input type="checkbox"/> Other Clothing Specialty Store ..... <input type="checkbox"/>  Bata ..... <input type="checkbox"/> Kiddie Kobbler ..... <input type="checkbox"/> Panda Stores ..... <input type="checkbox"/> Yellow ..... <input type="checkbox"/>  Mail Order ..... <input type="checkbox"/> Other Stores ..... <input type="checkbox"/>			
<b>CHILDREN'S COUGH SYRUP</b>	USED IN HOUSEHOLD Past 3 Months				
YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>					
<b>CHILDREN'S COUGH SYRUP</b>	USED IN HOUSEHOLD Most Often      Others Sometimes				
<b>BRANDS:</b> Benlyn ..... <input type="checkbox"/> ..... <input type="checkbox"/> Benlyn Infant Drops ..... <input type="checkbox"/> ..... <input type="checkbox"/> Dimetapp ..... <input type="checkbox"/> ..... <input type="checkbox"/> Jack & Jill ..... <input type="checkbox"/> ..... <input type="checkbox"/> Robitussin ..... <input type="checkbox"/> ..... <input type="checkbox"/> Triaminic ..... <input type="checkbox"/> ..... <input type="checkbox"/> Tylenol ..... <input type="checkbox"/> ..... <input type="checkbox"/> Other ..... <input type="checkbox"/> ..... <input type="checkbox"/>					
<b>CHILDREN'S CLOTHING/SHOES</b>	YOUR HOUSEHOLD BOUGHT PAST 12 MONTHS Clothing      Shoes	<b>BABY/CHILDREN FURNITURE/EQUIPMENT</b>	YOUR HOUSEHOLD BOUGHT Past 12 Months		
<b>BOUGHT FOR:</b> Baby Under 1 Year ..... <input type="checkbox"/> ..... <input type="checkbox"/> Children 1-5 Years ..... <input type="checkbox"/> ..... <input type="checkbox"/> Children 6-12 Years ..... <input type="checkbox"/> ..... <input type="checkbox"/>  <b>AMOUNT SPENT:</b> Less Than \$25 ..... <input type="checkbox"/> ..... <input type="checkbox"/> \$25-\$50 ..... <input type="checkbox"/> ..... <input type="checkbox"/> \$51-\$99 ..... <input type="checkbox"/> ..... <input type="checkbox"/> \$100-\$199 ..... <input type="checkbox"/> ..... <input type="checkbox"/> \$200+ ..... <input type="checkbox"/> ..... <input type="checkbox"/>		YES ..... <input type="checkbox"/> NO ..... <input type="checkbox"/>  <b>ITEMS:</b> Strollers ..... <input type="checkbox"/> Cribs ..... <input type="checkbox"/> Bunk Beds ..... <input type="checkbox"/> Car Seats ..... <input type="checkbox"/> High Chairs ..... <input type="checkbox"/>  <b>WHERE BOUGHT:</b> Sears ..... <input type="checkbox"/> Sears Catalogue ..... <input type="checkbox"/> The Bay ..... <input type="checkbox"/> Wal-Mart ..... <input type="checkbox"/> Zellers ..... <input type="checkbox"/>  Ikea ..... <input type="checkbox"/> Once Upon A Child ..... <input type="checkbox"/> Toys "R" Us ..... <input type="checkbox"/>  Infant/Children Specialty Store ..... <input type="checkbox"/> Thrift/Second Hand Stores ..... <input type="checkbox"/> Other Stores ..... <input type="checkbox"/>			

**INTERNET**

From time to time, we do Internet surveys. If you would like to participate, please provide your email address: \_\_\_\_\_

(PLEASE PRINT CLEARLY)

**DATE COMPLETED:** \_\_\_\_\_ 20 \_\_\_\_\_  
DAY MONTH

**APPROXIMATE AMOUNT OF TIME SPENT TO COMPLETE:** [ ] [ ] Hrs. [ ] [ ] Mins.

**THANK YOU FOR YOUR CO-OPERATION IN ANSWERING THESE QUESTIONS.**

I will be in this area on \_\_\_\_\_ to pick up your completed questionnaire and to give you your money. If you are not going to be home at that time, simply leave the completed form in this plastic bag and hang it on your door knob or place it between your doors. I will replace the completed form with an envelope containing the money and will either leave it in the plastic bag or put it through your letter box or under your door.

RECORD PICK-UP DATE: \_\_\_\_\_ DAY: \_\_\_\_\_

TIME: \_\_\_\_\_ [ ] Morning  
[ ] Afternoon  
[ ] Evening



			<b>Phone</b>
<b>Toronto</b>	900 – 2 Bloor Street East Toronto, Ontario	M4W 3H8	(416) 924-5751
<b>Montreal</b>	1250 Guy Street, Suite 1030 Montreal, Québec	H3H 2T4	(514) 935-7666
<b>Ottawa</b>	55 Murray Street, Suite 210 Ottawa, Ontario	K1N 5M3	(613) 230-4408
<b>Vancouver</b>	1140 W. Pender Street, Suite 610 Vancouver, B.C.	V6E 4G1	(604) 668-3313