

Your Product and Service Questionnaire

Thank you for taking the time to fill in this survey.

It's so *easy!*

Please complete all the questions by simply checking off the boxes that best describe your answers. Most questions apply to you, yourself, personally. For example, in the store section just check off the stores, you personally shop at and how often you shop there. A few questions apply to your household. For example, in the food section check off if your household uses the food product and details about food products your household uses.

A number of lists end with "Other". You don't need to write in any specific names, just check the box that best applies to you.

How to fill in check boxes

Make sure your check marks (or other marks) are legible and do not stray into other boxes.

Example of
CORRECT MARKS

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Example of
INCORRECT MARKS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you need to leave a section unmarked, just leave it empty, please **DO NOT** put a line through the whole section.

RIGHT

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WRONG

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When you are finished just place the questionnaire in the postage paid envelope and drop it in the most convenient mailbox.

As with all data we collect, your confidentiality is completely assured. You will never be approached to purchase anything as a result of your participation.

Once again...

Thank you!

► For each of the following store categories, please check off all the stores you shopped at and how often you PERSONALLY shopped at the stores...

How often shopped in PAST MONTH

Check off all stores shopped in past month

Once a month 2-3 times a month Once a week 2-6 times a week At least once a day

GROCERY STORES

If you did not shop ANY Grocery Stores in the past month, check this box and go to the next store category. →

Co-op	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IGA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loblaws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Métro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provigo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Canadian/Atlantic Superstore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safeway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobeys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Big box/warehouse stores (any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department stores (e.g. Zellers, Wal-Mart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Stores (any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online/Internet Grocery stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Grocery stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

010-01
010-02

CONVENIENCE STORES

If you did not shop ANY Convenience Stores in the past month, check this box and go to the next store category. →

7-Eleven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mac's/Couche-Tard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas station convenience stores (any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online/Internet Convenience stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Convenience stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

020-01
020-02

DRUG STORES

If you did not shop ANY Drug Stores in the past month, check this box and go to the next store category. →

Guardian/IDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jean Coutu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
London Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharma Plus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proxim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoppers Drug Mart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Big box/warehouse stores (any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery stores (any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online/Internet Drug stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Drug stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

030-01
030-02

How often shopped in PAST YEAR

Check off all stores shopped in past year

Once a year 2-6 times a year 7-11 times a year Once a month More than once a month

DEPARTMENT/WAREHOUSE STORES

If you did not shop ANY Department/Warehouse Stores in the past year, check this box and go to the next store category. →

The Bay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Tire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giant Tiger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sam's Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wal-Mart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zellers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online/Internet Department stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Department stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

040-01
040-02

How often shopped in PAST YEAR

Check off
all stores
shopped in
past year

Once a year 2-6 times a year 7-11 times a year Once a month More than once a month

CLOTHING STORES

If you did not shop ANY Clothing Stores in the past year, check this box and go to the next store category →

Addition-Elle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banana Republic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Club Monaco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cotton Ginny.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danier Leather.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eddie Bauer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fairweather.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Gap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GapKids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harry Rosen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holt Renfrew.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Clothiers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacob (any).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La Senza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La Senza Girl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La Vie en Rose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laura (any).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Le Chateau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limité	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marks Work Wearhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moore's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reitmans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stitches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suzy Shier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talbots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tip Top Tailors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jean stores (any) (e.g. Levi Strauss and Company)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department stores (any).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online/Internet Clothing stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Clothing stores.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

050-01
050-02

BOOK STORES

If you did not shop ANY Book Stores in the past year, check this box and go to the next store category. →

Chapters (the store).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indigo (the store)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smithbooks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Big box/warehouse stores (any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department stores (any).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amazon.com/Amazon.ca.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chapters.Indigo.ca (the web site).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Online/Internet Book stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Book stores.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

060-01
060-02

How often shopped in PAST YEAR

Check off
all stores
shopped in
past year

Once a year 2-6 times a year 7-11 times a year Once a month More than once a month

FURNITURE/APPLIANCE STORES

If you did not shop ANY Furniture/Appliance Stores in the past year, check this box and go to the next store category. →

- Ikea
- La-Z Boy Furniture Galleries
- Leons
- Pier 1 Imports
- Sleep Country/ Sleep Country Canada ...
- The Brick
- United Furniture Warehouse.....
- Department stores (any).....
- Stereo/electronic stores (any).....
- Online/Internet Furniture/Appliance stores
- Other Furniture/Appliance 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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

080-01
080-02

HOME IMPROVEMENT STORES

If you did not shop ANY Home Improvement Stores in the past year, check this box and go to the next store category. →

- Canadian Tire
- Color Your World.....
- Home Depot
- Home Hardware
- Home Outfitters
- Home Sense.....
- Lee Valley Tools.....
- Lowe's Home Improvement.....
- Rona Stores (any)
- Department stores (any).....
- Online/Internet Home Improvement stores
- Other Home Décor stores.....
- Other Home Improvement 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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

100-01
100-02

JEWELLERY STORES

If you did not shop ANY Jewellery Stores in the past year, check this box and go to the next store category. →

- Birks
- Mappins Jewellers
- Peoples
- Spence Diamonds
- Big box/warehouse stores (e.g. Costco)..
- Department stores (any).....
- Online/Internet Jewellery stores
- Other Jewellery 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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

110-01
110-02

PHOTO/DIGITAL FINISHING AND CAMERA STORES

If you did not shop ANY Photo/Digital Finishing and Camera Stores in the past year, check this box and go to the next store category. →

- Black's
- Japan Camera
- Big box/warehouse stores (any)
- Department stores (any).....
- Drug stores (any).....
- Grocery stores (any).....
- Online/Internet Photo Finishing/ Film stores
- Other Photo Finishing/Film 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"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

120-01
120-02

How often shopped in PAST YEAR

Check off
all stores
shopped in
past year

Once a year 2-6 times a year 7-11 times a year Once a month More than once a month

OPTICAL STORES

If you did not shop ANY Optical Stores in the past year, check this box and go to the next store category. →

- Lenscrafters
- Sunglass Hut
- Department stores (any)
- Online/Internet Optical stores
- Other Optical 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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

130-01
130-02

STEREO/VIDEO/COMPUTER STORES

If you did not shop ANY Stereo/Video/Computer Stores in the past year, check this box and go to the next store category. →

- A & B Sound
- Best Buy
- Dell Computer (Web Store)
- Future Shop
- IBM
- MDG
- Office Depot
- The Source
- The Sony Store
- Staples/Business Depot
- Big box/warehouse stores (any)
- Department stores (any)
- Other Online/Internet Stereo/Video/
Computer stores (excl. Dell)
- Other Stereo/Video/ Computer 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"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

140-01
140-02

OFFICE (STATIONERY) STORES

If you did not shop ANY Office (Stationery) Stores in the past year, check this box and go to the next store category. →

- Staples/Business Depot
- Grand and Toy
- Office Depot
- Big box/warehouse stores (any)
- Department stores (any)
- Online/Internet Office stores
- Other Office (Stationery) 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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

150-01
150-02

SHOE STORES

If you did not shop ANY Shoe Stores in the past year, check this box and go to the next store category. →

- Aldo
- Bata
- Brown's
- Globo
- Naturalizer
- Nine West (the store)
- Payless ShoeSource
- Pegabo
- The Shoe Company
- Town Shoes
- Transit
- Department stores (any)
- Sports stores (any)
- Online/Internet Shoe stores
- Other Shoe 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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

160-01
160-02

How often shopped in PAST YEAR

Check off
all stores
shopped in
past year

Once a year 2-6 times a year 7-11 times a year Once a month More than once a month

SPORTING GOODS AND SHOES

If you did not shop ANY Sporting Goods/Shoe Stores in the past year, check this box and go to the next store category. →

Athletes World	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Champs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot Locker.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mountain Equipment Co-op.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Sport Centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport Chek.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports Experts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sporting Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Running Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play it Again Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Big box/warehouse stores (any).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department stores (any).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online/Internet Sporting Goods/ Athletic Clothing/Shoe stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Sporting Good/Athletic Clothing/ Shoe stores.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

170-01
170-02

TOY/GAME/LEARNING STORES

If you did not shop ANY Toy/Game/Learning Stores in the past year, check this box and go to the next store category. →

Disney Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mastermind.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toys 'R Us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Big box/warehouse stores (any).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department stores (any).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online/Internet Toy/Game/Learning stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Toy/Game/Learning stores.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

180-01
180-02

PET/PET SUPPLY STORES

If you did not shop ANY Pet/Pet Supply Stores in the past year, check this box and go to the next store category. →

Petsmart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet Valu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PJ's Pet Centres.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Big box/warehouse stores (any).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department stores (any).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery stores (any).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterinarian office (any).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online/Internet Pet/Pet Supply stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Pet/Pet Supply stores.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

190-01
190-02

STORE TYPES

► How often do you shop at the following types of stores? (If you never shop a store type, please check never)

	Never	Less than once a month	About once a month	2-3 times a month	About once a week	More than once a week
Antique stores.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpet/Floor Covering stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compact Disc stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Craft supply stores.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dollar stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farmer's markets.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flea markets.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garden stores.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home health care stores (e.g. Shoppers Home Health Care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent fine food stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music stores (selling musical instruments/sheet music).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural food stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlet malls.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Party supply stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental stores (e.g. United Rentals) .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second-hand stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping mall stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand-alone boutique shops.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strip plaza shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online/Internet stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

200-01

► Please check off all the restaurants you PERSONALLY visit or order food from, and how often you visit or order from them.

How often visited/ordered from in PAST MONTH

Check off all restaurants visited/ordered from in the past month	Once a month	2-3 times a month	Once a week	2-6 times a week	At least once a day
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FAST FOOD RESTAURANTS

If you did not visit/order from ANY Fast Food Restaurants in the past month, check this box and go to the next restaurant category. →

A&W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arby's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burger King.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dairy Queen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domino's Pizza.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harvey's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KFC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little Caesars.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
McDonald's.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Sub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quizno's Classic Subs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taco Bell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wendy's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Fast Food Restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

210-01
210-02

How often visited/ordered from in PAST MONTH

Check off all restaurants visited/ordered from in the past month

Once a month 2-3 times a month Once a week 2-6 times a week At least once a day

COFFEE/BAGEL/DONUT/MUFFIN RESTAURANTS

If you did not visit/order from ANY Coffee Restaurants in the past month, check this box and go to the next restaurant category. →

Coffee Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country Style Donuts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dunkin' Donuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Great Canadian Bagel.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mmmarvelous Mmmuffins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Cup.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starbucks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tim Hortons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timothy's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Coffee/Bagel/Donut/Muffin Restaurant(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

220-01
220-02

How often visited in PAST YEAR

Check off all restaurants visited in the past year

Once a year 2-6 times a year 7-11 times a year Once a month More than once a month

RESTAURANTS

If you did not visit ANY Restaurants in the past year, check this box and go to the next question. →

Boston Pizza.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
East Side Marios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hooter's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Keg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kelsey's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pizza Hut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red Lobster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swiss Chalet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other casual/family restaurants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other high quality formal dine in restaurants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other pub type restaurants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other restaurants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

230-01
230-02

► For each of the following methods of ordering food, please check off all that you have used in the PAST MONTH, and how often you PERSONALLY used them...

How often ordered in PAST MONTH

Check off all methods of ordering food in the past month

Once a month 2-3 times a month Once a week 2-6 times a week At least once a day

RESTAURANTS - METHOD OF ORDERING FOOD

If you did not order food by ANY of these methods in the past month, check this box and go to the next question. →

Take Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat In Restaurant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive Through.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online/Internet food delivery service (excluding groceries).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

230-03
230-04

► For each of the following restaurant types, please check off all that you visited in the PAST YEAR, and how often you PERSONALLY visited them...

RESTAURANT TYPE	Check off all restaurant types visited in the past year	How often visited in PAST YEAR					If you did not visit ANY of these types of restaurants in the past year, check this box and go to the next question. → <input type="checkbox"/>
		Once a year	2-6 times a year	7-11 times a year	Once a month	More than once a month	
Burger restaurants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	240-01 (241-03) (241-04)
Casual/family dining restaurants (e.g. The Keg, East Side Mario's).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chicken restaurants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coffee/donut shops.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food court outlets at a shopping mall.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ice cream parlours/restaurants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oriental restaurants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pizza restaurants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pub restaurants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seafood restaurants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Submarine/sandwich restaurants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
High quality formal dine-in restaurants....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other types of restaurants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

► In the PAST MONTH, how much did you PERSONALLY spend at all restaurants for the following reasons?

	Nothing	\$1-\$49	\$50-\$99	\$100-\$199	\$200 or more	
Restaurants for business reasons.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	240-02
Restaurants for pleasure/ personal reasons.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VIDEO RENTALS

► For each of the following video stores/services, please check off all that you have rented video/DVDs/video games from in the PAST MONTH, and how often you PERSONALLY rented from them...

Video stores rented from in the past month	How often rented in PAST MONTH					
	Once a month	2-3 times a month	Once a week	2-6 times a week	At least once a day	
Blockbuster.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	250-01 (251-01) (251-02)
Jumbo Video.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rogers Video.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Video 99.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Entertainment/Movie downloads/purchases.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DVD rentals through Internet....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pay per view through cable/satellite provider.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other video stores.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

None of these in the past month

► In the PAST 12 MONTHS, how much have you spent on rentals/purchases of entertainment or instructional videos and DVDs?

	Rent/past 12 months	Buy/past 12 months	
Nothing.....	<input type="checkbox"/>	<input type="checkbox"/>	250-02 250-03
\$1-\$49.....	<input type="checkbox"/>	<input type="checkbox"/>	
\$50-\$99.....	<input type="checkbox"/>	<input type="checkbox"/>	
\$100-\$199.....	<input type="checkbox"/>	<input type="checkbox"/>	
\$200 or more.....	<input type="checkbox"/>	<input type="checkbox"/>	

VIDEO RENTALS

► About how many video game cartridges, CDs and PC games have you PERSONALLY rented and purchased in the PAST MONTH?

Video/PC Games rented/purchased in Past Month

	Rented	Purchased
None	<input type="checkbox"/>	<input type="checkbox"/>
1 - 2	<input type="checkbox"/>	<input type="checkbox"/>
3 or more	<input type="checkbox"/>	<input type="checkbox"/>

250-04
250-05

OPTICAL/EYEWEAR

► Which of the following types of prescription eyewear do you wear most often? (Check ONE box only)

- Do not wear prescription glasses or contact lenses
- Glasses
- Contact lenses
- Both glasses and contact lenses

270-01

If you do not wear prescription eyewear please skip to 280-01

► In the PAST 12 MONTHS, how much did you personally spend on prescription eye wear (frames, lenses, sunglasses, contact lenses and supplies)?

- Nothing \$100-\$199
- \$1-\$99 \$200 or more

270-02

► If you currently wear prescription eyeglasses or contact lenses, how likely would you be to consider laser eye surgery to correct your vision and remove your need to wear glasses/contacts? (excluding any eye health related procedure you might be considering such as cataract surgery)

- Very likely
- Somewhat likely.....
- Not very likely
- Not at all likely
- Have already had laser eye surgery.....

270-03

LOTTERIES/CASINOS

► For each of the following lotteries, have you bought tickets, either by yourself or as part of a group, and how many tickets did you buy in the PAST MONTH?

	Bought tickets in past month	<i>Number of tickets bought in PAST MONTH</i>			
		1	2-3	4-6	7 or more
Instant Wins (any).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports lotteries (any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRAWS:					
Banco/Prairie or Daily KENO.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encore/Extra/Tag/Plus/Mini.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lotto 6/49.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atlantic 49/Ontario 49/Quebec 49/BC 49/Western 649	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payday/Jour de paye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick 3/Daily 3/Pik 4/La Quotidienne 3/4.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Super 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other lotteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

None, did not buy any lottery tickets in the past month.....

280-01
(282-01)
(282-02)

LOTTERIES/CASINOS

► For each of the following hospital, special event and charity lotteries, have you bought tickets, either by yourself or as part of a group, and how many tickets did you buy in the PAST YEAR?

Bought tickets in past year	Number of tickets bought in PAST YEAR		
	1	2-3	4 or more
Hospital/Special event/Charity lotteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None, did not buy any special event or charity lottery tickets in the past year	<input type="checkbox"/>		

280-01a
(283-01)
(283-02)

► On average, how much do you personally spend on lotteries PER MONTH?

Nothing	<input type="checkbox"/>	\$20-\$29	<input type="checkbox"/>
\$1-\$4	<input type="checkbox"/>	\$30-\$50	<input type="checkbox"/>
\$5-\$9	<input type="checkbox"/>	More than \$50	<input type="checkbox"/>
\$10-\$19	<input type="checkbox"/>		

280-02

► In the PAST 12 MONTHS, how many times have you personally done any of the following activities?

	None	One time	2-6 times	7-11 times	12 times or more
Visit a casino inside your own province	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit a casino outside your province or country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play Online/Internet casino games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slot machines (any location)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wager money on horse racing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play bingo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

280-03

PURCHASES

► Please check each item that you currently own, have personally purchased in the PAST 2 YEARS, or intend to purchase in the NEXT 2 YEARS.

	Currently Own	Have purchased within the past 2 years	Intend to purchase in next 2 years
Baby furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed/mattress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other furniture (excluding above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car alarm/security system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car stereo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camera (film/digital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camera - video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camping equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camping trailer/Motorhome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas barbeque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace (any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HDTV compatible TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot tub/spa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home exercise equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major appliances (e.g. fridge, dryer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable MP3 player/digital music player (e.g. iPod)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patio furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

290-01
(293-00)
(293-01)
(293-02)

PURCHASES

	Currently Own	Have purchased within the past 2 years	Intend to purchase in next 2 years
Photo printer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool (above or in-ground).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-arranged funeral services (for self or someone else)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boat (any).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ski/snowboard equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snowmobile/ATV (All terrain vehicle).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stereo equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum cleaners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video equipment (e.g. TV, VCR, DVD Player, video camera, etc.) .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video game system - Console (e.g. Sony Playstation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video game system - Handheld (e.g. Gameboy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water cooler/water delivery service.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wedding services (any).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

290-01
(293-00)
(293-01)
(293-02)
(cont)

► In an AVERAGE WEEK, how much do you PERSONALLY spend in grocery stores for your household?

Nothing	<input type="checkbox"/>	\$100-\$149	<input type="checkbox"/>
\$1-\$49	<input type="checkbox"/>	\$150-\$199	<input type="checkbox"/>
\$50-\$74	<input type="checkbox"/>	\$200 or more	<input type="checkbox"/>
\$75-\$99	<input type="checkbox"/>		

290-02

► Please check off how much you have PERSONALLY spent in the PAST YEAR (either for yourself or buying for someone else), in the following categories:

	Nothing	\$1-\$249	\$250-\$499	\$500 or more
Small appliances (e.g. Toaster)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto service for car/truck/van (excl. performance enhancement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's clothing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath and Bedding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Books (excl. text books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car wash (any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
China/Tableware.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross-border shopping in the United States (any goods or services) ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flowers (for yourself).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flowers (as gift for someone else)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garden supplies (e.g. seeds, rake, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair salon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home décor (e.g. window coverings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power tools (e.g. drill).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photo film purchases/processing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing digital photos via Internet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Printing of digital photographs at a photo or other store/service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchase of gift certificates / cards.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's shoes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sporting goods (any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toys/Games/Novelties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewellery (incl. watches).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music CDs/Tapes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

290-03

PURCHASES

	Nothing	\$1- \$249	\$250- \$499	\$500 or more
Legal/Lawyer's/Notary Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online/Internet Shopping (any products or services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

290-03
(cont)

► **Have you PERSONALLY BOUGHT anything at the following types of stores/restaurants and times during the PAST WEEK?** (Check ALL that apply)

Bought items in the PAST WEEK

	Convenience stores	Grocery/food stores	Restaurant take out/drive through
Morning (5:01am to 10am)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mid-day (10:01am to 3pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (3:01pm to 6pm).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early evening (6:01pm to 9pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Late evening/night (9:01pm to 5am).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did not buy anything in the past week.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

290-03a
(292-04)
(292-05)
(292-06)

► **Are you personally a member of any of the following loyalty programs and have you used them in the PAST WEEK and/or redeemed them in the PAST YEAR?**

	Member/ Have	Collected in PAST WEEK	Redeemed in PAST YEAR
Air Miles (excl. airline frequent flyer programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aeroplan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other airline frequent flyer program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Tire Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Esso Extra Program/Esso Earn and Win.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HBC Rewards.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petro Points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sears Club.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoppers Drug Mart Optimum.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other store program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other gas program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other loyalty program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit card with loyalty rewards.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costco membership (paid)	<input type="checkbox"/>		
Sam's Club membership (paid)	<input type="checkbox"/>		

290-03b
(292-01)
(292-02)
(292-03)

None of these, do not use, collect or have any loyalty points or rewards

► In the PAST YEAR, which of the following places have you attended/visited and about how often did you attend or visit?

How often attended/visited in PAST YEAR

Check off
all attended/
visited in the
past year

Once a year 2-6 times a year 7-11 times a year Once a month More than once a month

LEISURE/CULTURAL VENUES

If you did not visit any leisure venues in the past year, check this box and go to the next question. →

Art Galleries/Museums/Science Centres.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibitions/Carnivals/Fairs/Markets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Historical sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks/City gardens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty movie theatres/IMAX.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sporting events/racing events/air shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video arcades/indoor amusement centres ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theme parks/Waterparks/Water slides.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zoos/Aquariums/Farms/Drive-through animal parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other leisure activities/attractions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

300-01
300-02

CONCERT VENUES

If you did not attend any concert venues in the past year, check this box and go to the next question. →

Auditoriums/Arenas/Stadiums (any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casinos (any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night Clubs/Bars.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small outdoor stages/Parks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatres/Halls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other concert venues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

310-01
310-02

THEATRES

If you did not attend any theatres in the past year, check this box and go to the next question. →

Major Theatres/Halls/Auditoriums.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Theatres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Festivals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other live theatre venues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

320-01
320-02

GENERAL

If you did not visit any of these in the past year, check this box and go to the next question. →

Ballet/Opera/Symphony.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bars/restaurant bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comedy clubs/shows.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing/night clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner theatres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Film festivals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music festivals (e.g. jazz, folk etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movies at a theatre/drive-in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National or provincial park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Popular music/Rock concerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

340-01
340-02

GENERAL

► About how often have you visited any of the following locations in the PAST 7 DAYS?

	Zero times	1 time	2 times	3 times	4 to 6 times	7 times or more
College or university campus (excluding health/fitness clubs and bars/pubs/ restaurants on campus).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health or fitness club (any location)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bar, club or restaurant (any location).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

340-05

► Thinking only about your MOST RECENT visit to the following locations in the past 7 days, about how often did you visit a public washroom when you were there?

	Zero times	1 time	2 times	3 times or more	Did not visit / past 7 days
College or university campus (excluding health/fitness clubs and bars/pubs/ restaurants on campus).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health or fitness club (any location)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bar, club or restaurant (any location).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

340-06

CONSUMER SHOWS

► Which, if any, of the following consumer shows did you attend in the PAST YEAR? (Check ALL that apply)

Auto shows	<input type="checkbox"/>	Job fairs	<input type="checkbox"/>
Boat shows	<input type="checkbox"/>	Motorcycle shows	<input type="checkbox"/>
Bridal shows	<input type="checkbox"/>	Pet shows	<input type="checkbox"/>
Cottage shows	<input type="checkbox"/>	RV shows.....	<input type="checkbox"/>
Craft shows.....	<input type="checkbox"/>		
Food/Wine shows	<input type="checkbox"/>	Savings/investment shows	<input type="checkbox"/>
Franchise shows.....	<input type="checkbox"/>	Sex shows	<input type="checkbox"/>
		Ski shows	<input type="checkbox"/>
Garden shows	<input type="checkbox"/>	Sportsman/outdoor shows.....	<input type="checkbox"/>
Golf shows.....	<input type="checkbox"/>	Travel shows.....	<input type="checkbox"/>
Health and Living shows.....	<input type="checkbox"/>	Other shows	<input type="checkbox"/>
Home shows.....	<input type="checkbox"/>		

None of these, did not attend any consumer shows in the past year.....

330-01

EDUCATION

► Which, if any, of the following schools have you taken courses at or attended in the PAST THREE YEARS? (Check ALL that apply)

Academy of Learning.....	<input type="checkbox"/>	Community Colleges (any)	<input type="checkbox"/>
CDI College of Business & Technology	<input type="checkbox"/>	Universities (any).....	<input type="checkbox"/>
Other Career Colleges.....	<input type="checkbox"/>	Executive/management training (any).....	<input type="checkbox"/>
Adult high school (any).....	<input type="checkbox"/>		

None of these, have not taken courses or attended school in the past 3 years.....

341-01

► Which, if any, of the following learning centers have children/teens in your household attended at any time in the PAST THREE YEARS? (Check ALL that apply)

Kumon Math and Reading Center	<input type="checkbox"/>	Other learning center(s).....	<input type="checkbox"/>
Sylvan Learning Center	<input type="checkbox"/>	No children in household	<input type="checkbox"/>
Oxford Learning Center	<input type="checkbox"/>		

None of these, children/teens in household have not attended any learning centers in past three years

341-01a
(341-02)

JOB SEARCH

► Have you used or accessed any on-line/Internet job sites (e.g. Workopolis.com) in the PAST YEAR?

No Yes

341-02
(342-01)

DATING

► Which, if any, of the following dating/personal services have you used in the PAST YEAR? (Check ALL that apply)

On-line/Internet dating sites (e.g. Lavalife.com, reseaucontact.com etc.).....
 Full service dating company (e.g. Lifemates).....
 Newspaper/magazine personal ads
 Other dating services (e.g. Telephone services/Speed dating etc.)
 None of these, have not used any dating services in the past year

341-03
(343-01)

LIFE EVENTS

► Which, if any, of the following life events have happened to you personally in the PAST 2 YEARS ? (Check ALL that apply)

Marry	<input type="checkbox"/>	Retire	<input type="checkbox"/>
Child born/adopted	<input type="checkbox"/>	Lose job or be laid off	<input type="checkbox"/>
Grandchild born/adopted	<input type="checkbox"/>	Change job	<input type="checkbox"/>
Adult child leaves home.....	<input type="checkbox"/>	Move out of parents home.....	<input type="checkbox"/>
Parent moves into retirement/nursing home/your home.....	<input type="checkbox"/>	Shop for mortgage/reneogiate mortgage.....	<input type="checkbox"/>
Complete high school	<input type="checkbox"/>	Make last mortgage payment	<input type="checkbox"/>
Complete college/university.....	<input type="checkbox"/>	Quit smoking.....	<input type="checkbox"/>
Purchase first vehicle	<input type="checkbox"/>		

None of these

341-04
(344-01)

SPORTS/LEISURE

► In season, how often do you personally participate in the following activities?

	Never	Occasionally	Regularly
Adventure sports (e.g. Sky diving, scuba diving, white water rafting, paintball)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts/crafts/sewing/knitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball/softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billiards/pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canoeing/kayaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling (Mountain/road biking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing/hunting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golfing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking/backpacking/camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home exercise/home workout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inline skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jogging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pilates/yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power boating/Jet skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racquet sports (e.g. Squash, racquetball, tennis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skateboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skiing - cross country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skiing - downhill	<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"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whale watching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

350-01

► In season, how often do you usually go to the following live pro sports events as a spectator?

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"/>
Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse racing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacrosse	<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"/>

350-02

SPORTS/LEISURE

▶ Are you personally a member of any of the following clubs?

	No	Yes
Health / Fitness Club	<input type="checkbox"/>	<input type="checkbox"/>
Golf Club	<input type="checkbox"/>	<input type="checkbox"/>

350-04

TELEPHONE SERVICES

▶ On average, about how much do you spend PER MONTH on your own PERSONAL long distance calling?

Nothing	<input type="checkbox"/>	\$26-\$39	<input type="checkbox"/>
\$1-\$25	<input type="checkbox"/>	\$40 or more	<input type="checkbox"/>

360-01

▶ Who is your current household telephone service supplier?

	Local phone service	Long distance service
Aliant	<input type="checkbox"/>	<input type="checkbox"/>
Bell Canada	<input type="checkbox"/>	<input type="checkbox"/>
Primus	<input type="checkbox"/>	<input type="checkbox"/>
Telus	<input type="checkbox"/>	<input type="checkbox"/>
VoIP (any) (e.g. Vonage)	<input type="checkbox"/>	<input type="checkbox"/>
Cable company (e.g. Rogers/Videotron)	<input type="checkbox"/>	<input type="checkbox"/>
Other suppliers	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

360-02

360-03

▶ Have you changed your household telephone supplier within the PAST 12 MONTHS?

	No	Yes
Local telephone service	<input type="checkbox"/>	<input type="checkbox"/>
Long distance telephone service	<input type="checkbox"/>	<input type="checkbox"/>

360-04

WIRELESS

▶ Do you personally use any of the following?

A cell phone	<input type="checkbox"/>
Blackberry/similar wireless device	<input type="checkbox"/>
No, do not use a wireless device	<input type="checkbox"/>

370-01

(370-02)

If you do not have a wireless device, please skip to the Radio section at Q390-01

▶ In an AVERAGE MONTH, and regardless of who actually pays, about how much would you spend on wireless services for both business and personal reasons?

Less than \$30/month	<input type="checkbox"/>	\$100 or more	<input type="checkbox"/>
\$30-\$99 per month	<input type="checkbox"/>	Don't know	<input type="checkbox"/>

370-03

▶ Who is your wireless network supplier?

Aliant Mobility	<input type="checkbox"/>
Bell/Bell Mobility	<input type="checkbox"/>
FIDO	<input type="checkbox"/>
Rogers	<input type="checkbox"/>
Telus Mobility	<input type="checkbox"/>
Virgin Mobile	<input type="checkbox"/>
Videotron	<input type="checkbox"/>
Other wireless network provider	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

370-04

WIRELESS

► Have you done any of the following in the PAST YEAR?

	No	Yes
Changed your wireless network provider	<input type="checkbox"/>	<input type="checkbox"/>
Upgraded your wireless service plan or added services	<input type="checkbox"/>	<input type="checkbox"/>

370-05

► Have you personally used your wireless device to do any of the following in the PAST 7 DAYS? (Check ALL that apply)

Download video	<input type="checkbox"/>	Send/receive a text/picture message	<input type="checkbox"/>
Download music	<input type="checkbox"/>	Send/receive instant message (e.g. Messenger, Yahoo)	<input type="checkbox"/>
Download games/ringtones	<input type="checkbox"/>	Send/receive e-mail	<input type="checkbox"/>
Access the Internet (e.g. Google maps) ..	<input type="checkbox"/>	Take pictures/video	<input type="checkbox"/>
None, did not use any of these services in the past 7 days			<input type="checkbox"/>

370-07

RADIO

► On an AVERAGE WEEKDAY (that is, from Monday to Friday), how long would you listen to the radio between 1:00 am and 5:00 am each weekday? (Please fill in the number of hours and minutes you listen in the spaces provided. If you do not normally listen to the radio from 1am to 5am on weekdays, please check the zero hour box and move on to the next question.)

1am - 5am each weekday _____ HOURS _____ MINUTES (Maximum 4 hours)

Zero hours in total, do not normally listen to radio between 1am and 5am Monday to Friday during an average week

390-01

► On an AVERAGE WEEKEND, (that is, Saturday or Sunday), how long would you listen to the radio between 1:00 am and 5:00 am each weekend day? (Please fill in the number of hours and minutes you listen in the spaces provided. If you do not normally listen to the radio from 1am to 5am on weekends, please check the zero hour box and move on to the next question.)

1am - 5am each weekend day _____ HOURS _____ MINUTES (Maximum 4 hours)

Zero hours in total, do not normally listen to radio between 1am and 5am on Saturday or Sunday during an average week

390-02

► Did you personally listen to the radio YESTERDAY, either at home or somewhere else?

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>

390-03

► Just thinking of an AVERAGE WEEK, on how many weekdays, Monday to Friday, do you personally listen to the radio? (Check ONE box only)

Never	<input type="checkbox"/>	3 days	<input type="checkbox"/>
Less than 1 day a week	<input type="checkbox"/>	4 days	<input type="checkbox"/>
1 day	<input type="checkbox"/>	5 days	<input type="checkbox"/>
2 days	<input type="checkbox"/>		

390-03a
(391-01)

RADIO

► Just thinking of an **AVERAGE WEEKEND**, on how many days, Saturday and Sunday, do you personally listen to the radio? (Check ONE box only)

None One day
 Less than one day Two days

390-03b
(391-02)

► For which of the following do you use radio **REGULARLY**? (Check ALL that apply)

Comedy programs	<input type="checkbox"/>	Special music programs	<input type="checkbox"/>
Community information.....	<input type="checkbox"/>	Sports (play-by-play)	<input type="checkbox"/>
Contests	<input type="checkbox"/>	Sports reports	<input type="checkbox"/>
General interest talk/phone in shows	<input type="checkbox"/>	Sports talk/phone in shows.....	<input type="checkbox"/>
Music	<input type="checkbox"/>	Traffic reports.....	<input type="checkbox"/>
News	<input type="checkbox"/>	Weather	<input type="checkbox"/>
Religious programs.....	<input type="checkbox"/>		

390-04

TELEVISION/CABLE

► On an **AVERAGE WEEKDAY** (that is, from Monday to Friday), how long would you watch television in each of the following time periods each day? (Please fill in the number of hours and minutes you watch in the spaces provided. If you do not normally watch television during a time period, please check the zero hour box in the right hand column and move on to the next time period or question.)

400-02

Zero hours, do not normally watch during this time period

6:01am - 9am ____ HOURS ____ MINUTES (Maximum 3 hours)

9:01am - noon ____ HOURS ____ MINUTES (Maximum 3 hours)

12:01pm - 5pm ____ HOURS ____ MINUTES (Maximum 5 hours)

5:01pm - 7pm ____ HOURS ____ MINUTES (Maximum 2 hours)

7:01pm - 11pm ____ HOURS ____ MINUTES (Maximum 4 hours)

11:01pm - 2am ____ HOURS ____ MINUTES (Maximum 3 hours)

2:01am - 6am ____ HOURS ____ MINUTES (Maximum 4 hours)

Zero hours in total, do not normally watch Monday to Friday during an average week

TELEVISION/CABLE

► On an **AVERAGE SATURDAY**, how long would you watch television in each of the following time periods? (Please fill in the number of hours and minutes you watch in the spaces provided. If you do not normally watch television during a time period, please check the zero hour box in the right hand column and move on to the next time period or question.)

		Zero hours , do not normally watch during this time period	400-03
6:01am - noon	____ HOURS ____ MINUTES (Maximum 6 hours)	<input type="checkbox"/>	
12:01pm - 7pm	____ HOURS ____ MINUTES (Maximum 7 hours)	<input type="checkbox"/>	
7:01pm - 11pm	____ HOURS ____ MINUTES (Maximum 4 hours)	<input type="checkbox"/>	
11:01pm - 2am	____ HOURS ____ MINUTES (Maximum 3 hours)	<input type="checkbox"/>	
2:01am - 6am	____ HOURS ____ MINUTES (Maximum 4 hours)	<input type="checkbox"/>	
Zero hours in total , do not normally watch television on an average Saturday		<input type="checkbox"/>	

► On an **AVERAGE SUNDAY**, how long would you watch television in each of the following time periods? (Please fill in the number of hours and minutes you watch in the spaces provided. If you do not normally watch television during a time period, please check the zero hour box in the right hand column and move on to the next time period or question.)

		Zero hours , do not normally watch during this time period	400-04
6:01am - noon	____ HOURS ____ MINUTES (Maximum 6 hours)	<input type="checkbox"/>	
12:01pm - 7pm	____ HOURS ____ MINUTES (Maximum 7 hours)	<input type="checkbox"/>	
7:01pm - 11pm	____ HOURS ____ MINUTES (Maximum 4 hours)	<input type="checkbox"/>	
11:01pm - 2am	____ HOURS ____ MINUTES (Maximum 3 hours)	<input type="checkbox"/>	
2:01am - 6am	____ HOURS ____ MINUTES (Maximum 4 hours)	<input type="checkbox"/>	
Zero hours in total , do not normally watch television on an average Sunday		<input type="checkbox"/>	

► Did you personally watch any television **YESTERDAY**, either at home or somewhere else?

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>

400-05

TELEVISION/CABLE

► Please check off all the types of TV programs you watch in an **AVERAGE WEEK**, and about how long you watch for..

	Check off all programs watched in an average week	Time spent watching in an AVERAGE WEEK					
		1-59 minutes	1-2 hours	3-4 hours	5-6 hours	7-9 hours	10 hours or more
Auto racing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball (when in season)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball (when in season).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cartoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contest shows (e.g. American Idol).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CFL Football (when in season).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NFL Football (when in season).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home décor shows (e.g. Canadian House & Home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hockey (when in season)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home improvement shows (e.g. Holmes on Homes).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mini-Series.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
News/Current affairs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal makeover shows (e.g. Diva On A Dime)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reality shows (e.g. Survivor).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap/Serial dramas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV infomercials.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variety/Award specials.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not watch TV in an average week.....							<input type="checkbox"/>

400-06
(402-01)
(402-02)

► Please check off all the specialty channels you watch in an **AVERAGE WEEK**, and about how long you watch for..

	Check off all stations watched in an average week	Time spent watching in an AVERAGE WEEK					
		1-59 minutes	1-2 hours	3-4 hours	5-6 hours	7-9 hours	10 hours or more
A+E (Arts & Entertainment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APTN (Aboriginal Peoples Television Network)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bravo!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canal D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canal Vie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBC Newsworld	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CNN/Headline News.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comedy Network.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country Music Television (CMT).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CTV NewsNet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

400-07
(402-03)
(402-04)

TELEVISION/CABLE

Time spent watching in an AVERAGE WEEK

	Check off all stations watched in an average week	Time spent watching in an AVERAGE WEEK					
		1-59 minutes	1-2 hours	3-4 hours	5-6 hours	7-9 hours	10 hours or more
Discovery Channel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Channel.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History Channel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home and Garden TV channel (HGTV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Le Canal Nouvelles (LCN).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Le Réseau des Sports (RDS).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Learning Channel (TLC).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MétéoMédia.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Movie Network (TMN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MTV Canada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MuchMusic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Much More Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MusiquePlus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Le Réseau de l'information (RDI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Séries+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showcase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Space - Imagination Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sportsnet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUN TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telelatino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teletoon (English).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teletoon (French)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treehouse TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TSN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV Listings Channel (any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TVTropolis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewer's Choice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Score	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Shopping Channel (TSC).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Weather Network.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YTV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VRAK TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ztélé	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other specialty channels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not watch specialty channels in an average week							<input type="checkbox"/>

400-07
(402-03)
(402-04)
(cont)

TELEVISION/CABLE

► Please check off all the digital channels you watch in an **AVERAGE WEEK**, and about how long you watch for.. (Note: Digital channels are TV channels that are **only** available with digital cable or with a satellite receiver)

Time spent watching in an AVERAGE WEEK

	Check off all digital channels watched in an average week	<i>Time spent watching in an AVERAGE WEEK</i>					
		1-59 minutes	1-2 hours	3-4 hours	5-6 hours	7-9 hours	10 hours or more
Animal Planet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BBC Canada.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bite TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Book TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BPM TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CGTV: Casino and Gaming Television.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cool TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country Canada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court TV Canada.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DejaView	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discovery Civilization Channel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discovery Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discovery Kids.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentary Channel.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive In Classics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fashion TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOX Sports World Canada.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G4 Tech TV.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GOL TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iChannel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Film Channel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leafs TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lonestar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movieola: The Short Film Channel ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MuchLoud.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Much Vibe.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mystery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Geographic Channel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHL Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One: The Body, Mind and Spirit Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUT TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PunchMuch.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raptors NBA TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Razer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rogers Digital 1 (Your World This Week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showcase Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showcase Diva.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver Screen Classics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Biography Channel.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Fight Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Pet Network.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel + Escape.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

400-07a
(402-05)
(402-06)

TELEVISION/CABLE

Time spent watching in an AVERAGE WEEK

Check off **all** digital channels watched in an **average week**

	1-59 minutes	1-2 hours	3-4 hours	5-6 hours	7-9 hours	10 hours or more	
TV Land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WFN: World Fishing Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Xtreme Sports.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other digital channels.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do not watch any digital channels in an average week.....							<input type="checkbox"/>

400-07a
(402-05)
(402-06)
(cont)

► **When a commercial comes on television, how often do you do any of the following?**

	Never	Seldom	Occasionally	Frequently
Change channels.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continue to watch.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leave the room.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mute the sound.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do something else.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

400-08

► **When watching a television program on a VCR/TiVo/PVR and a commercial comes on, do you fast-forward through the commercial? (Check ONE box only)**

Do not own a VCR/TiVo/PVR Yes - sometimes
 Yes - always..... No

400-09

► **In the PAST YEAR, when you watched sporting events on television, how often did you turn down the sound and use the radio to provide the play by play?**

Never
 Seldom
 Occasionally
 Frequently.....
 Have not watched sports on TV in the past year.....

400-10

► **Just thinking of an AVERAGE WEEK, on how many weekdays, Monday to Friday, do you personally watch television (Check ONE box only)**

Never 3 days
 Less than 1 day a week..... 4 days
 1 day 5 days
 2 days

400-11

► **Just thinking of an AVERAGE WEEKEND, on how many days, Saturday and Sunday, do you personally watch television (Check ONE box only)**

None One day
 Less than one day Two days

400-15

THE INTERNET

► **Do you personally have Internet access at any of the following locations? (Check ALL that apply)**

	No	Yes	Does not apply
At home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At school/college/university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At some other location.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

410-03

None, do not have Internet access at any location

THE INTERNET

If you do not have Internet access at any location, please skip to the New Technology section at Q415-01

► **What type of Internet connection do you have at home?**

- ADSL / DSL (e.g. Sympatico/Telus/Aliant high speed)
- Cable high speed (e.g. Rogers/Shaw/Cogeco high speed).....
- Regular phone line dial up access.....
- Other type of internet access (e.g. Satellite, ISDN etc.).....
- Don't know.....
- None**, don't have Internet access at home.....

410-01b
(411-02)

► **Which, if any, of the following activities have you done while connected to the internet in the PAST 30 DAYS?**

(Check ALL that apply)

- Download music/MP3 files (free or paid).....
- Download a radio broadcast for use on an MP3 player (e.g. Podcast)
- Download a video for use on a video MP3 player/wireless device.....
- Participate in discussions or chat groups
- Use instant messaging (e.g. MSN Messenger, Yahoo)
- Respond to online surveys/polls
- Enter online contests
- Play online games
- Click on an Internet advertisement
- Visit online auction sites (e.g. eBay).....
- Visit a classified ad websites (e.g. Craigslist).....
- Visit social networking sites (e.g. Facebook, MySpace).....
- Search for specific information
- Access current news
- Research products/services you might like to try or buy
- Read on-line newspapers
- Read/contribute to a blog or message board
- Subscribe to a pay-for-use news site (e.g. National Post electronic edition)...
- Read on-line magazines.....
- Access a news site (e.g. MSN.com, CNN.com)
- Register with a website to receive permission-based mail-outs/newsletters...
- Access a radio station's website.....
- Listen to a radio broadcast via streaming audio
- Listen to an Internet only radio station (e.g. Iceberg Radio).....
- Watch a TV broadcast via streaming video
- None of these** in the past 30 days.....

410-06

► **Did you personally connect to and use the Internet YESTERDAY, either at home or somewhere else? (e.g. e-mail, world wide web, newsgroups)**

No Yes

410-04a
(411-03)

► **Just thinking of an AVERAGE WEEK, on how many days (Monday to Friday), do you PERSONALLY access the Internet? (Check ONE box only)**

- Never 3 days
- Less than 1 day a week..... 4 days
- 1 day 5 days
- 2 days

410-07

THE INTERNET

► **Just thinking of an AVERAGE WEEKEND, on how many days, (Saturday and Sunday), do you PERSONALLY access the Internet?** (Check ONE box only)

Never 1 day
 Less than 1 day 2 days

410-08

► **On an AVERAGE DAY (Monday to Sunday), how long would you spend on the internet in each of the following time periods EACH DAY?** (Please fill in the number of hours and minutes you use the internet in the spaces provided. If you do not normally connect during a time period, please check the zero hour box in the right hand column and move on to the next time period or question.)

411-04

Zero hours, do not normally use the internet during this time period

6:01am - 9am ____ HOURS ____ MINUTES (Maximum 3 hours)
 9:01am - noon ____ HOURS ____ MINUTES (Maximum 3 hours)
 12:01pm - 5pm ____ HOURS ____ MINUTES (Maximum 5 hours)
 5:01pm - 7pm ____ HOURS ____ MINUTES (Maximum 2 hours)
 7:01pm - 11pm ____ HOURS ____ MINUTES (Maximum 4 hours)
 11:01pm - 2am ____ HOURS ____ MINUTES (Maximum 3 hours)
 2:01am - 6am ____ HOURS ____ MINUTES (Maximum 4 hours)

Zero hours in total, do not normally use the internet during an average day

NEW TECHNOLOGY

► **Have you either purchased or do you intend to purchase any of the following new technology products and services in the next 2 YEARS?** (Check ALL that apply)

	Intend to buy in the next 2 years	Already purchased
Subscription based satellite radio service (e.g. Sirius)	<input type="checkbox"/>	<input type="checkbox"/>
Wireless TV	<input type="checkbox"/>	<input type="checkbox"/>
Digital bundle from one service provider (e.g. internet, cell phone, satellite TV).....	<input type="checkbox"/>	<input type="checkbox"/>
VoIP (DSL based phone service).....	<input type="checkbox"/>	<input type="checkbox"/>
Digital cable/Satellite TV service	<input type="checkbox"/>	<input type="checkbox"/>
Home computer network (wireless or wired)	<input type="checkbox"/>	<input type="checkbox"/>
Personal Video Recorder (PVR).....	<input type="checkbox"/>	<input type="checkbox"/>
Subscribe to a Video-On-Demand (VOD) service	<input type="checkbox"/>	<input type="checkbox"/>
HDTV cable or satellite service	<input type="checkbox"/>	<input type="checkbox"/>
HDTV off-air (e.g. antenna)	<input type="checkbox"/>	<input type="checkbox"/>

415-01

DAILY NEWSPAPERS

► In an **AVERAGE WEEK**, on how many weekdays (Monday to Friday) do you personally read or look into each of the following daily newspapers?

	Never	One day	Two days	Three days	Four days	Five days
The Globe and Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any local daily newspaper(s) (e.g. Toronto Star, Journal de Montreal).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

420-01

► On an **AVERAGE WEEKDAY** (that is, Monday to Friday), how much time would you normally spend reading a daily newspaper on each day? (Please fill in the number of hours and minutes in the spaces provided. If you do not normally read daily newspapers on weekdays, please check the zero hour box and move on to the next question.)

Time normally spent reading a newspaper each day during weekdays _____ HOURS _____ MINUTES

420-02

Zero hours in total, do not normally read daily newspapers Monday to Friday during an average week

► In an **AVERAGE WEEKEND**, on how many weekend days (Saturday and Sunday) do you personally read or look into each of the following daily newspapers?

	Never	One day	Two days
The Globe and Mail	<input type="checkbox"/>	<input type="checkbox"/>	
National Post	<input type="checkbox"/>	<input type="checkbox"/>	
Any local daily newspaper(s) (eg. Toronto Star, Journal de Montreal).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

420-03

► On an **AVERAGE WEEKEND** (that is, Saturday and Sunday), how much time each day would you normally spend reading the weekend edition of the daily newspaper? (Please fill in the number of hours and minutes in the spaces provided. If you do not normally read daily newspapers during weekends, please check the zero hour box and move on to the next question.)

Time normally spent reading a newspaper each day during weekend _____ HOURS _____ MINUTES

420-04

Zero hours in total, do not normally read daily newspapers on Saturday or Sunday during an average week

DAILY NEWSPAPERS

► When you do read a daily newspaper, how often would you read each of the following sections?

	Never	Seldom	Occasionally	Frequently
Automotive.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business & Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classified Ads (excl. real estate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer/High Tech.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Editorials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fashion/Lifestyle.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International News/World Section.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local & Regional News	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movie & Entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National News	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Homes section.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate listings	<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"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

420-05

► Which of the following statements best describes how you usually read daily newspapers?

- I read most or all pages/sections.....
- I read selected pages/sections only
- I read selected pages/sections and skim through the rest of the paper quickly
- I look through the whole paper casually

420-07

► How often do you look for newspaper ads when reading the daily newspaper?

- Never Occasionally
- Seldom Frequently.....

420-08

► What time of day do you usually read the daily newspaper? (Check ALL that apply)

- Between 6 a.m. and Noon..... Between 6:01 p.m. and 9 p.m..
- Between 12:01 and 6 p.m..... After 9 p.m.

420-09

► Did you personally read or look into a daily newspaper YESTERDAY, either at home or somewhere else?

- No Yes

420-10

► Just thinking of an AVERAGE WEEK, on how many weekdays, Monday to Friday, do you personally read or look into any daily newspaper? (Check ONE box only)

- Never 3 days
- Less than 1 day a week..... 4 days
- 1 day 5 days
- 2 days

420-11

► Just thinking of an AVERAGE WEEKEND, on how many days, Saturday and Sunday, do you personally read or look into any daily newspaper? (Check ONE box only)

- None One day
- Less than one day Two days

420-11a
(421-01)

DAILY NEWSPAPERS

► In the PAST 7 DAYS, did you personally read or look into any of the following TV guide magazines? (Check ALL that apply)

Daily newspaper TV listings guide(s) (any) TV Horaire
 TV 7 Jours Online/Internet TV listings.....
 TV Hebdo Other TV listing guides
 None of these, did not read or look into any TV guide magazines in the past 7 days

420-12

COMMUNITY NEWSPAPERS

► How often do you read the local community newspaper? (A local community newspaper contains local news, information, and advertising, and may be delivered free to your home, or purchased by subscription or on the news stands. Some are published twice a week, some weekly, some every other week and some monthly. This does NOT include the regular daily newspaper.)

Never Occasionally
 Seldom Frequently.....

430-01

If you do not read any community newspapers, please skip to the Magazines and Publications Section at Q440-01a

► Thinking about the community newspapers that you receive, on average, about how much time would you spend reading or looking through each issue? (Please fill in the number of hours and minutes in the spaces provided. If you do not normally read community newspapers, please check the zero hour box and move on to the next question.)

430-02

Time normally spent reading each issue of your community newspaper _____ HOURS _____ MINUTES

Zero hours in total, do not normally read community newspapers

► In an AVERAGE MONTH, how many issues of the community newspapers would you personally read or look into? (Please fill in the number of issues of the community newspapers in the space provided. If you do not normally read community newspapers, please check none and move on to the next question.)

Number of community newspapers read during average month _____

430-03

None, do not normally read community newspapers in an average month

► Did you personally read or look into any community newspaper in the PAST 7 DAYS? (if no, skip to Q 440-01a)

No Yes

430-03a
(431-01)

► Did you personally read or look into a community newspaper YESTERDAY, either at home or somewhere else?

No Yes

430-04

MAGAZINES AND PUBLICATIONS

► Did you personally read or look into any magazine YESTERDAY, either at home or somewhere else?

No Yes

440-01a
(441-01)

MAGAZINES AND PUBLICATIONS

► Which, if any, of the following specific magazines did you read or look into in the PAST MONTH? (Check ALL that apply)

- | | | | |
|-----------------------------------|--------------------------|-----------------------------------|--------------------------|
| AAA Car & Travel..... | <input type="checkbox"/> | Ladies' Home Journal..... | <input type="checkbox"/> |
| AARP Magazine/Bulletin..... | <input type="checkbox"/> | Maclean's..... | <input type="checkbox"/> |
| Better Homes & Gardens | <input type="checkbox"/> | National Geographic..... | <input type="checkbox"/> |
| CAA Magazine | <input type="checkbox"/> | Newsweek | <input type="checkbox"/> |
| Canadian Gardening | <input type="checkbox"/> | People | <input type="checkbox"/> |
| Canadian Geographic..... | <input type="checkbox"/> | Playboy | <input type="checkbox"/> |
| Canadian House and Home | <input type="checkbox"/> | Prevention | <input type="checkbox"/> |
| Canadian Living..... | <input type="checkbox"/> | Redbook | <input type="checkbox"/> |
| Chatelaine (English edition)..... | <input type="checkbox"/> | Reader's Digest..... | <input type="checkbox"/> |
| Châtelaine (French edition)..... | <input type="checkbox"/> | Sélection du Reader's Digest..... | <input type="checkbox"/> |
| Coup de Pouce..... | <input type="checkbox"/> | 7 Jours | <input type="checkbox"/> |
| Cosmopolitan..... | <input type="checkbox"/> | Sports Illustrated..... | <input type="checkbox"/> |
| Family Circle..... | <input type="checkbox"/> | Time | <input type="checkbox"/> |
| FASHION Magazine | <input type="checkbox"/> | Westworld..... | <input type="checkbox"/> |
| Food and Drink..... | <input type="checkbox"/> | What's Cooking..... | <input type="checkbox"/> |
| Good Housekeeping..... | <input type="checkbox"/> | Woman's Day | <input type="checkbox"/> |
| Homemakers | <input type="checkbox"/> | Other magazines | <input type="checkbox"/> |
| L'Actualité | <input type="checkbox"/> | | |

440-01b
(441-02)

None, did not read or look into any magazines in the past month

► On an AVERAGE DAY (that is, Monday to Sunday), how much time would you normally spend reading a magazine on each day? (Please fill in the number of hours and minutes in the spaces provided. If you do not normally read magazines, please check the zero hour box and move on to the next question.)

Time normally spent reading a magazine each day
(Monday to Sunday) _____ HOURS _____ MINUTES

441-04

Zero hours in total, do not normally read magazines Monday to Sunday during an average week

► Just thinking of an AVERAGE WEEK, on how many days, Monday to Sunday, do you personally read or look into any magazine? (Check ONE box only)

- | | | | |
|-----------------------------|--------------------------|--------------|--------------------------|
| Never | <input type="checkbox"/> | 4 days | <input type="checkbox"/> |
| Less than 1 day a week..... | <input type="checkbox"/> | 5 days | <input type="checkbox"/> |
| 1 day | <input type="checkbox"/> | 6 days | <input type="checkbox"/> |
| 2 days | <input type="checkbox"/> | 7 days | <input type="checkbox"/> |
| 3 days | <input type="checkbox"/> | | |

441-05

MAGAZINES AND PUBLICATIONS

► How often do you read the following types of magazine publications?

	Never	Seldom	Occasionally	Frequently
Alternative weekly publications.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art & antiques.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile & motorcycle.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Babies & parenting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brides/bridal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business & finance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children & youth.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer, science & technology.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment/Celebrity (e.g. Hello).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fashion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food & beverage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gardening & homes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health/Fitness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Décor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature & ecology.....	<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"/>
Photography, video, audio.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior citizens.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports & recreation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel & tourism.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other magazine types.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

440-01

► How often do you PERSONALLY use each of the following to help you in your shopping (including direct mail purchases)?

	Never	Seldom	Occasionally	Frequently
Coupons.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flyers inserted into a daily newspaper.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flyers inserted into a community newspaper.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flyers delivered to the door or in the mail.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local store catalogues.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail order.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Internet/World Wide Web.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

440-03

► In general, what is your overall opinion of flyers delivered to your door, or delivered in the mail? Is your overall opinion:

Very favourable.....	<input type="checkbox"/>	Somewhat unfavourable.....	<input type="checkbox"/>
Somewhat favourable.....	<input type="checkbox"/>	Very unfavourable.....	<input type="checkbox"/>

440-04

► When did you LAST use the Yellow Pages/YellowPages.ca to look for a store, service, restaurant or something else? (Check ONE box only)

Today.....	<input type="checkbox"/>	2-6 days ago.....	<input type="checkbox"/>
Yesterday.....	<input type="checkbox"/>	7 days ago or more.....	<input type="checkbox"/>

440-05

BEVERAGES

► In the PAST 7 DAYS, how many bottles, cans or glasses of beer in total did you drink at home, at a bar/ restaurant or some other location combined? (Check ONE box only)

None	<input type="checkbox"/>	7 - 9	<input type="checkbox"/>
1 - 3	<input type="checkbox"/>	10 - 12	<input type="checkbox"/>
4 - 6	<input type="checkbox"/>	More than 12	<input type="checkbox"/>

450-01

► In the first column, which ONE of the following beer brands do you drink most often, and in the second column, which are ALL the other beer brands that you drink at least occasionally..

	Drink Most Often (Check <u>ONE</u> box only)	Drink Occasionally (Check <u>ALL</u> that apply)
	↓	↓
Alexander Keith's.....	<input type="checkbox"/>	<input type="checkbox"/>
Beck's	<input type="checkbox"/>	<input type="checkbox"/>
Black Label	<input type="checkbox"/>	<input type="checkbox"/>
Budweiser	<input type="checkbox"/>	<input type="checkbox"/>
Bud Light	<input type="checkbox"/>	<input type="checkbox"/>
Carling	<input type="checkbox"/>	<input type="checkbox"/>
Carlsberg	<input type="checkbox"/>	<input type="checkbox"/>
Coors Light	<input type="checkbox"/>	<input type="checkbox"/>
Corona	<input type="checkbox"/>	<input type="checkbox"/>
Grolsch	<input type="checkbox"/>	<input type="checkbox"/>
Guinness	<input type="checkbox"/>	<input type="checkbox"/>
Heineken	<input type="checkbox"/>	<input type="checkbox"/>
Kokanee	<input type="checkbox"/>	<input type="checkbox"/>
Labatt Blue	<input type="checkbox"/>	<input type="checkbox"/>
Labatt Blue Light.....	<input type="checkbox"/>	<input type="checkbox"/>
Labatt 50	<input type="checkbox"/>	<input type="checkbox"/>
Labatt Genuine Draft	<input type="checkbox"/>	<input type="checkbox"/>
Labatt Ice	<input type="checkbox"/>	<input type="checkbox"/>
Lakeport (any)	<input type="checkbox"/>	<input type="checkbox"/>
Miller Genuine Draft.....	<input type="checkbox"/>	<input type="checkbox"/>
Miller Lite	<input type="checkbox"/>	<input type="checkbox"/>
Molson Canadian.....	<input type="checkbox"/>	<input type="checkbox"/>
Molson Canadian Light.....	<input type="checkbox"/>	<input type="checkbox"/>
Molson Export.....	<input type="checkbox"/>	<input type="checkbox"/>
Molson Dry	<input type="checkbox"/>	<input type="checkbox"/>
Moosehead (any).....	<input type="checkbox"/>	<input type="checkbox"/>
Rickards Red	<input type="checkbox"/>	<input type="checkbox"/>
Sleeman (any)	<input type="checkbox"/>	<input type="checkbox"/>
Stella Artois.....	<input type="checkbox"/>	<input type="checkbox"/>
Other Labatt brand	<input type="checkbox"/>	<input type="checkbox"/>
Other Molson brand.....	<input type="checkbox"/>	<input type="checkbox"/>
Other Canadian micro brewery brand	<input type="checkbox"/>	<input type="checkbox"/>
Other American brand	<input type="checkbox"/>	<input type="checkbox"/>
Other imported brand	<input type="checkbox"/>	<input type="checkbox"/>
Never drink beer, not even occasionally.....		<input type="checkbox"/>

450-03

450-04

BEVERAGES

► Did you drink any of the following types of beer in the PAST MONTH? (Check ALL that apply)

Regular priced domestic beer (excluding microbrewery beers).....	<input type="checkbox"/>	Imported beer	<input type="checkbox"/>
Value priced domestic beer (excluding microbrewery beers).....	<input type="checkbox"/>	Home brew/"U-Brew"	<input type="checkbox"/>
Light Beer	<input type="checkbox"/>	Non-Alcoholic Beer	<input type="checkbox"/>
Microbrewery beer	<input type="checkbox"/>		

450-05

► Have you changed the commercial brand of beer that you drink most often in the PAST 2 YEARS?

No Yes

450-06

► Do you currently make any of your own beverages?

	No	Yes
Beer	<input type="checkbox"/>	<input type="checkbox"/>
Wine	<input type="checkbox"/>	<input type="checkbox"/>

450-10

► On average, how many cups or glasses of the following do you drink per DAY at home and at work?

	None	Less than 1 per day	1 per day	2-3 per day	4 or more per day
Regular coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decaffeinated coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbal Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flavoured Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

450-11

BEVERAGES

► Did you personally drink any of the following beverages in the PAST MONTH and how often did you drink them?

How often did you drink the following in PAST MONTH

Check off all beverages you drank in the past month

Once a month 2-3 times a month Once a week 2-6 times a week At least once a day

Soft drinks, juice, other beverages

Coca Cola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Coke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pepsi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Pepsi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other colas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other diet colas.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seven Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Seven Up.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Sprite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ginger Ale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other regular soft drink flavours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other diet soft drinks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chocolate milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit drink.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sparkling fruit drink/juice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iced tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottled water.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soy beverages (any).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy drinks (e.g. Red Bull).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports energy drink (e.g. Gatorade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomato juice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other non-alcoholic beverages.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coolers/Pre-mixed drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liqueurs (any) (e.g. Kahlua)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Port/Sherry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tequila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vodka	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rye/Canadian whisky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scotch whisky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other whisky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canadian wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
European wine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Australian wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other imported wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other alcoholic beverages (excluding beer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of these						<input type="checkbox"/>

450-12
(451-01)
(451-02)

BEVERAGES

► In the PAST MONTH, have you personally bought wine at any of the following locations? (Check ALL that apply)

- Provincial liquor store
- Specialty wine store (either in a grocery store or as a stand-alone store).....
- Do-it-yourself wine making store
- Convenience stores (Quebec only)
- Grocery stores (Quebec only)
- Other store.....
- None of these, did not buy wine in past month

450-13

CANDIES, SNACKS, AND BREAKFAST FOODS

► Did you personally eat any of the following types of food products in the PAST MONTH and how often did you eat them?

How often eaten in PAST MONTH

Check off all the food products that you personally ate in the past month	<i>How often eaten in PAST MONTH</i>				
	Once a month	2-3 times a month	Once a week	2-6 times a week	At least once a day
Hard candies/mints.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chewy candies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cookies (store bought ready to eat).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chewing gum/bubble gum.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peanuts and nuts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boxed chocolates.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chocolate bars/candy bars.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Granola bars.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy/power bars.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potato chips.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn & tortilla chips.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Popcorn.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pretzels.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice cream & ice treat products.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crackers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rice cakes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other snack foods.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of these.....	<input type="checkbox"/>				

460-01
(461-01)
(461-02)

► Did you personally eat any of the following types of breakfast products in the PAST MONTH and how often did you eat them?

How often eaten in PAST MONTH

Check off all the food products that you personally ate in the past month	<i>How often eaten in PAST MONTH</i>				
	Once a month	2-3 times a month	Once a week	2-6 times a week	At least once a day
Cold cereal (any).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot cereals (any).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast bars.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pancakes from mix.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen waffles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of these.....	<input type="checkbox"/>				

460-02
(461-03)
(461-04)

CANDIES, SNACKS, AND BREAKFAST FOODS

► Which one brand of chewing gum do you chew MOST OFTEN? (Check ONE box only)

5	<input type="checkbox"/>	Freedent	<input type="checkbox"/>
Big Red	<input type="checkbox"/>	Freedent Total.....	<input type="checkbox"/>
Chiclets	<input type="checkbox"/>	Juicy Fruit	<input type="checkbox"/>
Clorets	<input type="checkbox"/>	Trident White	<input type="checkbox"/>
Dentyne Frost Bites	<input type="checkbox"/>	Trident Splash.....	<input type="checkbox"/>
Dentyne Ice/Fire/Tango/Blast	<input type="checkbox"/>	Other Trident (excl. White and Splash)...	<input type="checkbox"/>
Doublemint	<input type="checkbox"/>	Wrigley's Spearmint.....	<input type="checkbox"/>
Excel	<input type="checkbox"/>	Other brand	<input type="checkbox"/>
Extra	<input type="checkbox"/>		
Do not chew gum on a regular basis			<input type="checkbox"/>

P16
(460-03)

► Which hard candy and/or mints brand(s) have you used in the PAST MONTH? (Check ALL that apply)

Mentos	<input type="checkbox"/>	Ice Breakers	<input type="checkbox"/>
Listerine	<input type="checkbox"/>	LifeSavers.....	<input type="checkbox"/>
Tic Tac	<input type="checkbox"/>	Campino	<input type="checkbox"/>
Certs	<input type="checkbox"/>	Werthers	<input type="checkbox"/>
Excel	<input type="checkbox"/>	Dare	<input type="checkbox"/>
Dentyne	<input type="checkbox"/>	Kerrs	<input type="checkbox"/>
Frisk	<input type="checkbox"/>	Jolly Rancher.....	<input type="checkbox"/>
Clorets	<input type="checkbox"/>	Wonka	<input type="checkbox"/>
Breathsavers	<input type="checkbox"/>	Store Brands (e.g. no name, Our Compliments, Safeway, etc.)	<input type="checkbox"/>
Altoids	<input type="checkbox"/>	Other hard candies/mints brands	<input type="checkbox"/>
None, have not used hard candy and/or mints in the past month.....			<input type="checkbox"/>

P17
(460-04)

► Which chewy candy brand(s) have you used in the PAST MONTH? (Check ALL that apply)

Dare	<input type="checkbox"/>	Skittles	<input type="checkbox"/>
Twizzlers (Nibs, Pul-n-Peels).....	<input type="checkbox"/>	Jolly Rancher (Gummies, Fruit Chews)...	<input type="checkbox"/>
Goodies	<input type="checkbox"/>	Starburst	<input type="checkbox"/>
Maynards Fuzzy Peach	<input type="checkbox"/>	McCormick.....	<input type="checkbox"/>
Maynards Cherry Blasters	<input type="checkbox"/>	Tootsie	<input type="checkbox"/>
Maynards Original Gummies	<input type="checkbox"/>	Wonka	<input type="checkbox"/>
Maynards Sour Patch Kids	<input type="checkbox"/>	Werthers	<input type="checkbox"/>
Maynards Swedish Berries.....	<input type="checkbox"/>	Ganong	<input type="checkbox"/>
Maynards Wine Gums	<input type="checkbox"/>	Store Brands (ie. No Name, Our Compliments, Safeway, etc.)	<input type="checkbox"/>
Maynards Juicy Squirts	<input type="checkbox"/>	Other chewy candy brands	<input type="checkbox"/>
LifeSavers Gummies	<input type="checkbox"/>		
None, have not used chewy candy in the past month.....			<input type="checkbox"/>

P18
(460-05)

AUTOMOTIVE

► About how many kilometres (miles) do you personally drive in a YEAR?

Kilometres		Miles
None.....	<input type="checkbox"/>	None
1 to 9,999.....	<input type="checkbox"/>	1 to 5,999
10,000 to 19,999.....	<input type="checkbox"/>	6,000 to 11,999
20,000 to 29,999.....	<input type="checkbox"/>	12,000 to 17,999
30,000 or more.....	<input type="checkbox"/>	18,000 or more

470-01

If you do not drive please go to the travel section AT Q 490-01

AUTOMOTIVE

► **What make of vehicle do you drive most often?** (Check ONE box only)

Domestic:

- Buick.....
- Cadillac.....
- Chevrolet.....
- Chrysler.....
- Dodge.....
- Ford.....
- GMC.....

- Jeep/Eagle.....
- Lincoln.....
- Mercury.....
- Oldsmobile.....
- Plymouth.....
- Pontiac.....
- Saturn.....
- Other Domestic.....

Foreign:

- Acura.....
- Audi.....
- BMW.....
- Honda.....
- Hyundai.....
- Infiniti.....
- Kia.....
- Lexus.....
- Mazda.....

- Mercedes-Benz.....
- Mitsubishi.....
- Nissan.....
- Saab.....
- Subaru.....
- Suzuki.....
- Toyota.....
- Volkswagen.....
- Volvo.....
- Other Foreign.....

470-02

► **What type of vehicle do you drive most often?**

- Sedan.....
- Coupe/hatchback.....
- Sport coupe/sport sedan.....
- Minivan.....
- Sport utility vehicle.....

- Station wagon.....
- Pickup truck.....
- Full-sized van.....
- Crossover utility vehicle (e.g. Chrysler Pacifica).....
- Other.....

470-03

► **Thinking only about the vehicle you drive most often, what model year is it?**

- 2008.....
- 2007.....
- 2006.....
- 2005.....
- 2004.....
- 2003.....
- 2002.....

- 2001.....
- 2000.....
- 1999.....
- 1998.....
- 1997 or older.....
- Don't know/not sure.....

470-04

► **The vehicle you drive most often was...**

- Bought new.....
- Bought used.....
- Leased new.....

- Leased used.....
- Don't know/not sure.....

470-05
(470-06)

► **Did you alone or with someone else make the decision to purchase/lease the vehicle you drive most often?**

- I was not involved in the decision.....
- I made the decision alone.....
- I participated in the decision with someone else.....

470-06
(470-05)

AUTOMOTIVE

► How many vehicles does your household own or lease?

None	<input type="checkbox"/>	Three	<input type="checkbox"/>
One	<input type="checkbox"/>	More than three	<input type="checkbox"/>
Two	<input type="checkbox"/>		

470-07

► Have you personally purchased or leased a vehicle in the PAST 2 YEARS?

No, not in the past 2 years.....	<input type="checkbox"/>
Yes, purchased new	<input type="checkbox"/>
Yes, purchased used	<input type="checkbox"/>
Yes, leased new.....	<input type="checkbox"/>
Yes, leased used	<input type="checkbox"/>

470-08

► If you have personally purchased or leased a vehicle in the past 2 years, what is the value of that vehicle?

Less than \$10,000	<input type="checkbox"/>	\$25,000 - \$29,999	<input type="checkbox"/>
\$10,000 - \$14,999	<input type="checkbox"/>	\$30,000 - \$39,999	<input type="checkbox"/>
\$15,000 - \$19,999	<input type="checkbox"/>	\$40,000 or more	<input type="checkbox"/>
\$20,000 - \$24,999	<input type="checkbox"/>		

471-04

► If you are currently leasing a vehicle, which one of the following actions do you plan to take at the end of the lease period?

Purchase the vehicle	<input type="checkbox"/>
Return the vehicle to the lessor	<input type="checkbox"/>

470-09

► How likely are you to PERSONALLY purchase or lease a vehicle in the NEXT 12 MONTHS? (If you are not likely to purchase/lease, please skip to Q471-03)

Definitely will purchase or lease	<input type="checkbox"/>	Likely will not purchase or lease	<input type="checkbox"/>
Likely will purchase or lease	<input type="checkbox"/>	Definitely will not purchase or lease.....	<input type="checkbox"/>

470-10

► If you are likely to purchase or lease, how much do you plan to spend (or value of vehicle if leasing)?

Less than \$10,000	<input type="checkbox"/>	\$25,000 - \$29,999	<input type="checkbox"/>
\$10,000 - \$14,999	<input type="checkbox"/>	\$30,000 - \$39,999	<input type="checkbox"/>
\$15,000 - \$19,999	<input type="checkbox"/>	\$40,000 or more	<input type="checkbox"/>
\$20,000 - \$24,999	<input type="checkbox"/>		

470-12

► If you are likely to purchase or lease, what type of vehicle do you plan to purchase or lease?

Sedan	<input type="checkbox"/>	Station wagon.....	<input type="checkbox"/>
Coupe/hatchback.....	<input type="checkbox"/>	Pickup truck	<input type="checkbox"/>
Sport coupe/sport sedan	<input type="checkbox"/>	Full-sized van	<input type="checkbox"/>
Minivan	<input type="checkbox"/>	Crossover utility vehicle (e.g. Chrysler Pacifica).....	<input type="checkbox"/>
Sport utility vehicle.....	<input type="checkbox"/>	Other	<input type="checkbox"/>

470-12a
(471-01)

► If you are likely to purchase or lease, how likely are you to consider a hybrid (gas/electric) vehicle (e.g. Toyota Prius)?

Definitely will consider a hybrid vehicle	<input type="checkbox"/>	Likely will not consider hybrid vehicle	<input type="checkbox"/>
Likely will consider a hybrid vehicle	<input type="checkbox"/>	Definitely will not consider a hybrid vehicle....	<input type="checkbox"/>

470-12b
(471-02)

► Do you subscribe to a satellite radio service in your vehicle?

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>

471-03

AUTOMOTIVE

► Which, if any, of the following automotive assistance services do you have on the vehicle you drive MOST OFTEN? (Check ALL that apply)

- Auto club (e.g. CAA, TD Auto Club).....
- Manufacturer's roadside assistance program.....
- On Star or other direct communication service
- None of these, do not have any automotive assistance program

470-13

AUTOMOTIVE AFTERMARKET

► Thinking about the most recent maintenance tasks done on the vehicle you drive most often, for each of the following where was the maintenance last done...

	Never done	Gas station/Service centre	Car dealer	Specialty shop	Yourself	Family or friend	Don't know/Not sure
Collision repair/body work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil change/lube.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paint job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repair transmission.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repair brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replace windshield.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replace tires.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replace muffler/shocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rust protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tune up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other major repair job (over \$200) ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

480-01

► Which, if any, of the following did you PERSONALLY use for auto parts or service in the PAST YEAR? (Check ALL that apply)

- | | | | |
|---|--------------------------|--|--------------------------|
| AAMCO | <input type="checkbox"/> | Mr. Lube | <input type="checkbox"/> |
| Apple Auto Glass..... | <input type="checkbox"/> | NAPA Auto Parts..... | <input type="checkbox"/> |
| Bridgestone/Firestone | <input type="checkbox"/> | PartSource..... | <input type="checkbox"/> |
| Canadian Tire/Pit Stop..... | <input type="checkbox"/> | Sears Auto | <input type="checkbox"/> |
| Costco/Price Club..... | <input type="checkbox"/> | Speedy Auto Glass | <input type="checkbox"/> |
| GM Goodwrench | <input type="checkbox"/> | Speedy Auto Service | <input type="checkbox"/> |
| Goodyear Select (Certified Auto Centre) .. | <input type="checkbox"/> | Standard Auto Glass..... | <input type="checkbox"/> |
| Maaco | <input type="checkbox"/> | Wal-Mart | <input type="checkbox"/> |
| Midas Auto Service Experts..... | <input type="checkbox"/> | Ziebart | <input type="checkbox"/> |
| Minit-Tune..... | <input type="checkbox"/> | Car dealership (excluding GM Goodwrench) | <input type="checkbox"/> |
| Mister Transmission..... | <input type="checkbox"/> | Other parts/service shops..... | <input type="checkbox"/> |
| Did not go to any of these in the past year | <input type="checkbox"/> | | |

480-02

AUTOMOTIVE AFTERMARKET

► Did you **PERSONALLY** visit any of the following gas stations for gasoline in **PAST MONTH** and how often did you visit...

	Check off all gas stations visited in the past month	<i>How often in PAST MONTH</i>				
		Once a month	2-3 times a month	Once a week	2-6 times a week	At least once a day
Canadian Tire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chevron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Esso	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petro Canada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunoco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other gas stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

480-03
(482-01)
(482-02)

None of these in the past month

► Please check off any places you **PERSONALLY** rented a car, truck or van either for business or pleasure in the **PAST 12 MONTHS**, the purpose of the rental and how many times you have rented...

	Rented from in past 12 months	<i>Purpose of Rental</i>			<i>Number of times rented in PAST 12 MONTHS</i>	
		Personal	Business	Both	1-3	4 or more
Avis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enterprise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hertz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Car Rental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thrifty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U-Haul	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other car/truck/van rentals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

480-04
480-05
480-06

None of these, did not rent a car, truck or van in the past 12 months

TRAVEL

► Please check off each of the following areas where you had a vacation in the PAST 3 YEARS. (Check ALL that apply)

- | | | | |
|--|--------------------------|--|--------------------------|
| Vancouver..... | <input type="checkbox"/> | New York | <input type="checkbox"/> |
| Victoria..... | <input type="checkbox"/> | Other Northeast U.S..... | <input type="checkbox"/> |
| Whistler..... | <input type="checkbox"/> | San Francisco..... | <input type="checkbox"/> |
| Other British Columbia | <input type="checkbox"/> | Las Vegas..... | <input type="checkbox"/> |
| | | Los Angeles | <input type="checkbox"/> |
| Banff | <input type="checkbox"/> | Other Western U.S..... | <input type="checkbox"/> |
| Calgary | <input type="checkbox"/> | Orlando..... | <input type="checkbox"/> |
| Jasper..... | <input type="checkbox"/> | Other Southern U.S..... | <input type="checkbox"/> |
| Other Alberta | <input type="checkbox"/> | Midwest U.S. | <input type="checkbox"/> |
| | | | |
| Niagara Falls | <input type="checkbox"/> | United Kingdom (UK)/Republic of Ireland..... | <input type="checkbox"/> |
| Ottawa | <input type="checkbox"/> | France | <input type="checkbox"/> |
| Toronto..... | <input type="checkbox"/> | Italy | <input type="checkbox"/> |
| Cottage country (any) (e.g. Muskoka) | <input type="checkbox"/> | Other Europe (Incl. Turkey, Greece)..... | <input type="checkbox"/> |
| Other Ontario..... | <input type="checkbox"/> | | |
| | | Middle East..... | <input type="checkbox"/> |
| Montreal..... | <input type="checkbox"/> | Africa (Incl. Egypt) | <input type="checkbox"/> |
| Quebec City..... | <input type="checkbox"/> | | |
| Other Quebec | <input type="checkbox"/> | Hong Kong..... | <input type="checkbox"/> |
| | | Other Asia..... | <input type="checkbox"/> |
| Cape Breton Island..... | <input type="checkbox"/> | | |
| Other Nova Scotia | <input type="checkbox"/> | Australia/New Zealand | <input type="checkbox"/> |
| | | | |
| Manitoba..... | <input type="checkbox"/> | Cuba | <input type="checkbox"/> |
| New Brunswick..... | <input type="checkbox"/> | Jamaica | <input type="checkbox"/> |
| Newfoundland/Labrador | <input type="checkbox"/> | Other Caribbean | <input type="checkbox"/> |
| Prince Edward Island..... | <input type="checkbox"/> | | |
| Saskatchewan | <input type="checkbox"/> | Mexico | <input type="checkbox"/> |
| N.W.T./Nunavut/Yukon..... | <input type="checkbox"/> | Central/South America..... | <input type="checkbox"/> |
| | | | |
| Alaska..... | <input type="checkbox"/> | Other Countries | <input type="checkbox"/> |
| Hawaii..... | <input type="checkbox"/> | | |

None of these, did not vacation away from home in the past 3 years.....

► Which, if any, of the following types of accommodations have you used in the PAST 3 YEARS while on vacation? (Check ALL that apply)

- | | | | |
|-----------------------------|--------------------------|---|--------------------------|
| All-inclusive resort | <input type="checkbox"/> | Cruise ship..... | <input type="checkbox"/> |
| Spa resort..... | <input type="checkbox"/> | Friends/relatives | <input type="checkbox"/> |
| Bed and breakfast | <input type="checkbox"/> | Hotel | <input type="checkbox"/> |
| Boat | <input type="checkbox"/> | Motel | <input type="checkbox"/> |
| Camping | <input type="checkbox"/> | Package tours (e.g. adventure, golf, etc.)..... | <input type="checkbox"/> |
| Condominium/apartment | <input type="checkbox"/> | RV/camper..... | <input type="checkbox"/> |
| Cottage | <input type="checkbox"/> | | |

None of these, did not use any of these in the past 3 years

► What was your approximate TOTAL PERSONAL SPENDING on your LAST vacation? (Check ONE box only)

- | | | | |
|-------------------------|--------------------------|-------------------------|--------------------------|
| Under \$500..... | <input type="checkbox"/> | \$2,000 - \$2,999 | <input type="checkbox"/> |
| \$500 - \$999 | <input type="checkbox"/> | \$3,000 - \$3,999 | <input type="checkbox"/> |
| \$1,000 - \$1,999 | <input type="checkbox"/> | \$4,000 or more | <input type="checkbox"/> |

490-01
(491-01)

490-05

490-06

TRAVEL

► When was the last time you PERSONALLY used each of the following services when planning your vacations?

	Never	In past year	1-3 years ago	More than 3 years ago
Book through an airline directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Book through a hotel directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Book through a full service travel agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Book through a discount/last minute agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Book a package tour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Book through an on-line travel agency (e.g. Travelocity.com/Expedia.ca)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Book through airline/hotel website (e.g. aircanada.ca)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

490-07

► Which online travel services have you PERSONALLY visited or booked with in the past year? (Check ALL that apply)

	Visited	Booked with
Expedia.com/Expedia.ca	<input type="checkbox"/>	<input type="checkbox"/>
itravel2000.com	<input type="checkbox"/>	<input type="checkbox"/>
Travelocity.com/Travelocity.ca	<input type="checkbox"/>	<input type="checkbox"/>
Discount travel sites (e.g. selloffvacations.com)	<input type="checkbox"/>	<input type="checkbox"/>
Airline websites (e.g. aircanada.com)	<input type="checkbox"/>	<input type="checkbox"/>
Other online travel sites	<input type="checkbox"/>	<input type="checkbox"/>

491-02

491-03

None, did not visit or book with any online travel services in the past year

► In the PAST YEAR which airline(s) have you flown with, and what were the reason(s) for the flight(s)? (Check ALL that apply)

	Flown in past year	Reason(s) for Flight(s)	
		Business	Pleasure / Personal
Air Canada (any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air France	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Transat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Airlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
British Airways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delta Airlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Northwest Airways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United Airlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Jet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZOOM Airlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian airlines (e.g. Korean Air)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other charter airlines (e.g. Sunwing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Canadian airlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other American airlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other European airlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other airlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

490-08

(492-08)

(492-09)

(492-10)

None of these, did not use any airline(s) in the past year

LOCAL TRAVEL

► About how many kilometres (miles) did you travel in your town, city or suburb as a driver or passenger in a car / truck / van in the PAST 4 WEEKS and PAST 7 DAYS?

495-01
(496-01)
(496-02)

Distance travelled	PAST 4 WEEKS	PAST 7 DAYS
Zero	<input type="checkbox"/>	<input type="checkbox"/>
Less than 15 km (9 mi)	<input type="checkbox"/>	<input type="checkbox"/>
15 to 24 km (9 to 15 mi)	<input type="checkbox"/>	<input type="checkbox"/>
25 to 49 km (16 to 30 mi)	<input type="checkbox"/>	<input type="checkbox"/>
50 to 74 km (31 to 46 mi)	<input type="checkbox"/>	<input type="checkbox"/>
75 to 149 km (47 to 92 mi)	<input type="checkbox"/>	<input type="checkbox"/>
150 to 249 km (93 to 155 mi)	<input type="checkbox"/>	<input type="checkbox"/>
250 to 500 km (156 to 311 mi)	<input type="checkbox"/>	<input type="checkbox"/>
More than 500 km (311 mi)	<input type="checkbox"/>	<input type="checkbox"/>

► How many single trips (going and returning = 2 trips) in total do you take by local bus/streetcar in an AVERAGE WEEK?

None	<input type="checkbox"/>	6-9	<input type="checkbox"/>
1-2	<input type="checkbox"/>	10	<input type="checkbox"/>
3-4	<input type="checkbox"/>	11-15	<input type="checkbox"/>
5	<input type="checkbox"/>	16 or more	<input type="checkbox"/>

495-02

ABOUT YOUR HOME

► In what type of home do you live? (Check ONE box only)

Apartment building/high rise	<input type="checkbox"/>	Semi-detached	<input type="checkbox"/>
Duplex/Triplex/Fourplex	<input type="checkbox"/>	Single-detached	<input type="checkbox"/>
Townhouse/rowhouse	<input type="checkbox"/>	Other	<input type="checkbox"/>

500-01

► Do you personally own (includes sole and/or joint ownership) or rent this home?

Own this home	<input type="checkbox"/>	Neither own nor rent	<input type="checkbox"/>
Rent this home	<input type="checkbox"/>		

500-02

► Is this home part of a condominium?

Yes	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
No	<input type="checkbox"/>		

500-02a
(501-01)

► If you own this home, was it purchased...?

New	<input type="checkbox"/>	From a previous owner	<input type="checkbox"/>
-----------	--------------------------	-----------------------------	--------------------------

500-03

► If you own this home, is this the first home you've ever owned?

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>

500-04

► If you own this home, what would be the home's value if it were sold today?

\$100,000 or less	<input type="checkbox"/>	\$300,001 - \$400,000	<input type="checkbox"/>
\$100,001 - \$150,000	<input type="checkbox"/>	\$400,001 - \$500,000	<input type="checkbox"/>
\$150,001 - \$200,000	<input type="checkbox"/>	\$500,001 - \$1,000,000	<input type="checkbox"/>
\$200,001 - \$300,000	<input type="checkbox"/>	Over \$1,000,000	<input type="checkbox"/>

500-05

ABOUT YOUR HOME

► How long have you lived in your present home?

Less than 1 year 4 - 10 years.....
 1 - 3 years..... 11 years or more.....

500-06

► Do you plan to move from your current home in the NEXT 2 YEARS? (If no, please skip to question 500-09)

No Yes

500-07

► If you plan to move in the NEXT 2 YEARS, to which one of the following areas are you MOST likely to move? (Check ONE box only)

To another location within city..... To the U.S.A.
 To another city/town/area in same province ... To another country.....
 To another province..... Don't know/haven't decided.....

500-08

► If you plan to move in the NEXT 2 YEARS, are you most likely to...?

Buy a new home..... Rent
 Buy a resale home..... Not sure/don't know.....

500-08a
(501-02)

► If you plan to move in the NEXT 2 YEARS, to what type of home are you MOST likely to move?

Apartment building/high rise Semi-detached
 Duplex/Triplex/Fourplex..... Single-detached.....
 Condominium Other
 Townhouse/rowhouse..... Not sure/don't know.....

500-08b
(501-03)

► If you plan to move in the NEXT 2 YEARS, are you likely to move to...? (Check ONE box only)

A retirement village/community.....
 A retirement care home
 Other retirement housing.....
 Not sure/don't know.....
None of these, not planning to move to any type of retirement housing.....

500-08c
(501-04)

► What is the main source of home heating and water heating in your primary home?

Oil Gas Electricity Other
 Home heating
 Water heating

500-09

► Does your household own a vacation home (cabin, cottage, chalet, etc.)?

No Yes

500-10

HOME IMPROVEMENT/MAINTENANCE

► Please indicate any of the following improvements started or completed on your home/vacation home in the PAST 2 YEARS and who did most of the work.

	Started/done in past 2 years	Who did most of the work	
		Myself, family or friend	Contractor/tradesperson
Added living space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Custom draperies/curtains.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deck/fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy conservation projects (any) (e.g. upgrade windows, insulation, furnace etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior painting/staining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor tiles or vinyl flooring.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage door opener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardwood/Laminate Flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating, ventilation, or air conditioning (HVAC).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installed home security system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installed windows or doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior painting/wallpaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping or yard improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing (any jobs).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remodelled bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remodelled kitchen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remodelled other room(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming pools/spas.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall-to-wall carpet or rugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other home project(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of these, did not start or complete any home improvements in the past 2 years			

510-01
510-02

► About how much has your HOUSEHOLD spent on home improvements in the PAST 2 YEARS?

Nothing	<input type="checkbox"/>	\$2,500 - \$4,999	<input type="checkbox"/>
\$1 - \$499	<input type="checkbox"/>	\$5,000 - \$9,999	<input type="checkbox"/>
\$500 - \$999	<input type="checkbox"/>	\$10,000 or more	<input type="checkbox"/>
\$1,000 - \$2,499	<input type="checkbox"/>		

510-03

► Which of the following services do you use for your home? (Check ALL that apply)

Alarm system - not monitored.....	<input type="checkbox"/>
Monitored home alarm service	<input type="checkbox"/>
Gardening/landscaping/lawn service.....	<input type="checkbox"/>
Maid services.....	<input type="checkbox"/>
Pest control service	<input type="checkbox"/>

510-04

THE ENVIRONMENT

► Do you own any of the following energy conserving items?

	No	Yes
Energy efficient furnace / air-conditioning	<input type="checkbox"/>	<input type="checkbox"/>
Energy efficient major appliance (e.g. refrigerator / dishwasher)	<input type="checkbox"/>	<input type="checkbox"/>
Low water showerhead / toilet.....	<input type="checkbox"/>	<input type="checkbox"/>
Compact florescent bulbs/energy saving bulbs	<input type="checkbox"/>	<input type="checkbox"/>

515-01

THE ENVIRONMENT

► How often do you do any of the following?

	Never	Seldom	Occasionally	Frequently
Use environmentally-friendly cleaning products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce heating / AC for energy conservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of programmable thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turn off unnecessary lights.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use appliances in off-peak electricity times.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take public transit instead of driving.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce carbon emissions by driving less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product purchasing decisions based on product packaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

515-02

FINANCIAL SERVICES

► In the first column, which ONE of the following is your PRINCIPAL financial institution and in the second column, which of the following institutions have you used for any services (e.g. accounts, loans, safe deposit box etc.) in the PAST 12 MONTHS..

	PRINCIPAL Institution Used (Check ONE box only)	Used in Past 12 Months (Check ALL that apply)
BMO Bank of Montreal	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Imperial Bank of Commerce (CIBC).....	<input type="checkbox"/>	<input type="checkbox"/>
Citizen's Bank.....	<input type="checkbox"/>	<input type="checkbox"/>
Caisse Populaire Desjardins	<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"/>
National Trust	<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"/>
The Hong Kong Bank of Canada/HSBC.....	<input type="checkbox"/>	<input type="checkbox"/>
TD Canada Trust	<input type="checkbox"/>	<input type="checkbox"/>
Instant cheque cashing service (e.g. Money Mart)....	<input type="checkbox"/>	<input type="checkbox"/>
Online/Internet Bank.....	<input type="checkbox"/>	<input type="checkbox"/>
Other - Banks	<input type="checkbox"/>	<input type="checkbox"/>
Other - Credit unions/caisses populaires/d'économie	<input type="checkbox"/>	<input type="checkbox"/>
Other - Trust companies	<input type="checkbox"/>	<input type="checkbox"/>

520-01
520-02

None, did not use any financial institutions in the past 12 months.....

► Which of the following types of institutions do you personally use for investment purposes?
(Check ALL that apply)

Bank	<input type="checkbox"/>
Trust company	<input type="checkbox"/>
Mutual fund company	<input type="checkbox"/>
Credit union/caisses populaires/d'économie	<input type="checkbox"/>
Full service investment broker.....	<input type="checkbox"/>
Financial planner	<input type="checkbox"/>
Insurance company	<input type="checkbox"/>
Discount broker	<input type="checkbox"/>

520-03

FINANCIAL SERVICES

► Within the PAST 2 YEARS, have you changed the institution you use most often for investment purposes?

No Yes

520-04

► Which of the following financial services/investments do you have either in your own name or jointly with someone else? (Check ALL that apply)

Personal overdraft protection	<input type="checkbox"/>	Registered Education Savings Plan (RESP) ..	<input type="checkbox"/>
Senior services bank plan	<input type="checkbox"/>	Registered Retirement Income Fund (RRIF) ..	<input type="checkbox"/>
Banking services package	<input type="checkbox"/>	Registered Retirement Savings Plan (RRSP)	<input type="checkbox"/>
A mortgage	<input type="checkbox"/>	Will/Estate planning	<input type="checkbox"/>
Reverse mortgage	<input type="checkbox"/>	Canada Savings Bonds	<input type="checkbox"/>
An automobile loan	<input type="checkbox"/>	Other bonds	<input type="checkbox"/>
Small business loan	<input type="checkbox"/>	Stocks	<input type="checkbox"/>
Personal line of credit	<input type="checkbox"/>	Mutual funds	<input type="checkbox"/>
RSP loan	<input type="checkbox"/>	Term deposits	<input type="checkbox"/>
Other personal loan	<input type="checkbox"/>	Guaranteed Investment Certificates	<input type="checkbox"/>
Debt consolidation	<input type="checkbox"/>	Investment real estate	<input type="checkbox"/>
Bankruptcy service	<input type="checkbox"/>		

520-05

None of these, do not have any financial services or investments in own name or jointly with someone else

► What is the approximate value of all your PERSONAL savings and investments combined?

Nothing	<input type="checkbox"/>	\$50,001 to \$100,000	<input type="checkbox"/>
\$1 to \$5,000	<input type="checkbox"/>	\$100,001 to \$250,000	<input type="checkbox"/>
\$5,001 to \$10,000	<input type="checkbox"/>	\$250,001 to \$500,000	<input type="checkbox"/>
\$10,001 to \$20,000	<input type="checkbox"/>	Over \$500,000	<input type="checkbox"/>
\$20,001 to \$50,000	<input type="checkbox"/>		

520-06a
(521-10)

► What is the approximate value of all your PERSONAL debts or liabilities combined (including your share of any loans, credit card balances, lines of credit or mortgages held)?

None / no debts or liabilities ..	<input type="checkbox"/>	\$100,001 to \$200,000	<input type="checkbox"/>
\$1 to \$15,000	<input type="checkbox"/>	\$200,001 to \$300,000	<input type="checkbox"/>
\$15,001 to \$25,000	<input type="checkbox"/>	\$300,001 to \$500,000	<input type="checkbox"/>
\$25,001 to \$50,000	<input type="checkbox"/>	\$500,001 or more	<input type="checkbox"/>
\$50,001 to \$100,000	<input type="checkbox"/>		

521-11

► Which one of the following prepared your most recent Canadian personal income tax return?

Self/friend/relative	<input type="checkbox"/>
Accountant	<input type="checkbox"/>
Professional financial advisor	<input type="checkbox"/>
Tax preparation service	<input type="checkbox"/>
Other type of service(s)	<input type="checkbox"/>
Have never filed a Canadian income tax return	<input type="checkbox"/>

520-07

► Was your most recent Canadian personal income tax return filed online (regardless of who prepared it)?

No Yes

521-06

► In an average year, about how much do you, personally, contribute to all your RRSPs combined? (Check ONE box only)

Don't have RRSP	<input type="checkbox"/>	\$5,001 - \$10,000	<input type="checkbox"/>
Under \$2,500	<input type="checkbox"/>	Over \$10,000	<input type="checkbox"/>
\$2,501 - \$5,000	<input type="checkbox"/>		

520-07a
(521-07)

FINANCIAL SERVICES

► In your most recent personal income tax return, did you contribute the maximum amount allowable to your RRSP (Registered Retirement Savings Plan)?

No Yes Don't have RRSP

520-08

► Which of the following insurance services do you carry either in your own name or jointly with someone else?

	Have insurance	When insurance was <i>FIRST</i> acquired	
		Acquired within the past 2 years	Acquired more than 2 years ago
Private life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private disability/health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group health/disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel insurance (any - purchased in past 2 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage insurance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet insurance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

520-09
520-10

If you do not carry any insurance, either in your own name or jointly with someone else, check here and go to question 520-11

► For each of the following financial services, please check off all those you have PERSONALLY used in the PAST MONTH and about how often you used them..

	Check off all services used in past month	How often used in PAST MONTH				
		Once a month	2-3 times a month	Once a week	2-6 times a week	At least once a day
Automated bank teller machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debit card for purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debit quick pay card (e.g. Dexit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas station quick pay card (e.g. Esso Speedpass).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone banking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online/Internet banking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online/Internet stock trading.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

520-11
520-12

None of these, did not use any of these financial services in the past month.....

► Do you personally have any of the following credit cards? (Check ALL that apply)

	Standard	Gold/Platinum etc.
American Express.....	<input type="checkbox"/>	<input type="checkbox"/>
Mastercard.....	<input type="checkbox"/>	<input type="checkbox"/>
Visa.....	<input type="checkbox"/>	<input type="checkbox"/>
The Bay.....	<input type="checkbox"/>	
Sears.....	<input type="checkbox"/>	
Other department store card(s).....	<input type="checkbox"/>	
Gas service station card(s)	<input type="checkbox"/>	
Travel & entertainment card(s)	<input type="checkbox"/>	

520-14

None of these, do not have any credit cards.....

FINANCIAL SERVICES

► About how much have you personally donated to all charities combined in the PAST 12 MONTHS? (e.g. United Way, Big Brothers/Sisters, Canadian Cancer Society, etc.)

Nothing	<input type="checkbox"/>	\$51 - \$100	<input type="checkbox"/>
\$1 - \$20	<input type="checkbox"/>	\$101 - \$500	<input type="checkbox"/>
\$21 - \$50	<input type="checkbox"/>	More than \$500	<input type="checkbox"/>

520-15

YOUR WORK

Not applicable/not employed

530-00

If you are not employed for pay, check Not Applicable and proceed to the Preferences section at Q 540-01

► On average, how much time do you spend each day driving from home to work, one-way, by automobile?

Don't commute by automobile	<input type="checkbox"/>	31-45 minutes one way	<input type="checkbox"/>
1-15 minutes one way	<input type="checkbox"/>	46-60 minutes one way	<input type="checkbox"/>
16-30 minutes one way	<input type="checkbox"/>	More than 60 minutes one way	<input type="checkbox"/>

530-02

► When you drive to work, on average, how many people are in the car? (Check ONE only)

1 (myself alone)	<input type="checkbox"/>	3 people	<input type="checkbox"/>
2 people	<input type="checkbox"/>	4 or more people	<input type="checkbox"/>

530-02a
(531-02)

► On average, how much time do you spend each day commuting from home to work, one-way, by public transit?

Don't commute by public transit	<input type="checkbox"/>	31-45 minutes one way	<input type="checkbox"/>
1-15 minutes one way	<input type="checkbox"/>	46-60 minutes one way	<input type="checkbox"/>
16-30 minutes one way	<input type="checkbox"/>	More than 60 minutes one way	<input type="checkbox"/>

530-03

► What is your usual mode of transportation for travel to and from work? (Check ONE box only)

Car / truck / van as driver	<input type="checkbox"/>	Walk	<input type="checkbox"/>
Car / truck / van as passenger	<input type="checkbox"/>	Bicycle	<input type="checkbox"/>
Public transit	<input type="checkbox"/>	Other mode of transportation	<input type="checkbox"/>

530-03a
(531-03)

► As part of your job, have you been directly involved in any business purchase decisions totalling more than \$500 in the PAST 12 MONTHS? (If no, skip to Q 530-07)

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>

530-04

► In the PAST 12 MONTHS, what is the total value of business purchases that you have personally been involved in?

\$500-\$1,999	<input type="checkbox"/>	\$25,000-\$49,999	<input type="checkbox"/>
\$2,000-\$4,999	<input type="checkbox"/>	\$50,000-\$99,999	<input type="checkbox"/>
\$5,000-\$9,999	<input type="checkbox"/>	\$100,000 or more	<input type="checkbox"/>
\$10,000-\$24,999	<input type="checkbox"/>		

530-05

YOUR WORK

► For each of the following business purchase decision areas check the ONE box that best describes your own personal involvement. (Check ONE box only for each area)

	No direct involvement	I am consulted	I recommend	I authorize
Business travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer hardware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer education/training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convention arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courier services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer online/Internet services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handheld communications devices (e.g. PDA, cell phone, pager)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long distance telephone service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office equipment (e.g. photocopier, fax) ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office food catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office telephone systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Printing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

530-06

► Do you, PERSONALLY, own a home based or other type of business? (Check ONE box only)

- Home based business
- Small business with under 10 employees (not home based).....
- Business with 10 or more employees (not home based).....
- Other type of business.....
- None of these, do not personally own a business.....

530-07

► In the PAST 12 MONTHS, how many trips of more than 160 kilometres or 100 miles (one way) have you made on business, using each of the following transportation modes?

	None	1-2 trips	3-6 trips	More than 6 trips
By air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By ferry service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

530-09

► In the PAST 12 MONTHS, how many nights did you spend away from home on business? (Check ONE box only)

- None 11 to 15 nights
- 1 to 5 nights 16 to 21 nights
- 6 to 10 nights More than 21 nights.....

530-10

► How many people are employed at the location where you are employed?

- 1-4 50-99
- 5-9 100-249
- 10-24 250-499
- 25-49 500 or more

530-11

YOUR WORK

► How many people does your organization employ across Canada?

1-4	<input type="checkbox"/>	50-99	<input type="checkbox"/>
5-9	<input type="checkbox"/>	100-249	<input type="checkbox"/>
10-24	<input type="checkbox"/>	250-499	<input type="checkbox"/>
25-49	<input type="checkbox"/>	500 or more	<input type="checkbox"/>

530-12

PREFERENCES

► To what degree do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
"New and improved" on packages is just an advertising gimmick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Today there is too much effort spent on finding ways to sell things rather than actually making them better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premium priced brands are not worth the extra money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is too much sex being used to sell products today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising is an important source of information to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am very concerned about the nutritional content of food products I buy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer low-calorie or "light" foods and drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I won't try a new product until it's been proven.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most new products are worth a try	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to try new and different products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I see something interesting in a store, I will usually buy it on impulse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tend to pass up my favourite brand if something else is on sale.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If one of my usual brands is on special, I will buy extra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once I find a brand I like, I stick with it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No-name products are as good as nationally advertised brands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I am too tolerant of products and services that do not meet my expectations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I make a purchase, I often spend more than I thought I would	<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"/>
To me, shopping is a chore rather than a pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I buy products I am looking for convenience, not price.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to postpone a purchase than buy on credit....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I go out with friends a great deal of the time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to work on community projects.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I lead a fairly busy social life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do more entertaining at home now than ever before	<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 fashions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to minimize the amount of time I spend on personal grooming.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take care of money matters and bill paying in our household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important that women should have a career outside of the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women should have their own money for personal spending and savings over and above household requirements.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a woman has the same job as a man, she should receive the same pay.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

540-01

PREFERENCES

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
The man should be the head of the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working makes me feel I am in control of my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A person's career should be their first priority.....	<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"/>
I consider myself to be sophisticated.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young people are too sexually active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily persuaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing sexual matters with the opposite sex makes me feel uncomfortable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel very lonely.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to cook.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a homebody.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather spend a quiet evening at home than go out to a party.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family life and having children are most important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television is my primary source of entertainment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My home is kept very neat and clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A single person can have a satisfying, enjoyable life .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I generally achieve what I set out to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An important part of my life and activities is dressing smartly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more independent than most people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have more self-confidence than most people my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am careful of what I eat in order to keep my weight under control.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

540-01
(cont)

PERSONAL CARE, HEALTH AND BEAUTY AIDS

► Which of the following care items have you **PERSONALLY** used in the **PAST 7 DAYS?**

	Used in the past 7 days	
	No	Yes
Mouthwash/rinse	<input type="checkbox"/>	<input type="checkbox"/>
Denture cleaners	<input type="checkbox"/>	<input type="checkbox"/>
Breath fresheners	<input type="checkbox"/>	<input type="checkbox"/>
Electric toothbrush.....	<input type="checkbox"/>	<input type="checkbox"/>
Home teeth whitening products (e.g. Crest White Strips).....	<input type="checkbox"/>	<input type="checkbox"/>
Anti-aging creams.....	<input type="checkbox"/>	<input type="checkbox"/>
Hand/body lotion.....	<input type="checkbox"/>	<input type="checkbox"/>
Lip moisturizers	<input type="checkbox"/>	<input type="checkbox"/>
Facial cleansers.....	<input type="checkbox"/>	<input type="checkbox"/>
Facial moisturizers.....	<input type="checkbox"/>	<input type="checkbox"/>
Bath products	<input type="checkbox"/>	<input type="checkbox"/>
Deodorants/anti-perspirants	<input type="checkbox"/>	<input type="checkbox"/>
Acne products.....	<input type="checkbox"/>	<input type="checkbox"/>
Personal care soap.....	<input type="checkbox"/>	<input type="checkbox"/>
Shampoo	<input type="checkbox"/>	<input type="checkbox"/>
Hair conditioner	<input type="checkbox"/>	<input type="checkbox"/>
Hairstyling gel/spray	<input type="checkbox"/>	<input type="checkbox"/>
Home hair colour (e.g. Clarol, Just for Men etc.).....	<input type="checkbox"/>	<input type="checkbox"/>
Hair removal products (e.g. waxing, creams/foams)	<input type="checkbox"/>	<input type="checkbox"/>
Shaving creams/gels	<input type="checkbox"/>	<input type="checkbox"/>
Men's/Women's razor/shaver	<input type="checkbox"/>	<input type="checkbox"/>

544-01

Types Used:	Others	
	Most Often (Check ONE only)	Sometimes (Check ALL that apply)
Disposable	<input type="checkbox"/>	<input type="checkbox"/>
Non-disposable	<input type="checkbox"/>	<input type="checkbox"/>
Electric dry shaver (e.g. Braun, Panasonic)....	<input type="checkbox"/>	<input type="checkbox"/>

► Which of the following care items have you **PERSONALLY** used in the **PAST 30 DAYS?**

	Used in the past 30 days	
	No	Yes
Cough drops	<input type="checkbox"/>	<input type="checkbox"/>
Cough syrup	<input type="checkbox"/>	<input type="checkbox"/>
Medicated throat remedies	<input type="checkbox"/>	<input type="checkbox"/>
Analgesic lotions/rubs for muscle pain	<input type="checkbox"/>	<input type="checkbox"/>
First aid ointments/creams	<input type="checkbox"/>	<input type="checkbox"/>
Headache remedies/pain relievers (non-prescription).....	<input type="checkbox"/>	<input type="checkbox"/>
Cold remedies	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal usage of allergy/sinus medication	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping tablets	<input type="checkbox"/>	<input type="checkbox"/>
Antacids & stomach settling products.....	<input type="checkbox"/>	<input type="checkbox"/>
Anti-nauseant/motion sickness remedies	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea remedies	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation patches/gum.....	<input type="checkbox"/>	<input type="checkbox"/>
Adhesive bandages (e.g. Band-Aid).....	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence products	<input type="checkbox"/>	<input type="checkbox"/>
Condoms/contraceptives (non-prescription).....	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptives (prescription).....	<input type="checkbox"/>	<input type="checkbox"/>

544-04

PERSONAL CARE, HEALTH AND BEAUTY AIDS

► Which of the following health care items have you PERSONALLY used in the PAST 12 MONTHS?

	Used in the past 12 months	
	No	Yes
Self tanning creams/foams	<input type="checkbox"/>	<input type="checkbox"/>
Sunscreen (any SPF)	<input type="checkbox"/>	<input type="checkbox"/>
Insect repellent (any)	<input type="checkbox"/>	<input type="checkbox"/>

544-06

► Which of the following CHILDREN'S health care items have any children in your HOUSEHOLD used in the PAST 3 MONTHS?

	Used in the past 3 months	
	No	Yes
Pain relievers	<input type="checkbox"/>	<input type="checkbox"/>
Cough syrup	<input type="checkbox"/>	<input type="checkbox"/>
Cold tablets/liquids	<input type="checkbox"/>	<input type="checkbox"/>
Vitamins	<input type="checkbox"/>	<input type="checkbox"/>
Medicated throat lozenges	<input type="checkbox"/>	<input type="checkbox"/>
Anti-nauseant/motion sickness remedies	<input type="checkbox"/>	<input type="checkbox"/>

544-07

None, no children in household.....

Perfume and Cologne		TOTAL amount spent past 12 months				
Personally Bought in past 12 months		Nothing	Less than \$20	\$20-\$49	\$50-\$99	\$100 or more
No	Yes					
↓	↓	↓	↓	↓	↓	↓
Perfume and Cologne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		For self.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		As a gift.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

544-08
544-09

► Which of the following types of diet control treatments have you used in the PAST 12 MONTHS? (Check ALL that apply)

Diet pills	<input type="checkbox"/>	Nutritionist.....	<input type="checkbox"/>
Weight control drinks/mixes (eg Slim Fast)	<input type="checkbox"/>	Jenny Craig	<input type="checkbox"/>
Other meal replacement	<input type="checkbox"/>	Weight Watchers	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	Other weight control centre(s)	<input type="checkbox"/>
Monitor diet.....	<input type="checkbox"/>	Other	<input type="checkbox"/>

544-12

None of these, did not use a diet control treatment in the past 12 months.....

► Which of the following have you personally taken in the PAST 7 DAYS?

	Taken in the past 7 days	
	No	Yes
Vitamins (e.g. Vitamin C)	<input type="checkbox"/>	<input type="checkbox"/>
Minerals (e.g. Iron, Zinc).....	<input type="checkbox"/>	<input type="checkbox"/>
Herbal supplements (e.g. Echinacea)	<input type="checkbox"/>	<input type="checkbox"/>

544-14

None, did not take any vitamins, minerals or herbal supplements in the past 7 days.....

PERSONAL CARE, HEALTH AND BEAUTY AIDS

► Which, if any, of the following health care providers have you PERSONALLY visited in the PAST 6 MONTHS?
(Check ALL that apply)

- | | | | |
|---|--------------------------|---|--------------------------|
| Acupuncturist..... | <input type="checkbox"/> | Physiotherapist..... | <input type="checkbox"/> |
| Chiropractor..... | <input type="checkbox"/> | Private Clinic/Hospital in Canada not paid for
by the Prov. Health care..... | <input type="checkbox"/> |
| Cosmetic Surgeon..... | <input type="checkbox"/> | Private Clinic/Hospital in USA (any)..... | <input type="checkbox"/> |
| Homeopath/naturopath..... | <input type="checkbox"/> | Podiatrist/chiroprapist..... | <input type="checkbox"/> |
| Massage Therapist..... | <input type="checkbox"/> | Private Nurse (in-home care)..... | <input type="checkbox"/> |
| Osteopath..... | <input type="checkbox"/> | Optometrist/Ophthalmologist..... | <input type="checkbox"/> |
| Did not visit any of the above in the past 6 months..... <input type="checkbox"/> | | | |

544-15

► Which, if any, of the following health care items do you PERSONALLY have? (Check ALL that apply)

- | | | | |
|--|--------------------------|--------------------------------------|--------------------------|
| Hearing Aid..... | <input type="checkbox"/> | Walker..... | <input type="checkbox"/> |
| Prosthetic Device..... | <input type="checkbox"/> | Wheelchair..... | <input type="checkbox"/> |
| Orthopedic Insole..... | <input type="checkbox"/> | Other home health care products..... | <input type="checkbox"/> |
| Orthopedic Supports and/or Braces..... | <input type="checkbox"/> | | |
| Do not have any of the above..... <input type="checkbox"/> | | | |

544-16

► Which of the following dental services have you had done in the PAST YEAR? (Check ALL that apply)

- | | |
|--|--------------------------|
| Dental Procedure (any) (e.g. teeth cleaning etc.)..... | <input type="checkbox"/> |
| Braces..... | <input type="checkbox"/> |
| Teeth whitening..... | <input type="checkbox"/> |
| Other cosmetic dental service (e.g. dental bonding, dental
bridges, dental implants, etc.)..... | <input type="checkbox"/> |
| None of these in the past year..... | <input type="checkbox"/> |

544-17

► Which of the following esthetic services have you had done in the PAST YEAR? (Check ALL that apply)

- Personal treatments:**
- | | |
|--------------------|--------------------------|
| Salon Tanning..... | <input type="checkbox"/> |
| Tattooing..... | <input type="checkbox"/> |
| Piercing..... | <input type="checkbox"/> |
- Spa Treatments/Esthetics:**
- | | |
|---------------------------|--------------------------|
| Hand and Foot Care..... | <input type="checkbox"/> |
| Massage..... | <input type="checkbox"/> |
| Waxing..... | <input type="checkbox"/> |
| Facials/cosmetics..... | <input type="checkbox"/> |
| Body scrubs/wraps..... | <input type="checkbox"/> |
| Laser hair removal..... | <input type="checkbox"/> |
| Other spa treatments..... | <input type="checkbox"/> |
- None of these, did not have any of these services in the past year.....

544-18

► Check off all the cosmetic procedures you've had done in the PAST THREE YEARS... (Check ALL that apply)

- | | |
|--|--------------------------|
| Hair transplant/grafts..... | <input type="checkbox"/> |
| Botox injections..... | <input type="checkbox"/> |
| Other cosmetic procedure (e.g. Face lift, Breast implants, Liposuction)..... | <input type="checkbox"/> |
| None of these, did not have any cosmetic surgery procedure done in past three years..... | <input type="checkbox"/> |

544-20

COSMETICS, WOMEN'S PRODUCTS - WOMEN ONLY

► Which of the following cosmetic products have you PERSONALLY used in the PAST 7 DAYS?

	Used in the past 7 days		
	No	Yes	
Foundation make up	<input type="checkbox"/>	<input type="checkbox"/>	545-01
Lipstick/Lip liner/Gloss	<input type="checkbox"/>	<input type="checkbox"/>	
Eye shadow/eye liner	<input type="checkbox"/>	<input type="checkbox"/>	
Mascara	<input type="checkbox"/>	<input type="checkbox"/>	
Other cosmetics.....	<input type="checkbox"/>	<input type="checkbox"/>	
None of these, did not use cosmetics in past 7 days			<input type="checkbox"/>

► About how much have you personally spent on cosmetics in the PAST 30 DAYS?

Nothing	<input type="checkbox"/>	\$20-\$49	<input type="checkbox"/>	545-02
\$1-\$9	<input type="checkbox"/>	\$50-\$99	<input type="checkbox"/>	
\$10-\$19	<input type="checkbox"/>	\$100 or more	<input type="checkbox"/>	

► Which of the following feminine hygiene products have you used in the PAST 30 DAYS?

	Used in the past 30 days		
	No	Yes	
Tampons	<input type="checkbox"/>	<input type="checkbox"/>	545-04
Pantiliners.....	<input type="checkbox"/>	<input type="checkbox"/>	
Sanitary napkins	<input type="checkbox"/>	<input type="checkbox"/>	
Menopause remedies	<input type="checkbox"/>	<input type="checkbox"/>	
Other feminine hygiene products.....	<input type="checkbox"/>	<input type="checkbox"/>	

FOOD/BEVERAGES USED IN YOUR HOUSEHOLD - ALL RESPONDENTS

► Which of the following foods and beverages have been used in your HOUSEHOLD in the PAST 30 DAYS?

	Used in the past 30 days	
	No	Yes
Dry Goods:		
Breads (any)	<input type="checkbox"/>	<input type="checkbox"/>
Crackers	<input type="checkbox"/>	<input type="checkbox"/>
Dry soup	<input type="checkbox"/>	<input type="checkbox"/>
Condensed soup.....	<input type="checkbox"/>	<input type="checkbox"/>
Ready to serve soup.....	<input type="checkbox"/>	<input type="checkbox"/>
Instant coffee	<input type="checkbox"/>	<input type="checkbox"/>
Coffee beans (ground/unground).....	<input type="checkbox"/>	<input type="checkbox"/>
Cookies (packaged dry/ready to eat).....	<input type="checkbox"/>	<input type="checkbox"/>
Packaged dry pasta	<input type="checkbox"/>	<input type="checkbox"/>
Flavoured pasta/noodles & sauces (e.g. Lipton Sidekicks, Kraft Dinner)	<input type="checkbox"/>	<input type="checkbox"/>
Pasta sauce	<input type="checkbox"/>	<input type="checkbox"/>
Meat, Fish and Related:		
Fish and seafood	<input type="checkbox"/>	<input type="checkbox"/>
Chicken	<input type="checkbox"/>	<input type="checkbox"/>
Turkey	<input type="checkbox"/>	<input type="checkbox"/>
Beef	<input type="checkbox"/>	<input type="checkbox"/>
Ham	<input type="checkbox"/>	<input type="checkbox"/>
Lamb	<input type="checkbox"/>	<input type="checkbox"/>
Pork (excl. ham).....	<input type="checkbox"/>	<input type="checkbox"/>
Veal	<input type="checkbox"/>	<input type="checkbox"/>
Wieners	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast sausages	<input type="checkbox"/>	<input type="checkbox"/>
Cold cuts.....	<input type="checkbox"/>	<input type="checkbox"/>
Organic meat (any).....	<input type="checkbox"/>	<input type="checkbox"/>
Meat alternatives (e.g. Soy, Tofu, Tempeh, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>
Butter	<input type="checkbox"/>	<input type="checkbox"/>
Margarine.....	<input type="checkbox"/>	<input type="checkbox"/>
Yogourt	<input type="checkbox"/>	<input type="checkbox"/>
Hard cheese (e.g. Cheddar, Brick, Mozzarella)	<input type="checkbox"/>	<input type="checkbox"/>
Soft cheese (e.g. Brie, Camembert)	<input type="checkbox"/>	<input type="checkbox"/>
Cream cheese	<input type="checkbox"/>	<input type="checkbox"/>
Processed cheese	<input type="checkbox"/>	<input type="checkbox"/>
Frozen Foods:		
Premium ice cream (e.g. Haagen Dazs).....	<input type="checkbox"/>	<input type="checkbox"/>
Other ice cream	<input type="checkbox"/>	<input type="checkbox"/>
Sherbet/Frozen yogourt.....	<input type="checkbox"/>	<input type="checkbox"/>
Ice Cream Treat/Dessert (e.g. Eskimo Pie)	<input type="checkbox"/>	<input type="checkbox"/>
Frozen potato products.....	<input type="checkbox"/>	<input type="checkbox"/>
Frozen fruits.....	<input type="checkbox"/>	<input type="checkbox"/>
Frozen vegetables (e.g. peas, corn, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Frozen breads - ready to bake.....	<input type="checkbox"/>	<input type="checkbox"/>
Frozen pizza	<input type="checkbox"/>	<input type="checkbox"/>
Frozen main courses/entrees	<input type="checkbox"/>	<input type="checkbox"/>
Frozen hot snacks (e.g. Burritos, Pizza Pops etc.).....	<input type="checkbox"/>	<input type="checkbox"/>
Fish and seafood - frozen	<input type="checkbox"/>	<input type="checkbox"/>
Other:		
Refrigerated dips	<input type="checkbox"/>	<input type="checkbox"/>
Ready to bake refrigerated cookie dough/rolls etc.	<input type="checkbox"/>	<input type="checkbox"/>
Spreads (e.g. Cheez Whiz).....	<input type="checkbox"/>	<input type="checkbox"/>

546-01

FOOD/BEVERAGES USED IN YOUR HOUSEHOLD - ALL RESPONDENTS

Used in the past 30 days

No Yes

- Chewy fruit snacks (e.g. Roll-ups etc.)
- Meat enhancers (e.g. Shake & Bake, Hamburger Helper etc.)
- Packaged jelly/puddings - prepared single-serving containers.....
- Fruit cups - prepared single-serving containers.....
- Powdered drinks (e.g. Kool-Aid, Crystal Light, Gatorade etc.)

546-01
(cont)

► **Which of the following foods and beverages have been used in your HOUSEHOLD in the PAST 7 DAYS?**

Used in the past 7 days

No Yes

Fruit, Vegetables and Other:

- Fresh prepared dinners - from supermarket (e.g. BBQ Chicken, etc.)
- Fresh fruit.....
- Organic fruit
- Dried fruit
- Fresh vegetables
- Organic vegetables.....
- Ready-to-eat salads.....
- Orange juice
- Lemonade.....
- Artificial sweeteners.....

546-05

► **Which of the following condiments have been used in your HOUSEHOLD in the PAST 3 MONTHS?**

Used in the past 3 months

No Yes

- Mustard -- yellow prepared
- Mustard -- other (e.g. Dijon etc).....
- Steak sauce.....
- BBQ sauce
- Ketchup
- Worcestershire sauce
- Other bottled sauces
- Olive oil
- Other salad or cooking oil.....
- Mayonnaise and mayonnaise type dressings.....
- Salad dressing (any).....

546-06

► **Have you personally done any of the following in the PAST 7 DAYS? (Check ALL that apply)**

- Purchased organic food..... Purchased soy-based food
- Purchased low fat/light food Prepared a vegetarian meal at home
- Purchased low carbohydrate food Ordered a vegetarian meal when dining
- Read nutritional information on a package out

546-06a
(546-09)

None of these, in past 7 days.....

MISCELLANEOUS HOUSEHOLD - ALL RESPONDENTS

► Which of the following household products have been used in your HOUSEHOLD in the PAST 3 MONTHS?

	Used in the past 3 months	
	No	Yes
Facial tissue.....	<input type="checkbox"/>	<input type="checkbox"/>
Paper towels.....	<input type="checkbox"/>	<input type="checkbox"/>
Garbage bags.....	<input type="checkbox"/>	<input type="checkbox"/>
Plastic freezer bags.....	<input type="checkbox"/>	<input type="checkbox"/>
Plastic kitchen wrap.....	<input type="checkbox"/>	<input type="checkbox"/>
Cleansers (any).....	<input type="checkbox"/>	<input type="checkbox"/>
Dish washing liquid.....	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher detergent.....	<input type="checkbox"/>	<input type="checkbox"/>
Laundry detergent.....	<input type="checkbox"/>	<input type="checkbox"/>
Fabric softeners.....	<input type="checkbox"/>	<input type="checkbox"/>
Stain removers.....	<input type="checkbox"/>	<input type="checkbox"/>
Air fresheners.....	<input type="checkbox"/>	<input type="checkbox"/>

546-07

► How much did you PERSONALLY spend on dry cleaning in the PAST 30 DAYS?

Nothing.....	<input type="checkbox"/>	\$20-\$49.....	<input type="checkbox"/>
\$1-\$9.....	<input type="checkbox"/>	\$50 or more.....	<input type="checkbox"/>
\$10-\$19.....	<input type="checkbox"/>		

546-08

PETS/PET FOOD

► Do you have any of the following pets in your household?

Cat(s).....	<input type="checkbox"/>	Fish.....	<input type="checkbox"/>
Dog(s).....	<input type="checkbox"/>	Other animal(s).....	<input type="checkbox"/>
Bird(s).....	<input type="checkbox"/>		
No pets in household.....	<input type="checkbox"/>		

546-10

If you do not have a dog and/or cat in your household proceed to question P4 (560-04)

► Has your HOUSEHOLD bought any of the following types of pet food in the PAST 7 DAYS?

	Bought in the past 7 days	
	No	Yes
Dog food - canned / packaged dry -	<input type="checkbox"/>	<input type="checkbox"/>
Dog Food Types	Most Often (Check ONE only)	Others Sometimes (Check ALL that apply)
Premium.....	<input type="checkbox"/>	<input type="checkbox"/>
Regular.....	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand.....	<input type="checkbox"/>	<input type="checkbox"/>
Cat food - canned / packaged dry -	<input type="checkbox"/>	<input type="checkbox"/>
Cat Food Types	Most Often (Check ONE only)	Others Sometimes (Check ALL that apply)
Premium.....	<input type="checkbox"/>	<input type="checkbox"/>
Regular.....	<input type="checkbox"/>	<input type="checkbox"/>
Store Brand.....	<input type="checkbox"/>	<input type="checkbox"/>

547-01

OTHER INFORMATION

► Please indicate how important the following attributes of radio in general are to you personally:

	Extremely important	Very important	Important	Not very important	Not important at all
Traffic reports in the morning and afternoon rush hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weather reports and updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headline news	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports news	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music news	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community news and news about local events..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about products and services I might like to try or buy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about sales at local stores and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making my time in the car more enjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being part of my day at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being part of my day at home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping me informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being part of my general daily life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing the latest hits and new music.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P4
(560-04)

► While listening to the radio, have you ever heard a commercial that motivated you to visit a certain store or website? (Check ALL that apply)

	Store	Website
Later that same day	<input type="checkbox"/>	<input type="checkbox"/>
Later that same week	<input type="checkbox"/>	<input type="checkbox"/>
More than a week later	<input type="checkbox"/>	<input type="checkbox"/>

QR1
(560-06)

No, never motivated to visit a store/website based on a commercial on the radio.....

► Who in your household is responsible for most of the meal preparation?

Myself most of the time / always.....	<input type="checkbox"/>
Equally shared with another person	<input type="checkbox"/>
Someone else most of the time / always	<input type="checkbox"/>

561-01

► Which of the following statements best describes your retirement plans?

I plan to retire before I reach age 65.....	<input type="checkbox"/>
I plan to retire at age 65	<input type="checkbox"/>
I plan to retire after age 65.....	<input type="checkbox"/>
Don't know / haven't decided yet.....	<input type="checkbox"/>

561-10

HOME APPLIANCES/ELECTRONICS & ENTERTAINMENT EQUIPMENT

► Which items have been purchased for your household in the PAST 6 MONTHS? (Check ALL that apply)

- Computer hardware/software
- Home appliances
- Music/movies/games
- Home entertainment equipment
- Digital cameras/camcorders
- Phone/communication equipment
- None of these, in the past 6 months

P7
(560-07)

TOTAL AMOUNT SPENT			
Under \$300... <input type="checkbox"/>	\$300 - \$1,999... <input type="checkbox"/>	\$2,000 - \$9,999... <input type="checkbox"/>	\$10,000 +... <input type="checkbox"/>

► Thinking about the items above, please answer these questions about the stores you may have visited:

	<u>Best Buy</u>	<u>Dell Online/ Phone</u>	<u>Future Shop</u>	<u>The Source</u>	<u>Staples</u>	<u>The Brick</u>	<u>Wal-Mart</u>	
Visited?								
Yes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
When visited?								
In past month.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In past 1-6 months.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
More than 6 months ago.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Made a purchase?								
Yes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
When purchased?								
In past month.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In past 1-6 months.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
More than 6 months ago.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Which ONE store do you prefer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No preferred store

PERSONAL VIEWS ABOUT SHOPPING

PERSONAL AGREEMENT SCALE				
Strongly disagree		Strongly agree		
1	2	3	4	5

I am interested in buying consumer electronics, appliances, computers or entertainment items over the Internet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I shop, I enjoy checking out all the cool stuff in the store ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping around for the lowest price is a waste of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping for consumer electronics, appliances, computers, or entertainment items is fun.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I shop I get in, get what I want and get out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to shop at stores that are hip, trendy or cutting edge.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always wait for the things I want to go on sale before I buy them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more knowledgeable about technological issues than most people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel intimidated when shopping for consumer electronics, appliances, computers or entertainment items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to try new products as soon as they come on the market...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer stores that specialize in one thing rather than those with a variety of items.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer the consistency and assurance of large, well known stores to smaller stores.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P14
(560-14)

A LITTLE BIT ABOUT YOURSELF

► Do you have any children under 3 years of age?

No Yes

550-01

► Which ONE of the following languages do you speak MOST OFTEN in the home? (Check ONE box only)

English	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
French	<input type="checkbox"/>	Japanese	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
German	<input type="checkbox"/>	Punjabi	<input type="checkbox"/>
Greek	<input type="checkbox"/>	Hindi	<input type="checkbox"/>
Italian	<input type="checkbox"/>	Other language	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>		

550-06

► Which of the following languages do you speak well enough to conduct a conversation? (Check ALL that apply)

English	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
French	<input type="checkbox"/>	Japanese	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
German	<input type="checkbox"/>	Punjabi	<input type="checkbox"/>
Greek	<input type="checkbox"/>	Hindi	<input type="checkbox"/>
Italian	<input type="checkbox"/>	Other language	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>		

550-07

► Which category best describes your personal income, before taxes, for the PAST YEAR?

Under \$20,000	<input type="checkbox"/>	\$60,000 - 74,999	<input type="checkbox"/>
\$20,000 - 29,999	<input type="checkbox"/>	\$75,000 - 99,999	<input type="checkbox"/>
\$30,000 - 39,999	<input type="checkbox"/>	\$100,000 - 124,999	<input type="checkbox"/>
\$40,000 - 49,999	<input type="checkbox"/>	\$125,000 or more	<input type="checkbox"/>
\$50,000 - 59,999	<input type="checkbox"/>		

550-08

Please return your completed survey
immediately in the postage paid reply envelope

Thank you very much