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Northwestern University Research Study



We need your help for a new, groundbreaking study of how people use the media – television, radio, newspapers, magazines and the Internet.

LET THE MEDIA KNOW WHAT YOU WANT

We will use the information to help the media do a better job of serving different people in different ways. Your household was randomly selected for this study – by completing this questionnaire, you will help us represent people like yourself. Your answers will remain confidential and will not be given to companies for mail or telephone sales contacts.

In appreciation for your participation:

- We have enclosed \$3 as a small thank you
- And you will automatically be entered in a sweepstakes drawing in which 15 prizes of \$1,000 each will be awarded

Please take the time to help us in this important new research study.

Suzanne Calder | 1-800-372-0785
Research Director

In order to have the survey best reflect the opinions of a cross section of people and because there may be several people in your home, please give this questionnaire to the person in your household with the most recent birthday (who is 18 years or older) to complete. If this is not possible, we would appreciate if you would answer the questions yourself. In either case, please enter the birthday of the person answering the questionnaire. ____ / ____ / ____ (i.e.: 10/04/64)

MONTH DAY YEAR

HOW TO PARTICIPATE

*By US Mail: Complete the questionnaire and return it in the enclosed postage-paid envelope
Via the Internet: Enter our Website address: <http://www.marie.marketfacts.com/impact>*

When prompted enter Registration #: 66110392

Password #: 9110

HOW TO ENTER THE NORTHWESTERN UNIVERSITY SWEEPSTAKES II (OFFICIAL RULES—NO PURCHASE OR SURVEY COMPLETION NECESSARY)

1. Via Mail-In Entry: Complete the enclosed survey and mail to: "The Impact Media Survey II" PO Box 94602, Palatine, IL 60094-9921 to be received no later than 12/15/00. If you do not wish to complete the survey but wish to enter the sweepstakes, send a 3x5 card on which you have hand-printed your full name, address, e-mail address (optional), registration number and password (which can be found within the "website" instructions on your postcard) in a #10 envelope via First Class Mail to the address provided above. Sponsor not responsible for lost, late, misdirected, mutilated entries or entries not received in time. Illegible entries are void. Incomplete entries will be disqualified.

2. Via The Internet: Visit www.marie.marketfacts.com/impact by 11:59 p.m. on 12/15/00. When prompted, enter your registration number and password as indicated within the "website" instructions on your postcard and complete survey form. Click on submit and follow the on-screen instructions to enter.

3. RANDOM DRAWING: Fifteen (15) winners of \$1,000 cash will be selected in a random drawing on or about 1/03/01 from among all eligible entries received. Winners will be notified by mail and e-mail. Odds of winning will depend upon the number of entries received. Total number of estimated entries is 150,000. Therefore the odds of winning will be approximately 1 in 10,000. Purchase or acceptance of a product offer does not improve your chances of winning. Limit one mail in/e-mail entry per household.

4. GENERAL RULES: Open only to named recipients of this direct mail solicitation who are residents of the U.S. and 18 years of age or older. Void where prohibited by law. Employees of Market Facts, Inc. their affiliates, subsidiaries, advertising and promotion agencies and individuals involved in web activities in connection with this promotion, and the immediate family members and/or those living in the same household of each are not eligible. Winners may make no substitution or transfer of prize. All federal, state and local taxes are the sole responsibility of winner. All federal, state and local laws and regulations apply. Winners must execute an Affidavit of Eligibility/Release of Liability/Prize Acceptance Form within 14 days of attempted notification. Noncompliance within this time period may result in disqualification and an alternate may be selected. Return of any prize notification as undeliverable will result in disqualification and an alternate will be selected. Sponsor disclaims any liability for damage to any computer system resulting from participation in, or accessing or downloading information connected with the Internet portion of this sweepstakes. If for any reason, the Internet portion of this sweepstakes is not capable of running as planned, including infection by computer virus, bugs, tampering, unauthorized intervention, or fraud beyond control of the sponsor, which corrupt or affect the administration, security, fairness, integrity or proper conduct of this sweepstakes, Sponsor reserves the right at their sole discretion to cancel, terminate, modify or suspend the sweepstakes. CAUTION: ANY ATTEMPT BY AN ENTRANT TO DELIBERATELY DAMAGE ANY WEB SITE OR UNDERMINE THE LEGITIMATE OPERATION OF THIS PROMOTION IS A VIOLATION OF CRIMINAL AND CIVIL LAW. SHOULD SUCH AN ATTEMPT BE MADE, SPONSOR RESERVES THE RIGHT TO SEEK DAMAGES FROM ANY SUCH INDIVIDUAL TO THE FULLEST EXTENT PERMITTED BY LAW. In the event of a dispute regarding any entry, the entry will be deemed made by the authorized account holder of the e-mail address submitted at the time of entry (i.e., the person who is assigned to an e-mail address by the organization responsible for assigning e-mail addresses for the domain associated with the submitted e-mail address or the name and address specified on the postcard). Acceptance of prize constitutes permission to the Sponsor and its agencies to use winner's name and/or likeness for purposes of advertising and trade without further compensation, unless prohibited by law. By participating in this promotion, entrants agree to be bound by the Official Rules and the decisions of the judges. By accepting prize, winners agree to hold Sponsor harmless against any and all claims and liability arising out of use of prize. Winner assumes all liability for any injury or damage caused, or claimed to be caused by participation in this promotion or use or redemption of any prize.

5. For the names of the winners, available after 1/03/01, send a self-addressed, stamped #10 envelope, to: Impact Media Survey II Winners, PO Box 2025, Arlington Heights, IL 60005 to be received by 2/28/01.

Sweepstakes is sponsored by Market Facts, Inc., 3040 Salt Creek Lane, Arlington Heights, IL 60005. If you wish for your name to be removed from any future contest or sweepstakes mailings please write to this address.

MEDIA USAGE

To begin we would like to ask you about your general media usage habits.

About TELEVISION...

1. How many hours do you personally watch TV each day in an average 7-day week? (FOR EACH DAY OF THE WEEK WRITE IN THE NUMBER OF HOURS YOU WATCH TV. IF YOU DO NOT WATCH TV ON A PARTICULAR DAY, WRITE IN A "0".)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
# Hours Watched	_____	_____	_____	_____	_____	_____	_____

2. When watching TV, how often do you do other things at the same time (such as working, reading, or having an on-going conversation)?

Most of the Time	Some of the Time	Rarely/ Never	Do Not Watch TV
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

3. Which of the stations/channels do you **regularly** watch in an average 7-day week? (CHECK ALL THAT APPLY.)

None/Do not watch TV <input type="checkbox"/> 1	AMC..... <input type="checkbox"/> 0	ESPN..... <input type="checkbox"/> 8	Playboy..... <input type="checkbox"/> 6
ABC..... <input type="checkbox"/> 2	BET..... <input type="checkbox"/> R	Golf..... <input type="checkbox"/> 9	QVC..... <input type="checkbox"/> 7
CBS..... <input type="checkbox"/> 3	Bravo..... <input type="checkbox"/> X	HBO..... <input type="checkbox"/> 0	ShowTime..... <input type="checkbox"/> 8
Fox..... <input type="checkbox"/> 4	Cartoon Network..... <input type="checkbox"/> 1	HGTV..... <input type="checkbox"/> R	TBS..... <input type="checkbox"/> 9
Fox Family..... <input type="checkbox"/> 5	CNBC..... <input type="checkbox"/> 2	History Channel..... <input type="checkbox"/> X	TNN..... <input type="checkbox"/> 0
NBC..... <input type="checkbox"/> 6	CNN..... <input type="checkbox"/> 3	Lifetime..... <input type="checkbox"/> 1	TNT..... <input type="checkbox"/> R
PBS..... <input type="checkbox"/> 7	Comedy Central..... <input type="checkbox"/> 4	Learning Channel..... <input type="checkbox"/> 2	USA..... <input type="checkbox"/> X
WB..... <input type="checkbox"/> 8	CSPAN..... <input type="checkbox"/> 5	MSNBC..... <input type="checkbox"/> 3	VH1..... <input type="checkbox"/> 1
A&E..... <input type="checkbox"/> 9	Discovery..... <input type="checkbox"/> 6	MTV..... <input type="checkbox"/> 4	Weather Channel..... <input type="checkbox"/> 2
	Disney..... <input type="checkbox"/> 7	Nickelodeon..... <input type="checkbox"/> 5	Other..... <input type="checkbox"/> 3

4. Which types of shows do you **regularly** watch in an average 7-day week? (CHECK ALL THAT APPLY.)

None/Do Not Watch TV <input type="checkbox"/> 1	Food..... <input type="checkbox"/> 8	National News..... <input type="checkbox"/> 5
Biographies..... <input type="checkbox"/> 2	Garden & Decorating..... <input type="checkbox"/> 9	News Magazines (e.g., 60 minutes)..... <input type="checkbox"/> 6
Business/Financial News..... <input type="checkbox"/> 3	Home/Shopping..... <input type="checkbox"/> 0	Religious Programs..... <input type="checkbox"/> 7
Documentaries..... <input type="checkbox"/> 4	Late Night Talk Shows..... <input type="checkbox"/> 1	Science/Nature..... <input type="checkbox"/> 8
Dramas..... <input type="checkbox"/> 5	Local News..... <input type="checkbox"/> 2	Situation Comedies..... <input type="checkbox"/> 9
Daytime Talk Shows..... <input type="checkbox"/> 6	Movies..... <input type="checkbox"/> 3	Soap Operas..... <input type="checkbox"/> 0
Game Shows..... <input type="checkbox"/> 7	Music/Variety..... <input type="checkbox"/> 4	Sports..... <input type="checkbox"/> R
		Travel..... <input type="checkbox"/> X

5. When you watch television, is it **primarily** on a TV connected with (CHECK ONLY ONE ANSWER.):

An Over the Air Antenna	Cable	Satellite	Do Not Watch TV
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

6. When do you typically watch television? (CHECK ALL THAT APPLY.)

Before 9 a.m.	9 a.m. - Noon	Noon - 5 p.m.	5 p.m. - 7 p.m.	7 p.m. - 9 p.m.	9 p.m. - 10 p.m.	10 p.m. - 11 p.m.	After 11 p.m.	Do Not Watch TV
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

About NEWSPAPERS...(NOT COUNTING WEEKLY, FREE OR INTERNET NEWSPAPERS)

7. When was the last time you read or looked into any **daily** (Monday - Friday) newspaper, not counting weekly, free or Internet newspapers? And, when was the last time you read or looked into any **Sunday/weekend** newspaper, not counting weekly, free or Internet newspapers? (CHECK ONE BOX FOR DAILY AND ONE BOX FOR SUNDAY/WEEKEND.)

	Daily	Sunday/ Weekend		Daily	Sunday/ Weekend
Never.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Within the last year.....	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Within the last 3 months.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Within the last 2 years.....	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Within the last 6 months.....	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Longer than 2 years ago.....	<input type="checkbox"/> 6	<input type="checkbox"/> 6

8. Generally speaking, in an average 7-day week, which days do you read or look into a newspaper? (CHECK ALL THAT APPLY.)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Do Not Read Newspaper
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

9. What time(s) of day do you typically read or look into a newspaper? (CHECK ALL THAT APPLY.)

Morning Afternoon Evening | Do Not Read Newspaper
 1 2 3 | 4

10. How many **different** newspapers do you read or look into in an average 7-day week? (IF YOU DO NOT READ OR LOOK INTO A NEWSPAPER IN AN AVERAGE WEEK, PLEASE WRITE IN A "0".)

_____ (WRITE IN NUMBER OF DIFFERENT NEWSPAPERS; IF 0 SKIP TO Q.11)

10a. Which papers do you usually read in an average 7-day week? (CHECK ALL THAT APPLY.)

_____ USA Today New York Times Wall Street Journal Other (Please Specify)
 1 2 3 4 _____

11. When reading or looking into a newspaper in an average 7-day week, how often do you have other things going on at the same time that you pay attention to (such as watching TV or commuting)?

Most of the Time Some of the Time Rarely/Never | Do Not Read Newspaper
 1 2 3 | 4

12. On an average **weekday** (Monday – Friday), how much time do you spend reading or looking into newspapers? (PUT AN "X" IN THE BOX THAT BEST DESCRIBES THE AMOUNT OF TIME YOU SPEND READING OR LOOKING INTO NEWSPAPERS. THEN WRITE IN YOUR BEST ESTIMATE OF THE SPECIFIC NUMBER OF MINUTES YOU SPEND READING THE NEWSPAPER.)

	Time Range	Estimate the specific number of minutes
<i>Do not read newspaper</i>	<input type="checkbox"/> 1	_____
1-15 minutes.....	<input type="checkbox"/> 2 →	_____
16-30 minutes.....	<input type="checkbox"/> 3 →	_____
31-45 minutes.....	<input type="checkbox"/> 4 →	_____
46-60 minutes.....	<input type="checkbox"/> 5 →	_____
61 minutes or more.....	<input type="checkbox"/> 6 →	_____

13. On an average **weekend** (Saturday and Sunday), how much time, do you spend reading or looking into a **Sunday/weekend** newspaper?

None Less Than 1/2 Hour 1/2- 1 Hour 1 – 1 1/2 Hrs. 1 1/2 - 2 Hrs. 2 – 2 1/2 Hrs. 2 1/2 - 3 Hrs. 3 Hours or More
 1 2 3 4 5 6 7 8

About RADIO...

14. How many days do you listen to the radio in an average 7-day week? (PLEASE BE AS SPECIFIC AS POSSIBLE. IF YOU DO NOT LISTEN TO THE RADIO IN AN AVERAGE WEEK, PLEASE WRITE IN "0".)

_____ (WRITE IN # OF DAYS)

15. When listening to the radio, how often do you do other things at the same time (such as driving, exercising, reading or having an on-going conversation)?

Most of the Time Some of the Time Rarely/Never | Do Not Listen To Radio
 1 2 3 | 4

16. On an average **weekday** (Monday-Friday), and on an average **weekend** (Saturday and Sunday), how much time do you spend listening to the radio? (CHECK ONE BOX FOR MON.-FRI. AND ONE BOX FOR SAT./SUN.)

	Mon.-Fri.	Sat./Sun.		Mon.-Fri.	Sat./Sun.
<i>None/Do not listen to radio</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	3 – 4 hours.....	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Less than 1 hour.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2	4 – 5 hours.....	<input type="checkbox"/> 6	<input type="checkbox"/> 6
1 – 2 hours.....	<input type="checkbox"/> 3	<input type="checkbox"/> 3	5 hours or more.....	<input type="checkbox"/> 7	<input type="checkbox"/> 7
2 – 3 hours.....	<input type="checkbox"/> 4	<input type="checkbox"/> 4			

17. What time(s) of day do you typically listen to the radio? (CHECK ALL THAT APPLY.)

Morning Afternoon Evening | Do Not Listen To Radio
 1 2 3 | 4

18. How many **different** radio stations do you regularly listen to in an average 7-day week? (PLEASE WRITE IN YOUR ANSWER IN THE SPACE PROVIDED. IF YOU DON'T TYPICALLY LISTEN TO THE RADIO IN AN AVERAGE WEEK, WRITE IN "0".)

_____ (WRITE IN # OF DIFFERENT STATIONS)

19. What types of radio stations do you regularly listen to in an average 7-day week? (CHECK ALL THAT APPLY.)

- | | | | |
|---|----------------------------|--|----------------------------|
| None/Do not listen to radio..... | <input type="checkbox"/> 1 | Oldies | <input type="checkbox"/> 8 |
| Easy Listening/Nostalgia/Smooth Rock..... | <input type="checkbox"/> 2 | Religion, including music or talk..... | <input type="checkbox"/> 9 |
| Adult Contemporary | <input type="checkbox"/> 3 | Rock from the mid-70's to present..... | <input type="checkbox"/> 0 |
| New Rock | <input type="checkbox"/> 4 | Spanish..... | <input type="checkbox"/> x |
| Top 40's, including adult rhythm or rock..... | <input type="checkbox"/> 5 | Funk, rap, hip hop | <input type="checkbox"/> R |
| Classical..... | <input type="checkbox"/> 6 | News/talk/information, including sports..... | <input type="checkbox"/> 1 |
| Country, including traditional and modern | <input type="checkbox"/> 7 | Other | <input type="checkbox"/> 2 |

About MAGAZINES...

20. How many hours do you spend reading or looking into magazines in an average 7-day week? (PLEASE WRITE IN YOUR ANSWER IN THE SPACE PROVIDED. IF YOU DON'T TYPICALLY READ ANY MAGAZINES IN AN AVERAGE WEEK, WRITE IN "0".)

_____ (WRITE IN # OF HOURS)

21. When reading or looking into magazines in an average 7-day week, how often do you have other things going on at the same time that you pay attention to (such as commuting or watching TV)?

- | | | | |
|----------------------------|----------------------------|----------------------------|------------------------------|
| <u>Most of the Time</u> | <u>Some of the Time</u> | <u>Rarely/Never</u> | <u>Do Not Read Magazines</u> |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

22. How many **different** magazines do you regularly read or look into in an average 7-day week? (PLEASE WRITE IN YOUR ANSWER IN THE SPACE PROVIDED. IF YOU DON'T TYPICALLY READ ANY MAGAZINES IN AN AVERAGE WEEK, WRITE IN "0".)

_____ (# OF DIFFERENT MAGAZINES READ)

23. What types of magazines do you regularly read or look into in an average 7-day week? (CHECK ALL THAT APPLY.)

- | | | | | |
|---|----------------------------|------------------------------|----------------------------|----------------------------|
| Do not read magazines <input type="checkbox"/> 1 | Men's | <input type="checkbox"/> 5 | Sports | <input type="checkbox"/> 9 |
| Business | <input type="checkbox"/> 2 | News..... | <input type="checkbox"/> 6 | Trade/professional..... |
| Computer | <input type="checkbox"/> 3 | Political and cultural..... | <input type="checkbox"/> 7 | Women's |
| Celebrity..... | <input type="checkbox"/> 4 | Special interest/Hobby | <input type="checkbox"/> 8 | Other..... |
| | | | | <input type="checkbox"/> R |

About the INTERNET...

24. In an average 7-day week, how many hours do you spend **at home or during personal time at work** using the Internet to visit web sites? (DO NOT INCLUDE TIME PLAYING GAMES OR USING E-MAIL. IF YOU DO NOT SPEND ANY TIME ON THE INTERNET IN AN AVERAGE WEEK, WRITE IN "0".)

_____ (# HOURS SPENT USING THE INTERNET)

25. When using the Internet **at home or during personal time at work** during an average 7-day week, how often do you do other things at the same time (such as watching TV or having an on-going conversation)?

- | | | | |
|----------------------------|----------------------------|----------------------------|--------------------------------|
| <u>Most of the Time</u> | <u>Some of the Time</u> | <u>Rarely/Never</u> | <u>Do Not Use The Internet</u> |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

26. How many different web sites, if any, do you typically visit in an average 7-day week? (PLEASE WRITE IN YOUR ANSWER IN THE SPACE PROVIDED. IF YOU DO NOT USE THE INTERNET, OR DO NOT VISIT ANY WEBSITES IN AN AVERAGE WEEK, WRITE IN "0".)

_____ (# OF WEB SITES TYPICALLY VISITED)

27. Which types of web sites do you typically visit in an average 7-day week? (CHECK ALL THAT APPLY.)

- | | | | | | |
|-------------------------------|----------------------------|-----------------------|----------------------------|-----------------------------|----------------------------|
| None/Do not use Internet..... | <input type="checkbox"/> 1 | Game | <input type="checkbox"/> 8 | Retail Shopping | <input type="checkbox"/> 5 |
| Auction..... | <input type="checkbox"/> 2 | Health/Fitness..... | <input type="checkbox"/> 9 | Real Estate..... | <input type="checkbox"/> 6 |
| Automobile | <input type="checkbox"/> 3 | Home Improvement..... | <input type="checkbox"/> 0 | Sports | <input type="checkbox"/> 7 |
| Computer/Software..... | <input type="checkbox"/> 4 | Job Listing | <input type="checkbox"/> 1 | Special Interest/Hobby..... | <input type="checkbox"/> 8 |
| Educational | <input type="checkbox"/> 5 | Magazine..... | <input type="checkbox"/> 2 | Television News..... | <input type="checkbox"/> 9 |
| Financial Services | <input type="checkbox"/> 6 | Newspaper | <input type="checkbox"/> 3 | Travel Related | <input type="checkbox"/> 0 |
| Food/Cooking..... | <input type="checkbox"/> 7 | Music Only..... | <input type="checkbox"/> 4 | Other..... | <input type="checkbox"/> x |

SPECIFIC MEDIA

Now we would like to ask you specifically about _____ and **The Sunday** newspapers. Some of the questions are about reading these newspapers; however, if you do not read them, it will be easy to tell us this.

Reading the Newspaper...

28. Since the first of the year, which days do you read or look into _____ newspaper in an average 7-day week? (CHECK ALL THAT APPLY.)

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>	<u>Do Not Read Newspaper</u>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

29. During a typical month how many times do you read or look into **The Sunday** newspaper? (PLEASE WRITE YOUR ANSWER IN THE SPACE BELOW. IF YOU DO NOT TYPICALLY READ THE NEWSPAPER, WRITE IN "0".)

_____ (# TIMES IN A TYPICAL MONTH)

30. When was the last time you read or looked into _____ newspaper?

Never read or looked into the paper 1 Within the last 6 months... 3 Within the last 2 years..... 5
 Within the last 3 months..... 2 Within the last year..... 4 More than 2 years ago 6

31. How many different times, during an average weekday (Monday - Friday) do you pick up and read or look into _____ newspaper. (PLEASE WRITE IN THE NUMBER OF TIMES IN THE SPACE PROVIDED. IF NONE, WRITE IN "0".)

_____ (# TIMES A DAY)

32. How much time do you spend on an average weekday (Monday - Friday) reading or looking into _____ newspaper?

	Time Range	Estimate the specific number of minutes
<i>Do not read newspaper</i>	<input type="checkbox"/> 1	
1-15 minutes	<input type="checkbox"/> 2	_____
16-30 minutes	<input type="checkbox"/> 3	_____
31-45 minutes	<input type="checkbox"/> 4	_____
46-60 minutes	<input type="checkbox"/> 5	_____
61 minutes or more.....	<input type="checkbox"/> 6	_____

33. What time(s) of day, if at all, on an average weekday (Monday - Friday) do you read or look into newspaper? (CHECK ALL THAT APPLY.)

<u>Before 9 a.m.</u>	<u>9 a.m. - Noon</u>	<u>Noon - 5 p.m.</u>	<u>5 p.m. - 7 p.m.</u>	<u>7 p.m. - 10 p.m.</u>	<u>After 10 p.m.</u>	<u>Do Not Read Newspaper On Weekdays</u>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

34. What places, if anywhere, do you read or look into _____ newspaper on an average weekday (Monday - Friday)? (CHECK ALL THAT APPLY.)

<u>At Home</u>	<u>At Work</u>	<u>Commuting/ Traveling</u>	<u>Other Public Places</u>	<u>Do Not Read Newspaper On Weekdays</u>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

35. How much of _____ newspaper do you read or look into on an average weekday and an average weekend? (PLEASE CHECK ONE BOX FOR WEEKDAY AND ONE BOX FOR WEEKEND.)

	None/Almost None	1/4	1/2	3/4	Almost All/All
.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The Sunday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

36. How do you get, if you do, _____ newspaper on an average weekday and on an average weekend?

	<u>The</u>	<u>The Sunday</u>
Do not get the paper	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Delivered to my home.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Delivered to my workplace.....	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Purchased by me or someone in my household at a store, vending machine or someone selling on the street.....	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Read someone else's copy.....	<input type="checkbox"/> 5	<input type="checkbox"/> 5

37. How much time, if any, do you spend reading or looking into any part of **The Sunday** newspaper on an average weekend **plus** any time during the week? And, how much of the total time you spend with **The Sunday** is spent looking at advertising inserts? (PLEASE CHECK ONE BOX IN EACH COLUMN.)

	<u>Total Time Looked At/Read</u>	<u>Time Spent Looking at Advertising Inserts</u>
<i>None/Do not read newspaper</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Less than ½ hour.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2
½ hour to less than 1 hour.....	<input type="checkbox"/> 3	<input type="checkbox"/> 3
1 hour to less than 2 hours.....	<input type="checkbox"/> 4	<input type="checkbox"/> 4
2 hours to less than 2 ½ hours.....	<input type="checkbox"/> 5	<input type="checkbox"/> 5
2 ½ hours to less than 3 hours.....	<input type="checkbox"/> 6	<input type="checkbox"/> 6
3 hours or more.....	<input type="checkbox"/> 7	<input type="checkbox"/> 7

38. What time(s) of day do you read or look into any part of **The Sunday** newspaper? (CHECK ALL THAT APPLY.)

<i>None at all</i>	<input type="checkbox"/> 1	Saturday evening.....	<input type="checkbox"/> 4	Sunday evening.....	<input type="checkbox"/> 7
Saturday morning.....	<input type="checkbox"/> 2	Sunday morning.....	<input type="checkbox"/> 5	Other times during the week.....	<input type="checkbox"/> 8
Saturday afternoon.....	<input type="checkbox"/> 3	Sunday afternoon.....	<input type="checkbox"/> 6		

39. How long have you been reading newspaper?

<i>Do Not Read Paper</i>	<input type="checkbox"/> 1	1-2 years.....	<input type="checkbox"/> 4	4-5 years.....	<input type="checkbox"/> 7
Less than 6 months.....	<input type="checkbox"/> 2	2-3 years.....	<input type="checkbox"/> 5	5 years or more.....	<input type="checkbox"/> 8
6 months to less than 1 year...	<input type="checkbox"/> 3	3-4 years.....	<input type="checkbox"/> 6		

40. Regardless of whether you have newspaper delivered at home or work right now, how many times have you cancelled the paper in the last five years?

1-2.....	<input type="checkbox"/> 1	5-6.....	<input type="checkbox"/> 3	9 or more.....	<input type="checkbox"/> 5
3-4.....	<input type="checkbox"/> 2	7-8.....	<input type="checkbox"/> 4	Never cancelled.....	<input type="checkbox"/> 6
				<i>Never had paper delivered</i>	<input type="checkbox"/> 7

Overall Opinions . . .

The next questions ask for your opinions about the paper. We realize you may or may not be very familiar with newspaper. Even if you are not very familiar with the newspaper, please try to answer each question based on what you think or on what you would expect.

41. Overall, how would you rate newspaper? Even if you are not very familiar with the paper, rate how good you think it would be.

<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

42. In the next two years, do you think you will be reading newspaper more or less than you do now?

<u>Much More</u>	<u>Somewhat More</u>	<u>About the Same</u>	<u>Somewhat Less</u>	<u>Much Less</u>	<u>Do Not Read The Newspaper</u>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

43. To what extent has newspaper met your expectations? If you are not very familiar with the paper, tell us how you think your expectations would have been met.

<u>Greatly Exceeded</u>	<u>Somewhat Exceeded</u>	<u>Met/Would Meet My Expectations</u>	<u>Fallen Somewhat Short</u>	<u>Fallen Greatly Short</u>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

44. How different is what you can get (i.e., information, entertainment, education, etc.) from newspaper from what you can get from other media such as TV, radio, magazines and the Internet?

	<u>TV</u>	<u>Radio</u>	<u>Magazines</u>	<u>Internet</u>
Extremely different.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Very different.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Somewhat different.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Not very different.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Not at all different.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

45. How likely would you be to recommend newspaper to friends moving into your area?

<u>Definitely Would Recommend</u>	<u>Probably Would Recommend</u>	<u>Might/Might Not Recommend</u>	<u>Probably Would Not Recommend</u>	<u>Definitely Would Not Recommend</u>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

46. To what extent do other members of your immediate family share your feelings about _____ newspaper?

Definitely Share	Probably Share	Might/Might Not Share	Probably Do Not Share	Definitely Do Not Share
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

47. How likely would you be to use things such as sponsored events and activities, television programs, magazines, Internet sites, etc. put out by _____

Extremely Likely	Very Likely	Somewhat Likely	Not Very Likely	Not At All Likely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

48. How would you rate the value for the money of _____ newspaper?

Extremely Good Value	Very Good Value	Somewhat Good Value	Not A Very Good Value	Not At All A Good Value
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

49. Thinking of other communities like yours around the country, how do you think _____ compares to newspapers in those similar communities?

Much Better Than Others	Somewhat Better	No Different	Somewhat Worse	Much Worse	No Opinion
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

50. If you were to describe _____ as a person, please tell us how closely each of these statements might describe the paper's personality. If you're unsure, just indicate your general impression.

	Describes Strongly	Describes Somewhat	Might/Might Not Describe	Does Not Strongly Describe	Does Not Describe At All
Intelligent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Opinionated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Fun	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Successful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Honest	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Experienced	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Conservative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Creative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Arrogant	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Neighborhood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Liberal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Helpful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Middle-class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Energetic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Old-fashioned	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Trustworthy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

51. People want different things in their personal lives. In your mind, to what extent is there a link between _____ newspaper and the following things? If you are unsure, just indicate your perception.

	Strongly Tied	Somewhat Tied	Neither or Not Tied	Not Strongly Tied	Not At All Tied
A sense of belonging	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Stimulation/excitement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Warm relationships with others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being well respected	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Fun and enjoyment of life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Security and peace of mind	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Self-respect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
A sense of accomplishment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Religious or spiritual fulfillment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Knowledge and understanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Appreciating beauty in the world	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being informed about the world and the nation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being informed about my local community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Specific Perceptions...

52. Please rate _____ newspaper on each of the following characteristics. To answer, use a 7-point rating scale for which a 1 means that it describes the newspaper very poorly and a 7 means it describes the newspaper very well. Pick a single number between 1 and 7 for each statement. If you are unsure, just indicate what your overall perception is. Then please indicate how important each statement is to you personally, by checking one box in the importance section for each characteristic.

	How Well Characteristic Describes The Paper	Importance to Me		
	(1-7 RATING)	Little/None	Some	A Lot
Reflects my personal beliefs and values.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Makes me think.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Is accurate/free of errors	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Can be used anywhere, anytime I want.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Cares about people like me	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Stirs my imagination/surprises me	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Is relaxing to read.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Has personality	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Is a leader in the community.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Provides valuable content on-line (via the Internet)...	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Makes it easy to find what I'm looking for	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Content...

53. Please rate _____ newspaper on each of the following kinds of content. To answer use a 5-point rating scale for which a 1 means that it is poor and a 5 means it is excellent. Pick a single number between 1 and 5 to rate how good a job the newspaper does with each type of content. If you are unsure, just indicate your expectations. Then please indicate how important each is to you personally by checking one box in the importance section for each type of content.

	Content Of The Paper	Importance to Me		
	(1-5 RATING)	Little/None	Some	A Lot
Arts (e.g., dance, classical music, museums, etc.).....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Automotive.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Business, Economics and Personal Finance...	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Community announcements (including weddings, events, etc.)	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Education	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Environment	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Fashion and Beauty	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Food.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Health, Fitness and Medicine.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Home, Garden and Real estate	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Jobs and Career	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Movies.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Natural disasters/Accidents	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Obituaries	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Ordinary People.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Parenting and Relationships.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Police/Crime/Courts/Legal.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Politics/Government	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Popular Music.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Religion/Spirituality.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Science and Technology.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Sports.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Television	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Travel	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
War/International conflict.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Weather.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Service...

54. Please rate _____ newspaper on its service to customers. To answer, use a 10-point rating scale for which a 1 means that you are not at all satisfied and a 10 means you are extremely satisfied. If you are unsure, just indicate how satisfied you would expect to be. Then please indicate how important each aspect is to you personally, by checking one box in the importance section for each type of service.

	<u>Satisfaction</u>	<u>Importance to Me</u>		
	<u>(1-10 RATING)</u>	<u>Little/None</u>	<u>Some</u>	<u>A Lot</u>
When and how the paper is delivered	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
The cost of home delivery.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
The accuracy of my bill.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Customer service.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Easy to buy at a store or vending machine.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
The condition/completeness of the paper when I get it..	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Telemarketing calls.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Quality of the newspaper's paper, ink and type size.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Advertising in the Newspaper...

55. Please rate the quality of ads and inserts that you find in _____ newspaper. To answer, use a 5-point rating scale where a 1 means that you find the quality of that particular kind of advertising poor and a 5 means you find it excellent. If you are unsure, just indicate how good you would expect the quality to be. Then please indicate how important each is to you personally by checking one box in the importance section for each ad type.

	<u>Quality of Ads</u>	<u>Importance to Me</u>		
	<u>(1-5 RATING)</u>	<u>Little/None</u>	<u>Some</u>	<u>A Lot</u>
Ads and inserts for food and groceries.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Ads for clothing, health & beauty aids, and stores other than supermarkets.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Classified ads for jobs and employment opportunities/automobiles/real estate.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Ads for entertainment events and sporting events.....	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

ABOUT YOU

The following questions are for classification purposes only. They help us compare your answers with those of people like you and they will be used only for research purposes.

56. Thinking about business conditions in the country as a whole, would you say that at the present time business conditions are better or worse than they were a year ago, and how do you think they will be 12 months from now?

	<u>Now</u>	<u>Year From Now</u>
Better.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1
About the same.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Worse.....	<input type="checkbox"/> 3	<input type="checkbox"/> 3

57. Would you say that you (and any family living with you) are better off or worse off financially than you were a year ago, and how do you anticipate you will be one year from now?

	<u>Now</u>	<u>Year From Now</u>
Better.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1
About the same.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Worse.....	<input type="checkbox"/> 3	<input type="checkbox"/> 3

58. Do you think now is a good time or a bad time for people to buy major household items such as furniture, a refrigerator, stove, television, and things like that?

Good time 1 Neither good nor bad.... 2 Bad time..... 3

59. Overall, how satisfied are you with your life? Would you say you are... (PLEASE CHECK ONLY ONE BOX.)

- Delighted..... 1
- Pleased..... 2
- Mostly satisfied..... 3
- Mixed (about equally satisfied and dissatisfied)..... 4
- Mostly dissatisfied..... 5
- Unhappy..... 6
- Terrible..... 7
- Neutral (neither satisfied nor dissatisfied)..... 8
- I never thought about it..... 9
- Does not apply to me..... 0

60. Do you feel things in this country are going in the right direction today or do you feel things have gotten off on the wrong track?
 Right direction ₁ Wrong track..... ₂ Not Sure..... ₃
61. How concerned are you about being personally affected by crime in your community?
 Very concerned ₁ Somewhat concerned... ₂ Not very concerned..... ₃
62. When you shop for groceries, about how often do you buy store brands or products rather than national or well-known brands?
 Whenever possible ₁ Sometimes..... ₃ Never buy store brands. ₅
 Frequently ₂ Seldom..... ₄ Do not grocery shop ₆
63. How many hours do you spend working for pay in a typical 7-day week? (IF YOU ARE NOT CURRENTLY EMPLOYED, PLEASE CHECK THE BOX PROVIDED.)

_____ (# HOURS SPENT WORKING) ₁ Not working for pay → (SKIP TO Q.65)

64. In an average day how much time do you spend going to and from work? (PLEASE BE AS SPECIFIC AS POSSIBLE.)

Hours _____ and _____ minutes (IF LESS THAN AN HOUR, JUST ENTER THE MINUTES)

65. About how many total hours of "free time" (not spent working on chores/household tasks) do you usually have on average, *during the week* (Monday – Friday), and *during the weekend* (Saturday/Sunday)?

# Hours of Free Time	Monday – Friday	Saturday/Sunday
_____	_____	_____

66. In an average day how many hours of sleep do you get? Hours _____ and _____ Minutes

67. Approximately how many times, if any, have you yourself done any of the following in the past 12 months? If you did not participate in an activity record a "0".

Number of Times	Number of times in the past 12 months I . . .
_____	Went out to dinner with friends
_____	Went to an auto, boat, or other consumer show
_____	Attended a large party, reception or gathering
_____	Went to a bar, lounge, or nightclub (not counting for dinner with friends)
_____	Went to an amusement or theme park
_____	Purchased clothing or shoes for myself
_____	Went to a library (not counting any visits for children's school work)
_____	Attended meetings of a community, charity/service organization or club (including benefits or social events) but not religious services
_____	Bought a CD or tape
_____	Gambled at a casino or riverboat casino
_____	Took a class or attended a talk on something of interest (other than a for-credit course)
_____	Rented a movie for watching at home
_____	Went to a movie playing at a movie theater
_____	Went to a zoo
_____	Attended a live popular music performance by popular singers, or rock groups (not counting any high school or elementary school performance)
_____	Bought lottery tickets
_____	Sent a greeting card to a friend or relative
_____	Attended a live jazz performance (not counting any high school or elementary school performance)
_____	Visited relatives or friends in another city
_____	Went to the nearby home of relatives or friends for a social visit
_____	Went to an art or craft fair or festival
_____	Donated blood
_____	Attended a classical music performance such as a symphony, chamber or choral music (not counting any high school or elementary school performance)
_____	Attended live opera
_____	Went to an auto race
_____	Purchased a major home appliance, entertainment device, computer or automobile
_____	Went to a large shopping mall or downtown shopping area primarily as an enjoyable outing
_____	Attended a dinner theater performance
_____	Attended a live ballet performance (not counting any high school or elementary school performances)
_____	Attended meetings or events of a political party or candidate or governmental body
_____	Went to a live sports event such as a baseball, football, basketball, soccer, or hockey game
_____	Attended a regular meeting of a parent-teacher organization or other school group or school board
_____	Attended a live musical stage play or an operetta (not counting any high school or elementary school performances)
_____	Attended a live performance of a non-musical stage play (not counting dinner theater, high school or elementary school performances)

Number of Times **Number of times in the past 12 months I...**

- _____ Visited a history museum, historic park or monument or toured buildings or neighborhoods for their historic design value
- _____ Visited a children's museum
- _____ Went to a public art museum showing paintings, drawings, photographs, or sculpture
- _____ Went to a science, natural history museum, or the like
- _____ Visited a commercial art gallery offering paintings, drawings, prints, photographs, or sculptures for sale
- _____ Donated my time as a volunteer
- _____ Met a friend or co-worker for lunch

- _____ Went to a bookstore or book department in a large store
- _____ Went to an antique show or dealer
- _____ Made a stock or mutual fund transaction
- _____ Attended religious services
- _____ Made a long distance phone call to a friend or relative

68. How many brothers and sisters (including stepbrothers/stepsisters) did you have in your home when you were growing up? (IF YOU WERE AN ONLY CHILD, WRITE IN "0.")
 _____ (# BROTHERS AND SISTERS) → (IF "0" SKIP TO Q. 71)

69. Thinking about **older** brothers and sisters, how many older brothers and sisters were there in your home while you were growing up? And, how much older was the **next oldest brother or sister** with whom you were raised?

- 69a. Number of older brothers and sisters _____ → (IF "0" SKIP TO Q. 70)
- 69b. Number of years older..... _____

70. Thinking about **younger** brothers and sisters, how many younger brothers and sisters were there in your home while you were growing up? And, how much younger was the **next youngest brother or sister** with whom you were raised?

- 70a. Number of younger brothers and sisters _____ → (IF "0" SKIP TO Q. 71)
- 70b. Number of years younger..... _____

71. How important is it for you, personally, to participate in the following types of civic activities?

	<u>Extremely Important</u>	<u>Very Important</u>	<u>Moderately Important</u>	<u>Not Very Important</u>	<u>Not At All Important</u>
Elections	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Keeping up with local/community events	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Keeping up with state and national issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

72. Did you:

	<u>Yes</u>	<u>No</u>	<u>Not Sure</u>	<u>Not Old Enough</u>
Vote in the November, 1996 (Clinton/Dole) general election.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Vote in the November, 1992 (Bush/ Clinton/Perot) general election.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Will you vote in the 2000 presidential election in November?....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

73. Are you leaning toward being a:

<u>Democrat</u>	<u>Republican</u>	<u>Independent</u>	<u>Other</u>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

74. How would you describe your views on most political matters?

<u>Mostly Liberal</u>	<u>Mostly Moderate</u>	<u>Mostly Conservative</u>	<u>None of These</u>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

75. How closely would you say you are following stories about the 2000 Presidential election campaigns?

<u>Very Closely</u>	<u>Fairly Closely</u>	<u>Following, But Not Very Closely</u>	<u>Not Following Much At All</u>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Finally, we would like to get a little information about you and your household, just for statistical purposes.

76. Are you: Female..... 1 Male..... 2

77. Please complete the following table with the ages and the sexes of each of the other people (excluding yourself) living in your current household, and indicate with a check mark if they regularly read **The Daily Herald** newspaper.

	<u>Age</u>	<u>Regularly Read Newspaper</u>		<u>Age</u>	<u>Regularly Read Newspaper</u>
Male	_____	<input type="checkbox"/> 1	Female	_____	<input type="checkbox"/> 1
Male	_____	<input type="checkbox"/> 2	Female	_____	<input type="checkbox"/> 2
Male	_____	<input type="checkbox"/> 3	Female	_____	<input type="checkbox"/> 3
Male	_____	<input type="checkbox"/> 4	Female	_____	<input type="checkbox"/> 4
Male	_____	<input type="checkbox"/> 5	Female	_____	<input type="checkbox"/> 5

78. How long have you lived in the town or community in which you now reside? Years _____ Months _____

79. What was the last grade or year of regular school you completed?

- | | |
|---|---|
| Grade school (8 th grade or lower)..... <input type="checkbox"/> 1 | Some college (1 to 3 years)..... <input type="checkbox"/> 5 |
| Some high school (did not graduate)..... <input type="checkbox"/> 2 | College graduate (graduated from a 4-year college) <input type="checkbox"/> 6 |
| High school graduate (12 th grade)..... <input type="checkbox"/> 3 | Some post graduate (no advanced degree)..... <input type="checkbox"/> 7 |
| Special or technical training (not college)..... <input type="checkbox"/> 4 | Post graduate degree..... <input type="checkbox"/> 8 |

80. Which of the following best describes your present employment status?

- | | | |
|--|--|--|
| Employed full time (35 hours or more a week). <input type="checkbox"/> 1 | Student..... <input type="checkbox"/> 4 | Retired..... <input type="checkbox"/> 7 |
| Employed part-time (less than 35 hours/week). <input type="checkbox"/> 2 | Disabled..... <input type="checkbox"/> 5 | Not employed..... <input type="checkbox"/> 8 |
| Homemaker..... <input type="checkbox"/> 3 | Retired and working part time.. <input type="checkbox"/> 6 | |

81. Which of the following describes your current marital status?

- | | | |
|---|---|--|
| Married..... <input type="checkbox"/> 1 | Legally separated..... <input type="checkbox"/> 3 | Single (never married)..... <input type="checkbox"/> 5 |
| Widowed..... <input type="checkbox"/> 2 | Divorced..... <input type="checkbox"/> 4 | |

82. Which of the following best describes your present health?

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| <u>Excellent</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

83. Do you live in a:

- Single family dwelling (house/townhouse)..... 1 Multi-unit apartment or coop building or complex..... 2

84. What was the range of your **total household income** last year (1999) before taxes?

- | | | |
|--|--|--|
| Less than \$15,000..... <input type="checkbox"/> 1 | \$55,000 to \$64,999..... <input type="checkbox"/> 6 | \$95,000 to \$104,999..... <input type="checkbox"/> 0 |
| \$15,000 to \$24,999..... <input type="checkbox"/> 2 | \$65,000 to \$74,999..... <input type="checkbox"/> 7 | \$105,000 to \$114,999..... <input type="checkbox"/> x |
| \$25,000 to \$34,999..... <input type="checkbox"/> 3 | \$75,000 to \$84,999..... <input type="checkbox"/> 8 | \$115,000 to \$124,999..... <input type="checkbox"/> R |
| \$35,000 to \$44,999..... <input type="checkbox"/> 4 | \$85,000 to \$94,999..... <input type="checkbox"/> 9 | \$125,000 or more..... <input type="checkbox"/> 1 |
| \$45,000 to \$54,999..... <input type="checkbox"/> 5 | | |

85. Do you consider yourself to be of Spanish or Hispanic descent? Yes..... 1 No..... 2

86. What race do you consider yourself to be? (CHECK ONLY ONE ANSWER.)

- | | |
|---|---------------------------------------|
| White/Caucasian..... <input type="checkbox"/> 1 | Asian..... <input type="checkbox"/> 3 |
| African-American or Black..... <input type="checkbox"/> 2 | Other..... <input type="checkbox"/> 4 |

87. Would you be willing to participate in further follow-up research studies on this topic...

- | | |
|--|--|
| <u>By Mail or Telephone</u> | <u>Via the Internet</u> |
| Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 | Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 |

88. If you would be interested in participating in further research studies, please write your name, phone number and email address below:

Name: _____ Phone #: _____ Email: _____

THANK YOU FOR YOUR TIME AND THOUGHTFUL ANSWERS. PLEASE REVIEW THIS SURVEY TO MAKE SURE THAT YOU HAVE COMPLETED ALL OF THE QUESTIONS.