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Communications Research Institute (CRI) Questionnaire Design Flaws used for their Health Survey (MARS)

There are several important flaws in the questionnaire design.

1. **Frequency**

   The use of a frequency question has been shown **not** to produce accurate average issue readership figures, or accurate turnover figures (see attached paper "A Fresh Look at Frequency Distributions")

   The frequency question used in the CRI questionnaire is not time constrained, ie instead of how many issues in the last 4 weeks (or relevant publication period is) the question asks how many out of the last 4 issues.

   Are we to assume the respondent is accurately aware of the last 4 issues published, and which ones he/she has read, and which not?

   What if the respondent has not **yet** read the most recently published issue, but read an earlier one? Should he/she take a strict approach, ie 3 out of last 4, or an average approach, ie 4 out of 4?

   And what if the respondent is not accurately aware of the last 4 issues, if he/she read or looked into a couple of issues recently, but is not aware of whether these are among the last 4 issues or not – how will they answer?

   The answer at best must be a broad estimate.

2. **Mixing time periods**

   In all research it is important to set the time frame clearly for the respondent, and change time frames as little as possible.

   The CRI questionnaire mixes publications with different time periods, ie weekly, monthly, etc. This is likely to confuse the respondent.

   If we take the combined problems of the frequency question and mixed time periods, the likely direction of the resulting errors will likely favor weekly (or frequent publications) against less frequent publications.

   If the respondent estimates how many issues of each publication they've read recently, then clearly this will have them recalling more weekly publications than monthly publications (and even fewer publications published quarterly or twice yearly).

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3. **Ambiguous publication period descriptions**

   The term bi-weekly has two meanings – twice each week and every two weeks – each equally correct. Similarly, for bi-monthly.

   To use this ambiguous terminology in such a critical element of the design is a fundamental flaw in the survey.

   It would be expected to disadvantage bi-weekly and bi-monthly publications as follows: if the respondent who had read 3 issues of Rolling Stone in the last 8 weeks inadvertently understood from the questionnaire that the bi-weekly publication Rolling Stone was published twice each week, then he/she would probably think they had read 3 issues out of a possible 16 (approximately 1 out of 4) instead of 3 out of 4.

4. **Specific issue covers**

   The use of actual specific issue covers, while appropriate for measuring a specific issue of a magazine, is potentially confusing for a frequency of reading question where the respondent is asked about reading of the last four issues. It is unclear whether the covers were recent issues, ie in the last 4, or selected according to some specified criteria. While it is difficult to anticipate the likely direction of any error introduced by this, it is our view that publications with similar covers over time (or those where the masthead and standard look of the publication is of greater prominence than the specific cover pictures) are probably advantaged by this methodology.

5. **Title confusion**

   Many magazines have similar titles and looks. To assist the respondent to identify which title they actually read or looked into, like or similar magazines (with the same publication frequency) should be grouped together. This is not followed in the CRI questionnaire. For instance, two titles 'Men's Fitness' and 'Men's Health' would potentially be confused by respondents – 'Men's Fitness' appears on page 2F, while 'Men's Health' appears on page 6F.

   It is not clear whether or not the order of pages/titles is rotated (randomised or reversed). If these pages are not rotated, it is likely the error due to confusion will inflate the measured readership of the first mentioned publication. (The respondent who reads 'Men's Health' may incorrectly record their 'Men's Health' reading activity in the 'Men's Fitness' section, as this is the first title they see that looks like the one they read.)

   If the pages are rotated, then the error will be randomly spread across the titles which are the subject of confusion.

Given that all of these issues and errors are well known, and have been documented in the literature over the last 50 years, we are surprised to see such a flawed survey.

PEOPLE READ OR GLANCE THROUGH NEWSPAPERS AND MAGAZINES IN MANY DIFFERENT PLACES - BEAUTY PARLORS, BARBER SHOPS, DOCTORS'/DENTISTS' OFFICES, LIBRARIES, AIRPORTS, AND NEWSSTANDS, AS WELL AS IN THEIR OWN HOME.

NEWSPAPERS

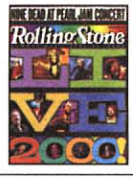
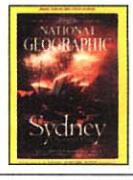
Please think carefully about any daily (Monday through Friday) newspapers you may have read or looked into at any time in the last 6 months, either at home or away from home. Please **"X"** the **"Yes"** box for each of the following newspapers which you may have read or looked into in the last 6 months. Then, for each newspaper you may have read or looked into, please answer the following three questions: **1)** How many of the last five issues published did you read or look into? **2)** Did you or someone else in your household either have it delivered or buy it from a newsstand (if Yes, "X" the Bought/Delivered box)? **3)** Did you read the last issue at home, at work, in a doctors'/dentists' office or someplace else (e.g. library, friend's house or some other public place)?

Newspapers	Sample Cover	May have read or looked into any issue in the last 6 months	IF YES, How many of the last 5 issues have you read or looked into?
The New York Times		Yes ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
		Bought/Delivered ☐	Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
THE WALL STREET JOURNAL		Yes ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
		Bought/Delivered ☐	Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐

Newspapers	Sample Cover	May have read or looked into any issue in the last 6 months	IF YES, How many of the last 5 issues have you read or looked into?
Los Angeles Times		Yes ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
		Bought/Delivered ☐	Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
USA TODAY		Yes ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
		Bought/Delivered ☐	Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐

MAGAZINES

Please **"X"** the **"Yes"** box for each of the following magazines which you may have read or looked into in the last 6 months. Then, for each magazine you may have read or looked into, please answer the following three questions: **1)** How many of the last four issues published did you read or look into? **2)** Did you or someone else in your household either subscribe to it by mail or buy it from a newsstand (if Yes, "X" the Bought/Subscribe box)? **3)** Did you read the last issue at home, at work, in a doctors'/dentists' office or someplace else (e.g. library, friend's house or some other public place)?

Magazines	Sample Cover	May have read or looked into any issue in the last 6 months	IF YES, How many of the last 4 issues have you read or looked into?
THE NATIONAL ENQUIRER weekly		Yes ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐
		Bought/Subscribe ☐	Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Rolling Stone bi-weekly		Yes ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐
		Bought/Subscribe ☐	Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
NATIONAL GEOGRAPHIC monthly		Yes ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐
		Bought/Subscribe ☐	Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
TRAVEL +LEISURE monthly		Yes ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐
		Bought/Subscribe ☐	Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
ESPN bi-weekly		Yes ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐
		Bought/Subscribe ☐	Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐

Magazines	Sample Cover	May have read or looked into any issue in the last 6 months	IF YES, How many of the last 4 issues have you read or looked into?
LADIES' HOME JOURNAL monthly		Yes ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐
		Bought/Subscribe ☐	Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Star weekly		Yes ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐
		Bought/Subscribe ☐	Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Country Home 9 times per year		Yes ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐
		Bought/Subscribe ☐	Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
GQ monthly		Yes ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐
		Bought/Subscribe ☐	Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
WorkingMother monthly		Yes ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐
		Bought/Subscribe ☐	Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐

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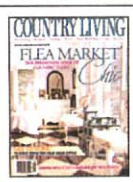
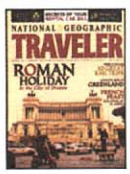
Magazines	Sample Cover	May have read or looked into any issue in the last 6 months	IF YES, How many of the last 4 issues have you read or looked into?
Smart Money monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Bon Appétit monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Parents monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Men'sFitness monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Esquire monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Popular Mechanics monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Mademoiselle monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
FOOD&WINE monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Discover monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Country Living monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐

Magazines	Sample Cover	May have read or looked into any issue in the last 6 months	IF YES, How many of the last 4 issues have you read or looked into?
Forbes bi-weekly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Reader's Digest monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Sports Illustrated weekly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
EBONY monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Martha Stewart Living monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
PARENTING monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
FamilyFun monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Entertainment weekly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Better Homes and Gardens monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
National Geographic TRAVELER 8 times per year		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐

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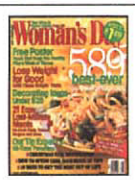
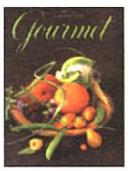
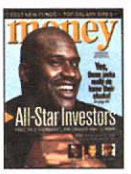
Magazines	Sample Cover	May have read or looked into any issue in the last 6 months	IF YES, How many of the last 4 issues have you read or looked into?
Guideposts monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Outdoor Life monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
DETAILS monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Healthy Kids bi-monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
The Family Handyman monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
WALKING 7 times per year		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Woman's Day tri-weekly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
NewChoices monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Modern Maturity bi-monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Us weekly weekly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐

Magazines	Sample Cover	May have read or looked into any issue in the last 6 months	IF YES, How many of the last 4 issues have you read or looked into?
Arthritis Today bi-monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
TV Guide weekly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Gourmet monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
U.S.News weekly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
SELF monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
money monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Muscle & Fitness monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
MAXIM monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Men's Journal monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
JET weekly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐

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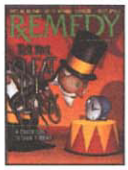
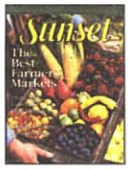
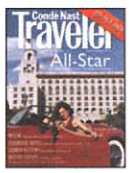
Magazines	Sample Cover	May have read or looked into any issue in the last 6 months	IF YES, How many of the last 4 issues have you read or looked into?
BabyTalk monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
REMEDY bi-monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Sunset monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Outlook bi-monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Fitness monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
FamilyLife monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Condé Nast Traveler monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
FORTUNE bi-weekly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
COSMOPOLITAN monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Consumers Digest bi-monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐

Magazines	Sample Cover	May have read or looked into any issue in the last 6 months	IF YES, How many of the last 4 issues have you read or looked into?
PREVENTION monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
O THE OPRAH MAGAZINE monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
REDBOOK monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
health 9 times per year		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Good Housekeeping monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
talk monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
House Beautiful monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Diabetes Forecast monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
SESAME STREET PARENTS monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
FIELD & STREAM monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐

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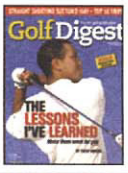
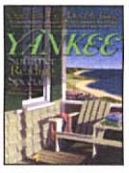
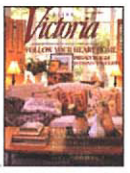
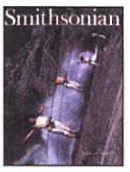
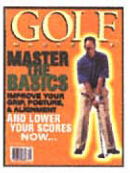
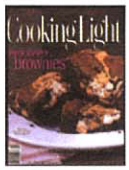
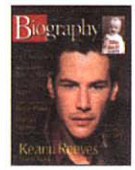
Magazines	Sample Cover	May have read or looked into any issue in the last 6 months	IF YES, How many of the last 4 issues have you read or looked into?
Midwest Living bi-monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
First tri-weekly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Golf Digest monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
People weekly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
marie claire monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Southern Living monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Working Woman monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
InStyle monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
YANKEE monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
BusinessWeek weekly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐

Magazines	Sample Cover	May have read or looked into any issue in the last 6 months	IF YES, How many of the last 4 issues have you read or looked into?
Woman's World weekly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Newsweek weekly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
more monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Scholastic Parent&Child bi-monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
SHAPE monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Victoria monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
FamilyCircle tri-weekly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Smithsonian monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
GOLF MAGAZINE monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
SOAP OPERA DIGEST weekly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐

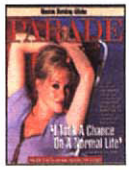
Please continue on next page ☞

Magazines	Sample Cover	May have read or looked into any issue in the last 6 months	IF YES, How many of the last 4 issues have you read or looked into?
Cooking Light monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
child monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
JANE monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
THE SATURDAY EVENING POST bi-monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
american baby monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐

Magazines	Sample Cover	May have read or looked into any issue in the last 6 months	IF YES, How many of the last 4 issues have you read or looked into?
Biography monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
Men's Health monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
TIME weekly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
GLAMOUR monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
ESSENCE monthly		Yes ☐ Bought/ Subscribe ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐

SUNDAY MAGAZINES

Sunday Magazines are separate sections that appear in some Sunday or weekend editions of local newspapers. Please **"X"** the **"Yes"** box for each of the following Sunday Magazines which you may have read or looked into in the last 6 months. Then, for each Sunday Magazine that you may have read or looked into, please answer the following three questions: **1)** How many of the last four issues published did you read or look into? **2)** Did you or someone else in your household either have it delivered or buy it from a newsstand (if Yes, "X" the Bought/Delivered box)? **3)** Did you read the last issue at home, at work, in a doctors'/dentists' office or someplace else (e.g. library, friend's house or some other public place)?

Sunday Magazines	Sample Cover	May have read or looked into any issue in the last 6 months	IF YES, How many of the last 4 issues have you read or looked into?
Los Angeles Times Magazine		Yes ☐ Bought/ Delivered ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
PARADE		Yes ☐ Bought/ Delivered ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐

Sunday Magazines	Sample Cover	May have read or looked into any issue in the last 6 months	IF YES, How many of the last 4 issues have you read or looked into?
USA WEEKEND		Yes ☐ Bought/ Delivered ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐
The New York Times Magazine		Yes ☐ Bought/ Delivered ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Where Read: Home ☐ Work ☐ Doctor ☐ Other ☐

OTHER PUBLICATIONS

Please indicate which of the following health related/pharmaceutical publications you have ever read or looked into. *Please "X" all that apply.*

Allergy&Asthma Health Monitor	☐	Coping With Cancer	☐	Medizine	☐	Vim & Vigor	☐
Arthritis Health Monitor	☐	Diabetes Health Monitor	☐	Parents Expecting	☐	Walgreens Health	☐
Big K Health Digest	☐	Family Digest	☐	Respiratory Health Monitor	☐	Your Health	☐
Coping With Allergies & Asthma	☐	Heart Care Health Monitor	☐	Rite Aid Rite Health Journal	☐	NONE OF THESE	☐

Please continue on next page ☞

TELEVISION VIEWING

1. Thinking of the typical weekday (Monday - Friday), how many hours do you spend viewing television for each of the time periods listed below? Please indicate the same for the typical weekend day (Saturday - Sunday).

	HOURS VIEWED IN A TYPICAL DAY					
	None	Less Than 1 Hour	1 To Less Than 2 Hours	2 To Less Than 3 Hours	3 To Less Than 5 Hours	5 Hours or More
Weekday (Monday-Friday)						
6 AM to 9 AM	☐	☐	☐	☐	☐	
9 AM to 4 PM	☐	☐	☐	☐	☐	☐
4 PM to 8 PM	☐	☐	☐	☐	☐	
8 PM to 11 PM	☐	☐	☐	☐	☐	
11 PM to 11:30 PM	☐	☐				
11:30 PM to 1 AM	☐	☐	☐			
Weekend (Saturday-Sunday)						
6 AM to 9 AM	☐	☐	☐	☐	☐	
9 AM to 4 PM	☐	☐	☐	☐	☐	☐
4 PM to 8 PM	☐	☐	☐	☐	☐	
8 PM to 11 PM	☐	☐	☐	☐	☐	
11 PM to 11:30 PM	☐	☐				
11:30 PM to 1 AM	☐	☐	☐			

2. Please indicate which of the following types of television programs you watched in the last 7 days. *Please "X" all that apply.*

Action/Adventure	☐	Educational	☐	Law Shows	☐	Sci-Fi	☐
Animal/Wilderness	☐	Entertainment/Hollywood	☐	Local News	☐	Sitcoms	☐
Animated/Family	☐	Game	☐	Music	☐	Soap Operas	☐
Classic Films	☐	Health/Nutrition	☐	National/World News	☐	Sports	☐
Comedy Series or Specials (not Sitcoms)	☐	Historical	☐	News Magazines	☐	Suspense/Thriller	☐
Cooking	☐	Home & Garden	☐	Nighttime Talk Shows	☐	Technology/High-Tech	☐
Crime/Detective	☐	Home Shopping Networks	☐	Political	☐	Weather	☐
Daytime Talk	☐	Horror	☐	Real-Life Court Dramas	☐	Westerns	☐
Documentaries	☐	Infomercials	☐	Real-Life Police Docu-Dramas	☐	NONE OF THESE	☐
Dramas	☐	Interactive Crime Series	☐	Romance/Dating	☐		

3. Does your household... *Please "X" all that apply.*

Have a satellite dish	☐	Subscribe to cable television	☐	Subscribe to pay cable (e.g. HBO, Showtime, etc.)	☐
Own a PVR (e.g. TiVo, Replay TV)	☐	Subscribe to digital cable	☐	NONE OF THESE	☐

RADIO LISTENING

1. Thinking of the typical weekday (Monday - Friday), how many hours do you spend listening to the radio for each of the time periods listed below? Please indicate the same for the typical weekend day (Saturday - Sunday).

	HOURS LISTENED IN A TYPICAL DAY					
	None	Less Than 1 Hour	1 To Less Than 2 Hours	2 To Less Than 3 Hours	3 To Less Than 4 Hours	4 Hours or More
Weekday (Monday-Friday)						
6 AM to 10 AM	☐	☐	☐	☐	☐	☐
10 AM to 3 PM	☐	☐	☐	☐	☐	☐
3 PM to 7 PM	☐	☐	☐	☐	☐	☐
7 PM to 12 AM	☐	☐	☐	☐	☐	☐
12 AM to 6 AM	☐	☐	☐	☐	☐	☐
Weekend (Saturday-Sunday)						
6 AM to 10 AM	☐	☐	☐	☐	☐	☐
10 AM to 3 PM	☐	☐	☐	☐	☐	☐
3 PM to 7 PM	☐	☐	☐	☐	☐	☐
7 PM to 12 AM	☐	☐	☐	☐	☐	☐
12 AM to 6 AM	☐	☐	☐	☐	☐	☐

Please continue on next page ☞

2. Please indicate which of the following types of radio programs you listened to in the last 7 days. *Please "X" all that apply.*

Album Oriented Rock/Progressive	☐	Classic Rock/Hits from the Past	☐	Gospel/Religious	☐
All News/News Talk	☐	Contemporary Hits/Rock	☐	Jazz	☐
All Sports/Sports Talk	☐	Country	☐	Latin/Ethnic	☐
Black/Urban/Rap	☐	Easy Listening	☐	Soft Rock	☐
Classical	☐	Golden Oldies/Nostalgia	☐	NONE OF THESE	☐

3. Where do you do most of your radio listening? *Please "X" only one.*

Car ☐ Home ☐ Work ☐ Other ☐

4. Do you do most of your radio listening when you are alone or with others? *Please "X" only one.*

Alone ☐ With others ☐

INTERNET USAGE

1. Did you access the Internet at home, at work or someplace else in the last 3 months? *Please "X" all that apply.*

Yes, at home	☐	Yes, at the library	☐	Yes, someplace else	☐
Yes, at work	☐	Yes, at a friend's house	☐	No, did not access the Internet	☐ ☞ *Please Skip To The Healthcare Information Section*

2. How often did you access the Internet, either at home, at work or someplace else, for anything other than e-mail in the last 3 months?

Daily	☐	2 to 3 times a week	☐	2 to 3 times a month	☐
4 to 6 times a week	☐	Once a week	☐	Once a month or less often	☐

3. Now I'd like to ask you about your use of the Internet in the last 7 days. How much time did you spend accessing the Internet, either at home, at work or someplace else, for anything other than e-mail in the last 7 days?

No time	☐	1 to 2 hours	☐	5 to 9 hours	☐	15 to 19 hours	☐
Less than 1 hour	☐	3 to 4 hours	☐	10 to 14 hours	☐	20 hours or more	☐

4. Please indicate which of the following health related websites you have ever heard of and which you have visited in the last 30 days. *Please "X" all that apply.*

		Ever Heard Of	Visited Last 30 Days
About The Human Internet	About.com/health	☐	☐
adam.com	adam.com	☐	☐
allHealth	allHealth.com	☐	☐
AOLHealth	AOL.com/webcenters/health	☐	☐
CBS HealthWatch	CBSHealthWatch.com	☐	☐
CVS/pharmacy	CVS.com	☐	☐
theDailyApple	theDailyApple.com	☐	☐
Discovery Health	DiscoveryHealth.com	☐	☐
drkoop.com	drkoop.com	☐	☐
drugstore.com	drugstore.com	☐	☐
eDiets.com	eDiets.com	☐	☐
HealthAnswers	HealthAnswers.com	☐	☐
HEALTHCENTRAL	Healthcentral.com	☐	☐
HealthGate	HealthGate.com	☐	☐
HealthScout	HealthScout.com	☐	☐
InteliHealth The Trusted Source	InteliHealth.com	☐	☐
iVillage.com	iVillage.com	☐	☐
MayoClinic.com	MayoClinic.com	☐	☐
MDchoice.com	MDchoice.com	☐	☐
Mediconsult	Mediconsult.com	☐	☐
MedicineNet.com	MedicineNet.com	☐	☐
MEDIZINE	MediZine.com	☐	☐
Medscape	Medscape.com	☐	☐
MSNBC	MSNBC.com	☐	☐
The New York Times Health	nytimes.com/pages/health	☐	☐
onhealth	onhealth.com	☐	☐
planetRx.com	planetRx.com	☐	☐
Reader's Digest health	RDhealth.com	☐	☐
RealAge	RealAge.com	☐	☐
ThirdAge	ThirdAge.com	☐	☐
WebMD	WebMD.com	☐	☐
women.com where women are going	women.com	☐	☐
YAHOO! Health	Yahoo.com/Health	☐	☐
Other _____ *(please specify)*		☐	☐
NONE OF THESE		☐	☐

Please continue on next page ☞

5. Why did you visit health related websites in the last 30 days? *Please "X" all that apply.*

- For special health interest chat rooms ☐
- For support groups ☐
- To obtain evidence from clinical trials on new pharmaceuticals ☐
- To otain information on a specific ailment, disease or condition ☐
- To purchase prescriptions ☐
- To seek information on prescription drugs ☐
- Other _____ ☐ *(please specify)*
- Did not visit health related websites ☐

6. In the last 30 days, with whom have you discussed health related information you found on the Internet? *Please "X" all that apply.*

Primary Care Physician	☐	Pharmacist	☐	Other Family Member	☐	Other	☐
Specialist	☐	Spouse	☐	Friends	☐	Did not discuss	☐

HEALTHCARE INFORMATION

1a. Please indicate which actions you took in the last 12 months as a result of seeing or hearing healthcare advertising. *Please "X" all that apply.*

1b. Then for each action you took, indicate the source of the healthcare advertising. *Please "X" at least one for each action taken.*

	a. Actions Taken Due To Ad	b. Where Saw/Heard Advertising							
			Newspaper						
		Magazine	Daily/ Weekend	Sunday Magazine	Television	Radio	Internet	Outdoor	Other
Asked your doctor for a product sample of a prescription drug	☐	☐	☐	☐	☐	☐	☐	☐	☐
Asked your doctor to prescribe a specific drug	☐	☐	☐	☐	☐	☐	☐	☐	☐
Called a toll free number to get additional information	☐	☐	☐	☐	☐	☐	☐	☐	☐
Called for a prescription refill	☐	☐	☐	☐	☐	☐	☐	☐	☐
Consulted a pharmacist	☐	☐	☐	☐	☐	☐	☐	☐	☐
Discussed an ad with a friend or relative	☐	☐	☐	☐	☐	☐	☐	☐	☐
Discussed an ad with your doctor	☐	☐	☐	☐	☐	☐	☐	☐	☐
Made an appointment to see a doctor	☐	☐	☐	☐	☐	☐	☐	☐	☐
Purchased a non-prescription product	☐	☐	☐	☐	☐	☐	☐	☐	☐
Referred to a book or journal to get additional information	☐	☐	☐	☐	☐	☐	☐	☐	☐
Referred to a particular magazine	☐	☐	☐	☐	☐	☐	☐	☐	☐
Returned card to request additional information	☐	☐	☐	☐	☐	☐	☐	☐	☐
Returned free sample card	☐	☐	☐	☐	☐	☐	☐	☐	☐
Took your medication	☐	☐	☐	☐	☐	☐	☐	☐	☐
Used a coupon	☐	☐	☐	☐	☐	☐	☐	☐	☐
Visited a particular website	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other _____ *(please specify)*	☐	☐	☐	☐	☐	☐	☐	☐	☐
Took no action	☐								

2. Please indicate how much you depend on each of the following sources for healthcare information. *Please "X" one for each source.*

	Very Much	Some-what	Not Very Much	Not At All
Ads/Brochures/Pamphlets in Doctor's Office	☐	☐	☐	☐
Alternative/Holistic Medical Practitioners	☐	☐	☐	☐
Clinical Social Workers	☐	☐	☐	☐
Co-Workers	☐	☐	☐	☐
Direct Mail	☐	☐	☐	☐
Doctors	☐	☐	☐	☐
Friends/Relatives	☐	☐	☐	☐
Internet - General Interest Website (e.g. www.women.com, www.Yahoo.com)	☐	☐	☐	☐
Internet - Healthcare Website (e.g. www.WebMD.com)	☐	☐	☐	☐
Internet - Magazine Website (e.g. www.HealthMag.com)	☐	☐	☐	☐
Internet - News Website (www.cnn.com)	☐	☐	☐	☐
Internet - Pharmaceutical Company Website (e.g. www.claritin.com)	☐	☐	☐	☐
Internet - Pharmacy Website (e.g. www.planetRx.com)	☐	☐	☐	☐
Library	☐	☐	☐	☐
Magazine Advertisements	☐	☐	☐	☐
Magazine Articles	☐	☐	☐	☐
Medical Journals	☐	☐	☐	☐
Newsletters	☐	☐	☐	☐
Newspaper Advertisements	☐	☐	☐	☐
Newspaper Articles	☐	☐	☐	☐
Nurse Practitioners/Physician Assistants	☐	☐	☐	☐
Pharmacists	☐	☐	☐	☐
Radio	☐	☐	☐	☐
Support Groups	☐	☐	☐	☐
Televised Reports	☐	☐	☐	☐
TV Advertisements	☐	☐	☐	☐
TV Programs in Doctors' Offices	☐	☐	☐	☐

Please continue on next page ☞

CONDITIONS

1. Please indicate which conditions you currently have or had in the last 12 months (either self diagnosed or diagnosed by a doctor or other healthcare professional) and indicate if the condition lasted less than or more than 12 months. *Please "X" all that apply.*
2. Then, for each condition you have or had in the last 12 months, indicate the treatments you are seeking or did seek. *Please "X" all that apply.*

	Q.1				Q. 2 – TREATING/TREATED WITH *Please "X*			
	Currently Have/Had In Last 12 Months		Duration Of Condition					
CONDITION	Self-Diagnosed	Professionally Diagnosed	Less Than 12 Months	More Than 12 Months	Non-Prescription Product	Prescription Product Branded	Prescription Product Generic	Home Remedy/ Herbal
Acid Reflux/Indigestion	☐	☐	☐	☐	☐	☐	☐	☐
ADD/ADHD	☐	☐	☐	☐	☐	☐	☐	☐
Allergy (year round)	☐	☐	☐	☐	☐	☐	☐	☐
Allergy/Hay Fever (seasonal)	☐	☐	☐	☐	☐	☐	☐	☐
Alzheimer's	☐	☐	☐	☐	☐	☐	☐	☐
Anxiety/Panic Disorder	☐	☐	☐	☐	☐	☐	☐	☐
Arthritis (Osteoarthritis)	☐	☐	☐	☐	☐	☐	☐	☐
Arthritis (Rheumatoid Arthritis)	☐	☐	☐	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐	☐	☐	☐
Backache	☐	☐	☐	☐	☐	☐	☐	☐
Body Aches	☐	☐	☐	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐	☐	☐	☐
Cold Sores/Canker Sores	☐	☐	☐	☐	☐	☐	☐	☐
Cold/Cough	☐	☐	☐	☐	☐	☐	☐	☐
Chronic Obstructive Pulmonary Disease (COPD)	☐	☐	☐	☐	☐	☐	☐	☐
Constipation	☐	☐	☐	☐	☐	☐	☐	☐
Depression	☐	☐	☐	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐	☐	☐	☐
Diarrhea	☐	☐	☐	☐	☐	☐	☐	☐
Ear Infections	☐	☐	☐	☐	☐	☐	☐	☐
Erectile Dysfunction/Impotence	☐	☐	☐	☐	☐	☐	☐	☐
Fever	☐	☐	☐	☐	☐	☐	☐	☐
Flu	☐	☐	☐	☐	☐	☐	☐	☐
Gas	☐	☐	☐	☐	☐	☐	☐	☐
Hair Loss	☐	☐	☐	☐	☐	☐	☐	☐
Hangover	☐	☐	☐	☐	☐	☐	☐	☐
Headache	☐	☐	☐	☐	☐	☐	☐	☐
Heart Attack/Heart Disease	☐	☐	☐	☐	☐	☐	☐	☐
Heartburn/GERD	☐	☐	☐	☐	☐	☐	☐	☐
Herpes	☐	☐	☐	☐	☐	☐	☐	☐
High Cholesterol	☐	☐	☐	☐	☐	☐	☐	☐
HIV/AIDS	☐	☐	☐	☐	☐	☐	☐	☐
Hives	☐	☐	☐	☐	☐	☐	☐	☐
Hypertension/High Blood Pressure	☐	☐	☐	☐	☐	☐	☐	☐
Menopause/Hormone Replacement	☐	☐	☐	☐	☐	☐	☐	☐
Menstrual Cramps/Pain	☐	☐	☐	☐	☐	☐	☐	☐
Migraine Headache	☐	☐	☐	☐	☐	☐	☐	☐
Nervous Tension/Stress	☐	☐	☐	☐	☐	☐	☐	☐
Nutritional Deficiencies	☐	☐	☐	☐	☐	☐	☐	☐
Obesity	☐	☐	☐	☐	☐	☐	☐	☐
Obsessive Compulsive Disorder	☐	☐	☐	☐	☐	☐	☐	☐
Osteoporosis	☐	☐	☐	☐	☐	☐	☐	☐
Post Traumatic Stress Disorder	☐	☐	☐	☐	☐	☐	☐	☐
Premenstrual Dysphoric Disorder	☐	☐	☐	☐	☐	☐	☐	☐
Seizures	☐	☐	☐	☐	☐	☐	☐	☐
Severe Pain	☐	☐	☐	☐	☐	☐	☐	☐
Sinus Congestion/Sinus Headache	☐	☐	☐	☐	☐	☐	☐	☐
Smoking Cessation	☐	☐	☐	☐	☐	☐	☐	☐
Sore Throat	☐	☐	☐	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐	☐	☐	☐
Tired/Run Down Feeling	☐	☐	☐	☐	☐	☐	☐	☐
Urinary Tract Infections	☐	☐	☐	☐	☐	☐	☐	☐
Yeast Infections	☐	☐	☐	☐	☐	☐	☐	☐

Please continue on next page ☞

3. If a prescription drug is/was used, indicate if you asked your doctor for a specific brand by name and if you received the specific brand you requested.
4. Then, indicate if you initiated a discussion with your doctor about this condition or specific treatment options of this condition.

5. Indicate which conditions currently exist in any other family members and write in how many times in total you and other family members visited a doctor in the last 12 months for this condition. Please count visits that you accompanied another family member with the condition to in your estimate.
Note: Please include family members that live with you as well as those that do not.

"X" all that apply. – Q. 2		Q.3		Q.4		Q.5	
Diet	Did Not/ Are Not Treating	Asked For Specific Brand	Received Brand Requested	Initiated Discussion With Doctor	CONDITION	Condition Exists In Other Family Members	Number Of Family Visits In Last 12 Months
☐	☐	☐	☐	☐	Acid Reflux/Indigestion	☐	☐☐☐
☐	☐	☐	☐	☐	ADD/ADHD	☐	☐☐☐
☐	☐	☐	☐	☐	Allergy (year round)	☐	☐☐☐
☐	☐	☐	☐	☐	Allergy/Hay Fever (seasonal)	☐	☐☐☐
☐	☐	☐	☐	☐	Alzheimer's	☐	☐☐☐
☐	☐	☐	☐	☐	Anxiety/Panic Disorder	☐	☐☐☐
☐	☐	☐	☐	☐	Arthritis (Osteoarthritis)	☐	☐☐☐
☐	☐	☐	☐	☐	Arthritis (Rheumatoid Arthritis)	☐	☐☐☐
☐	☐	☐	☐	☐	Asthma	☐	☐☐☐
☐	☐	☐	☐	☐	Backache	☐	☐☐☐
☐	☐	☐	☐	☐	Body Aches	☐	☐☐☐
☐	☐	☐	☐	☐	Cancer	☐	☐☐☐
☐	☐	☐	☐	☐	Cold Sores/Canker Sores	☐	☐☐☐
☐	☐	☐	☐	☐	Cold/Cough	☐	☐☐☐
☐	☐	☐	☐	☐	Chronic Obstructive Pulmonary Disease (COPD)	☐	☐☐☐
☐	☐	☐	☐	☐	Constipation	☐	☐☐☐
☐	☐	☐	☐	☐	Depression	☐	☐☐☐
☐	☐	☐	☐	☐	Diabetes	☐	☐☐☐
☐	☐	☐	☐	☐	Diarrhea	☐	☐☐☐
☐	☐	☐	☐	☐	Ear Infections	☐	☐☐☐
☐	☐	☐	☐	☐	Erectile Dysfunction/Impotence	☐	☐☐☐
☐	☐	☐	☐	☐	Fever	☐	☐☐☐
☐	☐	☐	☐	☐	Flu	☐	☐☐☐
☐	☐	☐	☐	☐	Gas	☐	☐☐☐
☐	☐	☐	☐	☐	Hair Loss	☐	☐☐☐
☐	☐	☐	☐	☐	Hangover	☐	☐☐☐
☐	☐	☐	☐	☐	Headache	☐	☐☐☐
☐	☐	☐	☐	☐	Heart Attack/Heart Disease	☐	☐☐☐
☐	☐	☐	☐	☐	Heartburn/GERD	☐	☐☐☐
☐	☐	☐	☐	☐	Herpes	☐	☐☐☐
☐	☐	☐	☐	☐	High Cholesterol	☐	☐☐☐
☐	☐	☐	☐	☐	HIV/AIDS	☐	☐☐☐
☐	☐	☐	☐	☐	Hives	☐	☐☐☐
☐	☐	☐	☐	☐	Hypertension/High Blood Pressure	☐	☐☐☐
☐	☐	☐	☐	☐	Menopause/Hormone Replacement	☐	☐☐☐
☐	☐	☐	☐	☐	Menstrual Cramps/Pain	☐	☐☐☐
☐	☐	☐	☐	☐	Migraine Headache	☐	☐☐☐
☐	☐	☐	☐	☐	Nervous Tension/Stress	☐	☐☐☐
☐	☐	☐	☐	☐	Nutritional Deficiencies	☐	☐☐☐
☐	☐	☐	☐	☐	Obesity	☐	☐☐☐
☐	☐	☐	☐	☐	Obsessive Compulsive Disorder	☐	☐☐☐
☐	☐	☐	☐	☐	Osteoporosis	☐	☐☐☐
☐	☐	☐	☐	☐	Post Traumatic Stress Disorder	☐	☐☐☐
☐	☐	☐	☐	☐	Premenstrual Dysphoric Disorder	☐	☐☐☐
☐	☐	☐	☐	☐	Seizures	☐	☐☐☐
☐	☐	☐	☐	☐	Severe Pain	☐	☐☐☐
☐	☐	☐	☐	☐	Sinus Congestion/Sinus Headache	☐	☐☐☐
☐	☐	☐	☐	☐	Smoking Cessation	☐	☐☐☐
☐	☐	☐	☐	☐	Sore Throat	☐	☐☐☐
☐	☐	☐	☐	☐	Stroke	☐	☐☐☐
☐	☐	☐	☐	☐	Tired/Run Down Feeling	☐	☐☐☐
☐	☐	☐	☐	☐	Urinary Tract Infections	☐	☐☐☐
☐	☐	☐	☐	☐	Yeast Infections	☐	☐☐☐

Please continue on next page ☞

DRUGS (Prescription and Non-Prescription) AND OTHER HEALTH PRODUCTS

1a. Please indicate which brands of prescription and non-prescription drugs and other health products you yourself used in the last 12 months. *Please "X" all that apply.*

1b. If you used the brand in the last 30 days, please indicate the number of days you used it.

	a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days
COLD / FLU				
Prescription				
Relenza	☐	☐	☐	☐
Tamiflu	☐	☐	☐	☐
Non-Prescription				
Actifed	☐	☐	☐	☐
Advil Cold & Flu	☐	☐	☐	☐
Advil Cold & Sinus	☐	☐	☐	☐
Afrin	☐	☐	☐	☐
Aleve Cold & Sinus	☐	☐	☐	☐
Alka-Seltzer Plus Cold	☐	☐	☐	☐
Alka-Seltzer Plus Cold & Cough	☐	☐	☐	☐
Alka-Seltzer Plus Cold & Flu	☐	☐	☐	☐
Alka-Seltzer Plus Nighttime	☐	☐	☐	☐
Alka-Seltzer Plus LiquiGels	☐	☐	☐	☐
Benadryl Cold	☐	☐	☐	☐
Breathe Right Nasal Strips	☐	☐	☐	☐
Comtrex Cold & Flu	☐	☐	☐	☐
Coricidin HBP	☐	☐	☐	☐
DayQuil Cold & Flu	☐	☐	☐	☐
Dimetapp	☐	☐	☐	☐
Dristan	☐	☐	☐	☐
Immun-Eeze	☐	☐	☐	☐
NaSal Saline Moisturizer	☐	☐	☐	☐
Neo-Synephrine	☐	☐	☐	☐
Prescription *continued*				
Other Prescription	☐	☐	☐	☐
Non-Prescription *continued*				
NyQuil Liquicaps	☐	☐	☐	☐
Oscillococcinum	☐	☐	☐	☐
Primatene Mist	☐	☐	☐	☐
Robitussin Cold Formula	☐	☐	☐	☐
Robitussin Honey Flu	☐	☐	☐	☐
Other Robitussin	☐	☐	☐	☐
Sudafed Cold & Allergy	☐	☐	☐	☐
Other Sudafed	☐	☐	☐	☐
Tavist	☐	☐	☐	☐
Theraflu	☐	☐	☐	☐
Tylenol Cold	☐	☐	☐	☐
Tylenol Cold & Flu Hot	☐	☐	☐	☐
Other Tylenol	☐	☐	☐	☐
Vanquish	☐	☐	☐	☐
Vicks Formula 44	☐	☐	☐	☐
Vicks Sinex	☐	☐	☐	☐
Vicks VapoRub	☐	☐	☐	☐
Zicam Cold Remedy	☐	☐	☐	☐
Other Non-Prescription	☐	☐	☐	☐
COUGH SYRUPS / SORE THROAT REMEDIES				
Non-Prescription				
Benylin	☐	☐	☐	☐
Celestial Seasonings Soothers	☐	☐	☐	☐
Halls	☐	☐	☐	☐
Halls Defense	☐	☐	☐	☐
Halls Mentho-Lyptus	☐	☐	☐	☐
Halls Plus	☐	☐	☐	☐
Non-Prescription *continued*				
Robitussin	☐	☐	☐	☐
Triaminic	☐	☐	☐	☐
Tylenol	☐	☐	☐	☐
Vicks Formula 44	☐	☐	☐	☐
Other Non-Prescription	☐	☐	☐	☐
VITAMINS / MINERALS / HERBALS				
Non-Prescription				
Alluna	☐	☐	☐	☐
Celestial Seasonings	☐	☐	☐	☐
Centrum	☐	☐	☐	☐
Centrum Focused Formulas	☐	☐	☐	☐
Centrum Silver	☐	☐	☐	☐
Fergon	☐	☐	☐	☐
Geritol	☐	☐	☐	☐
Ginsana	☐	☐	☐	☐
GNC	☐	☐	☐	☐
One-A-Day 50 Plus	☐	☐	☐	☐
Non-Prescription *continued*				
One-A-Day Calcium Plus	☐	☐	☐	☐
One-A-Day Men's	☐	☐	☐	☐
One-A-Day Specialized Blends (including Energy, Joint Health)	☐	☐	☐	☐
One-A-Day Women's	☐	☐	☐	☐
Other One-A-Day	☐	☐	☐	☐
Quanterra	☐	☐	☐	☐
Remifemin	☐	☐	☐	☐
Theragran	☐	☐	☐	☐
Other Non-Prescription	☐	☐	☐	☐

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	a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days		a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days
ALLERGY, ASTHMA & SINUS									
Prescription					**Prescription** *continued*				
Accolate	☐	☐	☐	☐	Patanol	☐	☐	☐	☐
Advair	☐	☐	☐	☐	Prednesone	☐	☐	☐	☐
Allegra	☐	☐	☐	☐	Proventil	☐	☐	☐	☐
Allegra D	☐	☐	☐	☐	Pulmicort	☐	☐	☐	☐
Astelin	☐	☐	☐	☐	Rhinocort Aqua	☐	☐	☐	☐
Clarinex	☐	☐	☐	☐	Seretide	☐	☐	☐	☐
Claritin	☐	☐	☐	☐	Serevent	☐	☐	☐	☐
Claritin D	☐	☐	☐	☐	Singulair	☐	☐	☐	☐
Flonase	☐	☐	☐	☐	Vancenase	☐	☐	☐	☐
Flovent	☐	☐	☐	☐	Zyrtec	☐	☐	☐	☐
Nasacort	☐	☐	☐	☐	Zyrtec D	☐	☐	☐	☐
Nasacort Aq	☐	☐	☐	☐	Other Prescription	☐	☐	☐	☐
Nasonex	☐	☐	☐	☐					
Non-Prescription					**Non-Prescription** *continued*				
Actifed Allergy	☐	☐	☐	☐	Motrin Sinus Headache	☐	☐	☐	☐
Advil Cold & Sinus	☐	☐	☐	☐	Nasalcrom	☐	☐	☐	☐
Afrin	☐	☐	☐	☐	NaSal Saline Moisturizer	☐	☐	☐	☐
Aleve Cold & Sinus	☐	☐	☐	☐	Neo-Synephrine	☐	☐	☐	☐
Alka-Seltzer Plus Cold & Sinus	☐	☐	☐	☐	Primatene Mist	☐	☐	☐	☐
Benadryl Allergy	☐	☐	☐	☐	Sinutab	☐	☐	☐	☐
Bronkaid	☐	☐	☐	☐	Sudafed Cold & Allergy	☐	☐	☐	☐
Breathe Right Nasal Strips	☐	☐	☐	☐	Sudafed Sinus	☐	☐	☐	☐
Chlor-Trimeton	☐	☐	☐	☐	Sunsource Allergy	☐	☐	☐	☐
Comtrex	☐	☐	☐	☐	Tavist	☐	☐	☐	☐
Contac	☐	☐	☐	☐	Triaminic Allergy	☐	☐	☐	☐
Coricidin HBP	☐	☐	☐	☐	Tylenol Allergy/Sinus	☐	☐	☐	☐
Dimetapp	☐	☐	☐	☐	Tylenol Sinus	☐	☐	☐	☐
Dristan Allergy	☐	☐	☐	☐	Vicks Sinex	☐	☐	☐	☐
Drixoral Allergy	☐	☐	☐	☐	Visine Allergy	☐	☐	☐	☐
Efidac 24 hr Allergy	☐	☐	☐	☐	Zicam Allergy Relief	☐	☐	☐	☐
Immun-Eeze	☐	☐	☐	☐	Other Non-Prescription	☐	☐	☐	☐
FIRST AID PRODUCTS & TOPICAL ANTIBIOTIC REMEDIES									
Prescription					**Prescription** *continued*				
Aphthasol	☐	☐	☐	☐	Other Prescription	☐	☐	☐	☐
Non-Prescription					**Non-Prescription** *continued*				
Abreva	☐	☐	☐	☐	Cortaid	☐	☐	☐	☐
Anbesol	☐	☐	☐	☐	Cortizone	☐	☐	☐	☐
Bacitracin	☐	☐	☐	☐	Domeboro	☐	☐	☐	☐
Bactine	☐	☐	☐	☐	Neosporin	☐	☐	☐	☐
Benadryl	☐	☐	☐	☐	Orajel	☐	☐	☐	☐
Calamine Lotion	☐	☐	☐	☐	Polysporin	☐	☐	☐	☐
Campho-phenique	☐	☐	☐	☐	Other Non-Prescription	☐	☐	☐	☐
Carmex	☐	☐	☐	☐					

Please continue on next page ☞

	a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days		a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days
HEARTBURN / GERD, INDIGESTION AIDS, ANTI-NAUSIENT, UPSET STOMACH & DIARRHEA REMEDIES									
Prescription					**Prescription** *continued*				
Aciphex	☐	☐	☐	☐	Prilosec	☐	☐	☐	☐
Axid	☐	☐	☐	☐	Protonix	☐	☐	☐	☐
Cimetidine (Generic for Tagamet)	☐	☐	☐	☐	Ranitidine (Generic for Zantac)	☐	☐	☐	☐
Nexium	☐	☐	☐	☐	Tagamet	☐	☐	☐	☐
Pepcid	☐	☐	☐	☐	Zantac	☐	☐	☐	☐
Prevacid	☐	☐	☐	☐	Other Prescription	☐	☐	☐	☐
Non-Prescription					**Non-Prescription** *continued*				
Alka-Mints	☐	☐	☐	☐	Mylanta CalciTabs	☐	☐	☐	☐
Alka-Seltzer	☐	☐	☐	☐	Pepcid AC	☐	☐	☐	☐
Alka-Seltzer Heartburn Relief	☐	☐	☐	☐	Pepcid Complete	☐	☐	☐	☐
Alka-Seltzer PM	☐	☐	☐	☐	Pepto-Bismol Liquid	☐	☐	☐	☐
Axid AR	☐	☐	☐	☐	Pepto-Bismol Tablets	☐	☐	☐	☐
Beano	☐	☐	☐	☐	Phayzyme	☐	☐	☐	☐
Gas-X	☐	☐	☐	☐	Phillips' Chewable Mint Tablets	☐	☐	☐	☐
Gaviscon	☐	☐	☐	☐	Phillips' Milk of Magnesia	☐	☐	☐	☐
Gelusil	☐	☐	☐	☐	Rolaids (Extra Strength)	☐	☐	☐	☐
Imodium AD	☐	☐	☐	☐	Tagamet HB	☐	☐	☐	☐
Imodium Advanced	☐	☐	☐	☐	Tums Extra Strength	☐	☐	☐	☐
Imodium Caplet	☐	☐	☐	☐	Tums Regular	☐	☐	☐	☐
Maalox Liquid	☐	☐	☐	☐	Zantac 75	☐	☐	☐	☐
Mylanta	☐	☐	☐	☐	Other Non-Prescription	☐	☐	☐	☐
LAXATIVES									
Non-Prescription					**Non-Prescription** *continued*				
Citrate of Magnesia	☐	☐	☐	☐	Metamucil	☐	☐	☐	☐
Citrucel	☐	☐	☐	☐	Phillips' FiberCaps	☐	☐	☐	☐
Correctol	☐	☐	☐	☐	Phillips' Liqui-Gels	☐	☐	☐	☐
Dulcolax	☐	☐	☐	☐	Phillips' Milk of Magnesia	☐	☐	☐	☐
Ex-Lax	☐	☐	☐	☐	Senokot	☐	☐	☐	☐
Fiberall	☐	☐	☐	☐	Other Non-Prescription	☐	☐	☐	☐
Haley's MO	☐	☐	☐	☐					
OSTEOPOROSIS / MENOPAUSE / HORMONE REPLACEMENT									
Prescription					**Prescription** *continued*				
Actonel	☐	☐	☐	☐	Fosamax	☐	☐	☐	☐
Climara	☐	☐	☐	☐	Miacalcin	☐	☐	☐	☐
Combipatch	☐	☐	☐	☐	Premarin	☐	☐	☐	☐
Evista	☐	☐	☐	☐	Prempro	☐	☐	☐	☐
FemHRT	☐	☐	☐	☐	Other Prescription	☐	☐	☐	☐
Non-Prescription					**Non-Prescription** *continued*				
Oscal	☐	☐	☐	☐	Tums	☐	☐	☐	☐
Premsyn	☐	☐	☐	☐	Other Non-Prescription	☐	☐	☐	☐
Remifemin	☐	☐	☐	☐					

Please continue on next page ☞

	a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days
WOMEN'S HEALTH				
Prescription				
Activella	☐	☐	☐	☐
Clomiphene	☐	☐	☐	☐
Denavir	☐	☐	☐	☐
Depo Provera	☐	☐	☐	☐
Desogen	☐	☐	☐	☐
Diaphragm or Cervical cap	☐	☐	☐	☐
Diflucan	☐	☐	☐	☐
Estrostep	☐	☐	☐	☐
Humalog	☐	☐	☐	☐
IUD	☐	☐	☐	☐
Lamisil	☐	☐	☐	☐
Loestrin	☐	☐	☐	☐
Lo/Ovral	☐	☐	☐	☐
Lunelle	☐	☐	☐	☐
Non-Prescription				
Femcare	☐	☐	☐	☐
Femstat3	☐	☐	☐	☐
Gyne-Cort	☐	☐	☐	☐
Gyne-Lotrimin	☐	☐	☐	☐
Midol	☐	☐	☐	☐
Monistat 7	☐	☐	☐	☐
Monistat 3	☐	☐	☐	☐
Monistat 1	☐	☐	☐	☐
Mycelex-3	☐	☐	☐	☐
Mycelex-7	☐	☐	☐	☐

	a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days
Prescription *continued*				
Morning-After Pill	☐	☐	☐	☐
Nolvadex	☐	☐	☐	☐
Norplant	☐	☐	☐	☐
Ortho Tri-cyclen	☐	☐	☐	☐
Ortho-Novum	☐	☐	☐	☐
Prefest	☐	☐	☐	☐
Sarafem	☐	☐	☐	☐
Terazol	☐	☐	☐	☐
Triphasil	☐	☐	☐	☐
Valtrex	☐	☐	☐	☐
Zovirax	☐	☐	☐	☐
Other Birth Control Pill	☐	☐	☐	☐
Other Prescription	☐	☐	☐	☐
Non-Prescription *continued*				
Pamprin	☐	☐	☐	☐
Remifemin	☐	☐	☐	☐
Tums	☐	☐	☐	☐
Tylenol Women's Formula	☐	☐	☐	☐
VagiFem	☐	☐	☐	☐
Vagifest	☐	☐	☐	☐
Vagisil	☐	☐	☐	☐
Vagistat	☐	☐	☐	☐
Other Non-Prescription	☐	☐	☐	☐

	a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days
MEN'S HEALTH				
Prescription				
Cardura	☐	☐	☐	☐
Caverject	☐	☐	☐	☐
Denavir	☐	☐	☐	☐
Flomax	☐	☐	☐	☐
Humalog	☐	☐	☐	☐
Hytrin	☐	☐	☐	☐
Muse	☐	☐	☐	☐
Nuviva	☐	☐	☐	☐
Non-Prescription				
Performal	☐	☐	☐	☐
Propalmex	☐	☐	☐	☐
Prostatonin	☐	☐	☐	☐
Rogaine	☐	☐	☐	☐

	a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days
Prescription *continued*				
Propecia	☐	☐	☐	☐
Proscar	☐	☐	☐	☐
Uprima	☐	☐	☐	☐
Valtrex	☐	☐	☐	☐
Vasomax	☐	☐	☐	☐
Viagra	☐	☐	☐	☐
Zovirax	☐	☐	☐	☐
Other Prescription	☐	☐	☐	☐
Non-Prescription *continued*				
Vasorect	☐	☐	☐	☐
Vira-Max	☐	☐	☐	☐
Yohimbe	☐	☐	☐	☐
Other Non-Prescription	☐	☐	☐	☐

	a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days
HIV				
Prescription				
Agenerase	☐	☐	☐	☐
Combivir	☐	☐	☐	☐
Crixivan	☐	☐	☐	☐
Fortovase	☐	☐	☐	☐
Sustiva	☐	☐	☐	☐

	a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days
Prescription *continued*				
Viracept	☐	☐	☐	☐
Viramune	☐	☐	☐	☐
Zerit	☐	☐	☐	☐
Ziagen	☐	☐	☐	☐
Other Prescription	☐	☐	☐	☐

Please continue on next page ☞

	a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days
ARTHRITIS / PAIN RELIEF				
Prescription				
Celebrex	☐	☐	☐	☐
Centacor	☐	☐	☐	☐
Daypro	☐	☐	☐	☐
Darvocet/Darvon	☐	☐	☐	☐
Enbrel	☐	☐	☐	☐
Indocin	☐	☐	☐	☐
Lodine	☐	☐	☐	☐
Mobic	☐	☐	☐	☐
Naprelan	☐	☐	☐	☐
Non-Prescription				
Advil	☐	☐	☐	☐
Aleve	☐	☐	☐	☐
Arthricare/Ultra	☐	☐	☐	☐
Arthritis Formula Bengay	☐	☐	☐	☐
Bayer Aspirin	☐	☐	☐	☐
Bayer Arthritis Pain Regimen	☐	☐	☐	☐
Bayer Aspirin PM	☐	☐	☐	☐
Excedrin	☐	☐	☐	☐

	a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days
Prescription *continued*				
Percocet	☐	☐	☐	☐
Relafen	☐	☐	☐	☐
Remicade	☐	☐	☐	☐
Synvisc	☐	☐	☐	☐
Tylenol with Codeine	☐	☐	☐	☐
Vioxx	☐	☐	☐	☐
Ultram	☐	☐	☐	☐
Other Prescription	☐	☐	☐	☐
Non-Prescription *continued*				
Icy Hot Arthritis Therapy	☐	☐	☐	☐
Motrin	☐	☐	☐	☐
Premsyn	☐	☐	☐	☐
Tylenol Arthritis	☐	☐	☐	☐
Tylenol Extra-Strength	☐	☐	☐	☐
Vanquish	☐	☐	☐	☐
Other Non-Prescription	☐	☐	☐	☐

	a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days
HEADACHE / MIGRAINE REMEDIES				
Prescription				
Amerge	☐	☐	☐	☐
Imitrex	☐	☐	☐	☐
Imitrex Nasal Spray	☐	☐	☐	☐
Maxalt	☐	☐	☐	☐
Midrin	☐	☐	☐	☐
Non-Prescription				
Advil	☐	☐	☐	☐
Advil Migraine	☐	☐	☐	☐
Aleve	☐	☐	☐	☐
Bayer Aspirin	☐	☐	☐	☐
Bayer Aspirin PM	☐	☐	☐	☐
Excedrin	☐	☐	☐	☐
Excedrin Extra Strength	☐	☐	☐	☐
Excedrin Migraine	☐	☐	☐	☐
Ibuprin	☐	☐	☐	☐

	a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days
Prescription *continued*				
Migranal	☐	☐	☐	☐
Relpax	☐	☐	☐	☐
Zomig	☐	☐	☐	☐
Other Prescription	☐	☐	☐	☐
Non-Prescription *continued*				
Migraine Ice	☐	☐	☐	☐
Motrin Migraine Pain	☐	☐	☐	☐
Motrin IB	☐	☐	☐	☐
Motrin Sinus Headache	☐	☐	☐	☐
Tylenol	☐	☐	☐	☐
Tylenol Extra-Strength	☐	☐	☐	☐
Tylenol PM	☐	☐	☐	☐
Other Non-Prescription	☐	☐	☐	☐

	a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days
CARDIOVASCULAR DISEASE				
Prescription				
Adalat	☐	☐	☐	☐
Baycol	☐	☐	☐	☐
Cardizem	☐	☐	☐	☐
Cardura	☐	☐	☐	☐
Coreg	☐	☐	☐	☐
Lescol	☐	☐	☐	☐
Lipitor	☐	☐	☐	☐

	a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days
Prescription *continued*				
Mevacor	☐	☐	☐	☐
Norvasc	☐	☐	☐	☐
Pravachol	☐	☐	☐	☐
Procardia	☐	☐	☐	☐
Tikosyn	☐	☐	☐	☐
Zocor	☐	☐	☐	☐
Other Prescription	☐	☐	☐	☐

Please continue on next page ☞

	a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days		a. You Used In Last 12 Months	b. Days You Used In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days
PREVENTION / DAILY ASPIRIN THERAPY									
Non-Prescription					**Non-Prescription** *continued*				
Bayer Aspirin	☐	☐	☐	☐	Generic/Store Brand Aspirin	☐	☐	☐	☐
Ecotrin	☐	☐	☐	☐	Other Non-Prescription	☐	☐	☐	☐
St. Joseph's Aspirin	☐	☐	☐	☐					
MOOD / ANXIETY / MENTAL CONDITION									
Prescription					**Prescription** *continued*				
Aricept	☐	☐	☐	☐	Remeron	☐	☐	☐	☐
Buspar	☐	☐	☐	☐	Reminyl/Galantamine	☐	☐	☐	☐
Celexa	☐	☐	☐	☐	Sarafem	☐	☐	☐	☐
Cognex/Tacrine	☐	☐	☐	☐	Serzone	☐	☐	☐	☐
Effexor	☐	☐	☐	☐	Wellbutrin	☐	☐	☐	☐
Exelon	☐	☐	☐	☐	Zeldox	☐	☐	☐	☐
Idebenonoe	☐	☐	☐	☐	Zoloft	☐	☐	☐	☐
Paxil	☐	☐	☐	☐	Zyban	☐	☐	☐	☐
Prozac	☐	☐	☐	☐	Other Prescription	☐	☐	☐	☐
Non-Prescription					**Non-Prescription** *continued*				
Ginko Biloba	☐	☐	☐	☐	St. John's Wort	☐	☐	☐	☐
SAMe	☐	☐	☐	☐	Other Non-Prescription	☐	☐	☐	☐
PAIN RELIEVING RUBS & LIQUIDS									
Non-Prescription					**Non-Prescription** *continued*				
Arthricare	☐	☐	☐	☐	Joint-Flex	☐	☐	☐	☐
Aspercreme	☐	☐	☐	☐	Joint-Ritis	☐	☐	☐	☐
Benejoint	☐	☐	☐	☐	Salonpas	☐	☐	☐	☐
Bengay	☐	☐	☐	☐	Sportscreme	☐	☐	☐	☐
Capzasin	☐	☐	☐	☐	Tiger Balm	☐	☐	☐	☐
Flex-All	☐	☐	☐	☐	Zostrix	☐	☐	☐	☐
Flexall-454	☐	☐	☐	☐	Other Non-Prescription	☐	☐	☐	☐
Icy Hot	☐	☐	☐	☐					
INFECTIONS									
Prescription					**Prescription** *continued*				
Amoxicillin	☐	☐	☐	☐	Trimox	☐	☐	☐	☐
Augmentin	☐	☐	☐	☐	Zithromax	☐	☐	☐	☐
Avelox	☐	☐	☐	☐	Zyvox	☐	☐	☐	☐
Rocephin	☐	☐	☐	☐	Other Prescription	☐	☐	☐	☐
Synercid	☐	☐	☐	☐					
SMOKING CESSATION									
Prescription					**Prescription** *continued*				
Nicotrol	☐	☐	☐	☐	Zyban	☐	☐	☐	☐
Wellbutrin	☐	☐	☐	☐	Other Prescription	☐	☐	☐	☐
Non-Prescription					**Non-Prescription** *continued*				
Cigarrest	☐	☐	☐	☐	Nicorette	☐	☐	☐	☐
Metacalm	☐	☐	☐	☐	Other Non-Prescription	☐	☐	☐	☐
Nicoderm Cq	☐	☐	☐	☐					

2. How often do you take non-prescription drugs at the same time you take prescription medications?

Very often ☐ Often ☐ Sometimes ☐ Never ☐

Please continue on next page ☞

CHILDREN'S HEALTH

1a. Please indicate which brands of prescription and non-prescription drugs and health products you gave to a child in the last 12 months. *Please "X" all that apply.*

1b. If you gave a child this brand in the last 30 days, please indicate the number of days you gave it.

	a. Given To Child In Last 12 Months	b. Days Given In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days		a. Given To Child In Last 12 Months	b. Days Given In Last 30 Days: 1 to 10 Days	11 to 25 Days	26 or More Days
ALLERGY									
Afrin	☐	☐	☐	☐	Motrin	☐	☐	☐	☐
Allegra (prescription)	☐	☐	☐	☐	Pediacare	☐	☐	☐	☐
Benadryl	☐	☐	☐	☐	Robitussin	☐	☐	☐	☐
Children's Benadryl	☐	☐	☐	☐	Triaminic	☐	☐	☐	☐
Children's Sudafed	☐	☐	☐	☐	Tylenol	☐	☐	☐	☐
Claritin (prescription)	☐	☐	☐	☐	Zyrtec (prescription)	☐	☐	☐	☐
Dimetapp	☐	☐	☐	☐	Other Allergy	☐	☐	☐	☐
Little Noses	☐	☐	☐	☐					
LICE TREATMENTS									
A200	☐	☐	☐	☐	Nix	☐	☐	☐	☐
Clear Lice	☐	☐	☐	☐	Pronto	☐	☐	☐	☐
Kwell (prescription)	☐	☐	☐	☐	Rid	☐	☐	☐	☐
Lice Guard	☐	☐	☐	☐	Other Lice	☐	☐	☐	☐
PAIN & FEVER									
Advil	☐	☐	☐	☐	Robitussin	☐	☐	☐	☐
Bayer Children's	☐	☐	☐	☐	St. Joseph's	☐	☐	☐	☐
Dimetapp	☐	☐	☐	☐	Tylenol	☐	☐	☐	☐
Feverall	☐	☐	☐	☐	Zithromax (prescription)	☐	☐	☐	☐
Motrin	☐	☐	☐	☐	Other Pain & Fever	☐	☐	☐	☐
VITAMINS									
Bugs Bunny	☐	☐	☐	☐	One-A-Day Kids	☐	☐	☐	☐
Centrum Kids	☐	☐	☐	☐	Sesame Street	☐	☐	☐	☐
Flintstones	☐	☐	☐	☐	Other Vitamins	☐	☐	☐	☐

BUYING HABITS

From where did you purchase non-prescription and prescription drugs and other health products in the last 12 months? *Please "X" all that apply.*

	Non-Prescription	Prescription	Other Health Products		Non-Prescription	Prescription	Other Health Products
Club Store (e.g. Cosco, BJs)	☐	☐	☐	Mail Order	☐	☐	☐
Discount Store (e.g. Rite-Aid, CVS, Walgreens)	☐	☐	☐	Mass Merchandiser (e.g. Kmart, Target)	☐	☐	☐
Drug Store	☐	☐	☐	Supermarket	☐	☐	☐
Health Food/Natural Store	☐	☐	☐	Other	☐	☐	☐
Internet	☐	☐	☐	Did not purchase	☐	☐	☐

HEALTHCARE DECISIONS

For each family member, please indicate who makes the majority of their healthcare decisions. *Please include family members that live with you as well as those that do not.*

	Healthcare Decision Maker: You	Someone Else		Healthcare Decision Maker: You	Someone Else
Yourself	☐	☐	Child	☐	☐
Spouse	☐	☐	Other	☐	☐
Parent	☐	☐			

HEALTHCARE INSURANCE

1. Do you currently have any medical, hospital or health insurance?

Yes ☐ No ☐

2. Do you currently have any prescription drug coverage?

Yes ☐ No ☐

Please continue on next page ☞

ATTITUDES / OPINIONS ABOUT HEALTHCARE AND PHARMACEUTICALS

Please tell us to what extent you agree or disagree with each of the following statements about healthcare and pharmaceuticals by placing an "X" in ONE box opposite each statement. If you are not sure, please "X" "Neither Agree Nor Disagree" for that statement and continue with the next statement.

	Agree A Lot	Agree A Little	Neither Agree Nor Disagree	Disagree A Little	Disagree A Lot
Non-prescription store brand drugs work as well as national advertised brands.	☐	☐	☐	☐	☐
I take medication at the first sign of pain or discomfort.	☐	☐	☐	☐	☐
I carefully examine the ingredient list on over-the-counter medicines.	☐	☐	☐	☐	☐
Health information put out by pharmaceutical companies and available in my doctor's office is credible and useful.	☐	☐	☐	☐	☐
I always try to eat healthy foods and maintain a balanced diet.	☐	☐	☐	☐	☐
I take preventative medicine.	☐	☐	☐	☐	☐
Normally, I only use drug brands that are recommended by my physician.	☐	☐	☐	☐	☐
People need more vitamins as they get older.	☐	☐	☐	☐	☐
I prefer alternative/holistic approaches to standard medical practices.	☐	☐	☐	☐	☐
I look for health information so that I can choose from different healthcare treatments.	☐	☐	☐	☐	☐
I do not seek help from doctors or nurses unless I am very sick or injured.	☐	☐	☐	☐	☐
Finding information on health and treatments on the Internet is very helpful to me.	☐	☐	☐	☐	☐
I always read the small print in magazine/newspaper pharmaceutical ads.	☐	☐	☐	☐	☐
The information provided in pharmaceutical advertising makes it easier for me to speak knowledgeably with my doctor.	☐	☐	☐	☐	☐
I like when my doctor gives me drug samples.	☐	☐	☐	☐	☐
I often discuss new prescription medicines with my doctor.	☐	☐	☐	☐	☐
Non-prescription medicines are safer than prescription medicines.	☐	☐	☐	☐	☐
The stronger a medicine, the more side effects it has.	☐	☐	☐	☐	☐
I am influential about healthcare and pharmaceuticals among friends.	☐	☐	☐	☐	☐
I research treatment options on my own and then ask my doctor about them.	☐	☐	☐	☐	☐
I take counsel on health issues from my friends.	☐	☐	☐	☐	☐
I believe that vitamins and other nutritional supplements make a difference.	☐	☐	☐	☐	☐
I always do what my doctor tells me to do.	☐	☐	☐	☐	☐
It's worth paying more for branded prescription medications rather than to get generic product.	☐	☐	☐	☐	☐
It makes me feel good when I see or hear the name of the pharmaceutical company that makes my medicines being advertised.	☐	☐	☐	☐	☐
HMOs and insurance companies have too much power over my family's healthcare.	☐	☐	☐	☐	☐
Without stricter regulation, drug companies would become dangerous to the American public.	☐	☐	☐	☐	☐
I am willing to pay extra for prescription drugs not covered by health insurance.	☐	☐	☐	☐	☐
Healthcare advertising on the Internet is credible.	☐	☐	☐	☐	☐
It is very important to me that my prescription medications are reimbursed by my health insurance.	☐	☐	☐	☐	☐
I first try to remedy my illness with a non-prescription medicine before seeing a doctor.	☐	☐	☐	☐	☐
Prescription drugs are more effective than non-prescription remedies.	☐	☐	☐	☐	☐
I expect the treatments my doctor prescribes to work nearly all the time.	☐	☐	☐	☐	☐
I am willing to ask my doctor for a prescription medication that I have seen or heard advertised.	☐	☐	☐	☐	☐
The side effects associated with some prescription drugs sometimes scare me off a particular brand.	☐	☐	☐	☐	☐
When I am sick, I still drag myself to work.	☐	☐	☐	☐	☐
I take non-prescription medicine as soon as I get sick.	☐	☐	☐	☐	☐
Vitamins/minerals should be taken for long-term health benefits.	☐	☐	☐	☐	☐
I am comfortable registering on a website which consistently offers useful information about my particular health condition.	☐	☐	☐	☐	☐
Health information put out by pharmaceutical companies and available at my pharmacy is credible and useful.	☐	☐	☐	☐	☐

Please continue on next page ☞

PERSONAL AND HOUSEHOLD INFORMATION

And now, a few questions just for classification purposes. Please know that your answers are completely confidential.

1. What is your current marital status?

Single/never married ☐ Widowed ☐
Married ☐ Separated ☐
Divorced ☐

2. Please indicate the number of adults age 18 or older (not including yourself) who live in your household.

	None	1	2	3	4	5 or more
Males	☐	☐	☐	☐	☐	☐
Females	☐	☐	☐	☐	☐	☐

3. Please write in how many children in each of the following age groups are living in your household.

Less than 12 months ☐☐ 6 to 11 years old ☐☐
12 to less than 24 months ☐☐ 12 to 17 years old ☐☐
2 to 5 years old ☐☐

4. Who would you consider to be head of your household?

Yourself ☐ Someone else ☐ Shared (yourself + someone else) ☐

The next few questions are about you and the head of your household (if someone else or shared).

	You	Head of Household (If not you or if shared)
Age	18 to 20 ☐ 50 to 54 ☐ 21 to 24 ☐ 55 to 64 ☐ 25 to 34 ☐ 65+ ☐ 35 to 49 ☐	18 to 20 ☐ 50 to 54 ☐ 21 to 24 ☐ 55 to 64 ☐ 25 to 34 ☐ 65+ ☐ 35 to 49 ☐
Gender	Female ☐ Male ☐	Female ☐ Male ☐
Highest Educational Level Completed	Less than high school ☐ High school graduate ☐ Some college ☐ College graduate ☐ Post-graduate study or degree ☐	Less than high school ☐ High school graduate ☐ Some college ☐ College graduate ☐ Post-graduate study or degree ☐
Employment Status	Full-time (30 hours per week or more) ☐ Part-time (less than 30 hours per week) ☐ Full-time student ☐ Not employed ☐ Retired ☐	Full-time (30 hours per week or more) ☐ Part-time (less than 30 hours per week) ☐ Full-time student ☐ Not employed ☐ Retired ☐
TYPE OF INDUSTRY, IF EMPLOYED (for example, manufacturing, wholesale, retail, medicine, law, transportation, etc.)	_____ *(type of industry)*	_____ *(type of industry)*
JOB TITLE OR OCCUPATION, IF EMPLOYED (for example, partner, president, foreman, salesperson, chief financial officer, secretary, owner, etc.)	_____ *(job title)*	_____ *(job title)*

5. (IF EMPLOYED) How many employees, including yourself, work for your company at all locations?

Less than 10 ☐ 50 to 99 ☐ 1,000 to 9,999 ☐
10 to 24 ☐ 100 to 999 ☐ 10,000+ ☐
25 to 49 ☐

6. Are you self-employed?

Yes ☐ No ☐

7a. Is your home your primary place of employment?

Yes ☐ No ☐

7b. If No, do you ever work from home?

Yes ☐ ☞ number of hours per week ☐☐
No ☐

8. Does your household own or rent your house, co-op, condo or apartment?

Own ☐ Rent ☐ Other ☐

9. What is your race? Please "X" one or more races to indicate what you consider yourself to be.

White ☐ Asian or Pacific Islander ☐
American Indian or Alaska Native ☐ Some other race ☐
Black, African American or Negro ☐

10. Are you Spanish/Hispanic Latino?

Yes ☐ No ☐

11. What is the total annual income of your household before taxes? *Please include income from all sources.*

Less than $20,000 ☐ $75,000 to $99,999 ☐
$20,000 to $29,999 ☐ $100,000 to $124,999 ☐
$30,000 to $39,999 ☐ $125,000 to $149,999 ☐
$40,000 to $49,999 ☐ $150,000 to $249,999 ☐
$50,000 to $74,999 ☐ $250,000 or more ☐

12. What is your total annual personal income from your job (if employed)?

Less than $20,000 ☐ $60,000 to $74,999 ☐
$20,000 to $29,999 ☐ $75,000 to $99,999 ☐
$30,000 to $39,999 ☐ $100,000 to $149,999 ☐
$40,000 to $49,999 ☐ $150,000 to $249,999 ☐
$50,000 to $59,999 ☐ $250,000 or more ☐

13. What is the total value of all your household members' investments and financial assets, excluding your principal residence?

Less than $100,000 ☐ $500,000 to $999,999 ☐
$100,000 to $249,999 ☐ $1 million or more ☐
$250,000 to $499,999 ☐

Thank You Very Much for Your Help.

Please use the postage-paid envelope provided to return your completed questionnaire to:

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