

GMR Internet Panel, 02:55 PM 11/9/01 -0800, 4th TV Intent to View Survey

From: "GMR Internet Panel" <gmrnet3@gmrnet.com>
To: mhyman@nmsu.edu
Subject: 4th TV Intent to View Survey!
Date: Fri, 09 Nov 2001 14:55:54 -0800
X-Mailer: Mach5 Mailer-2.50 PID{fc3dc080-ca1f-11d5-baaa-c3e0dd6c8729} RC
{!-+¿ûA+¿û¿-+¿û¿}
Reply-To: gmrnet3@gmrnet.com

Michael Hyman

Hi Michael,

THIS IS OUR 4TH TV INTENT TO VIEW SURVEY!

This is the fourth week that we have been tracking your attitudes towards new Network TV shows. We greatly appreciate your participation. Please continue your support by telling us how you feel about some of these new Network TV Series now that they have been airing for a few weeks. Let us know by clicking the link below. It takes less than 5 minutes and your input has a direct effect on future plans for new TV Series:

<http://www.gmrnet.com/goet11109c.html>

Once you complete the survey, you will be automatically entered in our 4th drawing for ten \$25 cash prizes or Amazon gift certificates.

(AOL Browser users: Copy and paste the address above into the search bar of your browser. If you have any difficulty linking to our survey, please minimize your AOL browser window and start either the Netscape or the Explorer browser to access the survey.)

If you think any of your friends would like to take this survey, please forward this message to them. Thanks again for your participation.

Best regards to all of you,

Patrick Houser
Director of Internet Research
Grace Market Research, Inc.
gmrnet3@gmrnet.com

P.S. If you no longer wish to participate in the GMR Internet Panel, just reply to this email and type "remove" in the subject or body of your reply. Thanks.

MKTG 310: MARKETING RESEARCH
RATING FORM FOR GROUP MEMBER'S CONTRIBUTION TO THE PROJECT

Using the scale to the right, rate each of your teammates on each of the evaluation criteria listed below. For example, if you believe your teammate has done a 'good' job relative to the first criteria, then place a '5' in the place next to that criteria. **Do not rate yourself!**

- 7 . . . extremely good
- 6 . . . very good
- 5 . . . good
- 4 . . . somewhat good
- 3 . . . neither good nor bad
- 2 . . . somewhat bad
- 1 . . . terrible

The results of this evaluation are confidential. Your teammates will be told their average scores. They will not be told how they were rated by any one team member.

PERSON PREPARING THIS RATING: _____

PROJECT: _____

	Name Member#1:	Name Member#2:	Name Member#3:	Name Member#4:
Attendance at group meetings				
Quality of contribution to group discussions				
Quality of contribution to writing the questionnaire				
Amount of time spent on project compared to other members				
Quality of contribution to writing final report				
Quality of initiative when something needed to get done				
Reliability in completing assigned responsibilities				
Contribution to presentation				
Quality of teamwork				
Contribution to team spirit				
TOTAL SCORE				

COMMENTS: (All comments you have about team members' participation will be helpful. Please support all very low ratings with comments on the back of this rating sheet.)

BUSINESS AND FINANCE

Box 30001, Dept. 3AA
Las Cruces, New Mexico 88003-8001
Telephone: (505) 646-2432
FAX: (505) 646-7855



Dear NMSU Students:

The NMSU Business Office would like to better serve your needs by providing alternative payment plan options for tuition and other expenses. We feel providing more options would be beneficial to everyone.

This questionnaire is being administered directly to students. The more information you provide, the better we will be able to develop payment plans suited to your financial needs. We anticipate these payment options will be available starting Fall 1997.

Please take the time to fill out the attached questionnaire. This cover sheet will be detached to keep your answers anonymous; there will not be any way to correlate your name with any of your answers. For your help in determining new payment plans, your name will be put into a drawing for a \$200 discount off of your tuition for the Fall 1997 semester. Three students will receive this reward for completing the questionnaire. Only one survey per student will be accepted.

You may drop off your completed questionnaire at the Pan American Center on Monday, February 17, 1997 only. However, any of the following locations will accept them through Tuesday, February 25, 1997: Educational Services Business Office, Hadley Hall, New Library, Branson Library, ASNMSU Office in Corbett Center, Advising Centers in every College, Activity Center, Computer Clusters, and Corbett Center Crossroads.

The results of this research will be compiled by the University Business Office. A summary of the results will be published by the end of the current semester.

We would be happy to answer any questions you may have regarding this questionnaire. You can reach us by E-mail at the addresses specified below.

Thank you for your assistance.

Sincerely,

Victor M. Pacheco, Director of Business Services
Carolyn Cordova, Survey Administrator
Jackie Moss, Survey Administrator

(vpacheco@nmsu.edu)
(ccordova@nmsu.edu)
(jmoss@nmsu.edu)

Name _____

Social Security Number _____ - _____ - _____

Phone Number _____ E-Mail Address _____

Address _____

PROPOSED PAYMENT PLANS-STUDENT QUESTIONNAIRE

Unless instructed otherwise, please circle the number next to your answer.

1.) Have you experienced problems with the Business Office when paying your bills?

1 - Yes

2 - No

If yes, please explain _____

2.) Have you experienced problems when making financial arrangements at registration?

1 - Yes

2 - No

If yes, please explain _____

3.) When attempting to pay your bills was there a problem with any of the following? *Circle all that apply.*

1 - Phones busy

2 - Long lines

3 - Information on invoices: incomplete, incorrect and/or confusing

4 - Assistance from staff/Attitudes of staff

5 - Business Hours

6 - No problems experienced

If you experienced any problem listed above or any other problem, please explain _____

4.) Have you experienced problems with the Business Office hours? If so, what were they? *Circle all that apply.*

1 - Opening too late

2 - Closing too early

3 - No weekend access

4 - No holiday access

5 - Other _____

6 - No problems experienced

5.) Which method of payment would you prefer to pay your tuition and other expenses?

1 - By mail

2 - By automatic debit to your bank account

3 - In person

4 - By Internet

6.) If you prefer to pay by credit card, would you prefer to pay...

1 - By mail

2 - In person

3 - By phone

4 - By Internet

Academic Year Payment Plans (2 Options)

For Both Academic Year Options:

- ◇ Requires credit in good standing at NMSU
- ◇ Requires commitment to enroll for Fall and Spring Semesters
- ◇ Low processing fee included in monthly payments
- ◇ Discount available for early payment of balance in full, depending upon payment date
- ◇ Late fees may apply if payment deadlines are missed

Option #1: Academic Year Billing Plan

Characteristics

- ◆ Fully refundable deposit of \$100 due prior to pre-registration for the first semester
- ◆ One equal payment due by the 15th of each month for the academic year (August-May)

Considerations

- 1-Would definitely use it
- 2-Would probably use it
- 3-Might or might not use it
- 4-Would probably not use it
- 5-Would definitely not use it

What improvements can be made to the Academic Year Billing Plan to make it easier for you? Please comment.

Option #2: Direct Draft Academic Year Plan

Characteristics

- ◆ No advance deposit required for pre-registration
- ◆ Equal monthly draft on bank account for a full academic year (August-May)

Considerations

- 1-Would definitely use it
- 2-Would probably use it
- 3-Might or might not use it
- 4-Would probably not use it
- 5-Would definitely not use it

What improvements can be made to the Direct Draft Academic Year Plan to make it easier for you? Please comment.

11.) On a semester basis, when paying for your tuition, books, housing, meals, etc., what sources and amounts cover your payments? *Please check the correct box in each row.*

Sources	\$0	\$1- \$199	\$200- \$399	\$400- \$599	\$600- \$799	\$800- \$999	\$1,000- \$1,499	\$1,500- \$1,999	\$2,000- \$2,999	\$3000- over
Scholarship										
Gov't Loan										
Private Loan										
Gov't Grant										
Non-Gov't Grant										
Work Study										
Family										
Student paid										
Other										

12.) For students who receive a scholarship, loan, or grant, would you be interested in a waiver of your pre-registration deposit?

1 - Yes

2 - No

Please comment. _____

13.) For students receiving financial aid funds, which method of payment would you prefer?

1 - By check (Current practice)

2 - By direct deposit to your personal bank account at your financial institution

3 - Other _____

14.) For in-state students only, after scholarships, loans and grants, how much do you pay from personal funds?

1 - \$0-\$199 6 - \$1,000-\$1,499

2 - \$200-\$399 7 - \$1,500-\$1,999

3 - \$400-\$599 8 - \$2,000-\$2,499

4 - \$600-\$799 9 - \$2,500-\$2,999

5 - \$800-\$999 10 - \$3,000-over

15.) For out-of-state students only, after scholarships, loans and grants, how much do you pay from personal funds?

1 - \$0-\$199 6 - \$1,000-\$1,499

2 - \$200-\$399 7 - \$1,500-\$1,999

3 - \$400-\$599 8 - \$2,000-\$2,499

4 - \$600-\$799 9 - \$2,500-\$2,999

5 - \$800-\$999 10 - \$3,000-over

16.) What is your class standing?

1 - Freshman

4 - Senior

2 - Sophomore

5 - Graduate

3 - Junior

6 - Ph.D.

17.) What college are you in?

1 - Agriculture & Home Economics

4 - Education

2 - Arts & Sciences

5 - Engineering

3 - Business Administration & Economics

6 - Health & Social Sciences

18.) What is your major? _____

NEW MEXICO STATE UNIVERSITY

PROPOSED TUITION PAYMENT OPTIONS



	Apr '97	May '97	Jun '97	Jul '97	Aug '97	Sep '97	Oct '97	Nov '97	Dec '97	Jan '98	Feb '98	Mar '98	Apr '98	May '98
Current Plan				\$220		\$439	\$439							
Prepayment Plan 1 Yr					\$2,196									
2 Yrs					\$4,348									
3 Yrs					\$6,500									
4 Yrs					\$8,608									
Academic Year Pmt Plans** Direct Draft Option					\$229	\$229	\$229	\$229	\$229	\$229	\$229	\$229	\$229	\$229
Billing Plan Option	\$100*				\$229	\$229	\$229	\$229	\$229	\$229	\$229	\$229	\$229	\$229
Semester Payment Plans Draft Billing Option					\$224	\$224	\$224	\$224	\$224					
Billing Plan Option	\$100*				\$224	\$224	\$224	\$224	\$224					

* This deposit is refundable and can be applied to first month's payment under **Billing Option**.

** To utilize this plan student must commit to full year in advance.

Please Note: Payment numbers are for EXAMPLE PURPOSES ONLY

CONSUMER MAIL PANEL

P.O. Box 4602 North Suburban, IL 60197-4602



(K832)-7
(89T163)

Dear Panel Member,

Will you please give the enclosed questionnaire to the household member whose age and sex appear at the top of the questionnaire (this may be you). Thank you!

TO THE HOUSEHOLD MEMBER ANSWERING THE QUESTIONNAIRE:

Today I have some questions about toothpaste. Please answer the enclosed questionnaire whether or not you currently use toothpaste. I think you'll find these questions interesting and easy to answer.

It's very important that I get your answers **VERY QUICKLY**. Please complete the questionnaire as soon as you can and mail it to me in the postage-paid envelope provided.

Your name will be entered into a cash prize drawing if your completed questionnaire is received by **October 19, 1989**. The bar code that appears on the questionnaire will be used to enter your name in a drawing to win one of these prizes:

One prize of \$100
Two prizes of \$50
15 prizes of \$20

This drawing is open to all participating members of the Consumer Mail Panel. No purchase is necessary to enter. The odds for winning will be determined by the number of entrants.

Winners will be selected by a random drawing conducted by Market Facts, Inc. Winners will be notified by mail on or before November 10, 1989.

This drawing is void where prohibited by law and is subject to State and Federal regulation.

I wish the best of luck to you. Thank you for your help with this important project.

Cordially,

Maria

P.S. Also, to thank you for your help in this study, I will be sending a gift to those who participate. Please allow about 8 weeks for delivery.



472.663 K832 2492 17
FEMALE AGE 28

(K832)-7
(89T163)

1-2 Group
3-8 MIQ
9-12 Quest
[7] 13

1. When was the last time you, yourself, used toothpaste? ("X" ONE BOX)

- Within the past 4 weeks [] 1 -->(CONTINUE WITH QU. 2)
- Over 4 weeks ago but within the past 3 months . [] 2
- Over 3 months ago but within the past 6 months. [] 3
- Over 6 months ago but within the past year. . . [] 4 -->(SKIP TO QU. 4)
- Over 1 year ago [] 5
- I never used or tried toothpaste. [] 6

(14)

2. In the past 3 months, what one brand of toothpaste did you, yourself, use most of the time? ("X" ONE BOX)

- | | |
|--|---------------------------------------|
| Aim Regular Strength [] 1 | Crest Tartar Control Paste. . . []-5 |
| Aim Extra Strength [] 2 | Crest Tartar Control Gel. . . . []-6 |
| Aim Anti-Tartar. [] 3 | Crest Regular or Mint Paste . . []-7 |
| Aqua-Fresh [] 4 | Crest Cool Mint Gel []-8 |
| Aqua-Fresh For Kids. [] 5 | Sparkle Crest (Crest for Kids). []-9 |
| Aqua-Fresh Tartar Control. [] 6 | Gleem []-0 |
| Check-Up [] 7 | Macleans. []-X |
| Check-Up Gingival. [] 8 | Pepsodent []-R |
| Close-Up Fluoride Paste. [] 9 | Ultra-Brite []-1 |
| Close-Up Regular Gel [] 0 | Denquel []-2 |
| Close-Up Tartar Control. [] X | Dentagard []-3 |
| Colgate Tartar Control Paste . . . [] R | Oral B (Muppets/Sesame Street). []-4 |
| Colgate Tartar Control Gel []-1 | Other (PLEASE SPECIFY). []-5 |
| Colgate Regular. []-2 | |
| Colgate Gel. []-3 | |
| Colgate Junior []-4 | |

(WRITE IN)

(15-18)

3a. What's your one main reason for purchasing the toothpaste brand you mentioned in Qu. 2?
(PLEASE BE AS SPECIFIC AS POSSIBLE)

19-
20-
21-
22-
23-
24-
25-
26-
(27-28 Open)

3b. Why else do you purchase the toothpaste brand you mentioned in Qu. 2?
(PLEASE BE AS SPECIFIC AS POSSIBLE)

29-
30-
31-
32-
33-
34-
35-
36-
(37 Open)

(TURN TO PAGE 2)

4. Listed below are some qualities or characteristics that toothpastes might have. Thinking of toothpaste in general, how important is it to you that a toothpaste:

("X" ONE BOX FOR EACH CHARACTERISTIC)

	EXTREMELY IMPORTANT	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT VERY IMPORTANT	NOT AT ALL IMPORTANT	
Gets your teeth clean	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(38)
Makes teeth harder/stronger	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Helps reduce/prevent cavities	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Helps reduce/prevent tooth sensitivity.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Keeps gums healthy.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Helps prevent receding gums	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(43)
Helps prevent gum disease/gingivitis.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(44)
Reduces/prevents bleeding gums.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Kills germs	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Reduces/prevents root cavities.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Reduces/prevents tartar build-up.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(48)
Reduces/prevents plaque build-up.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(49)
Removes stains.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Removes film on teeth	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Whitens/brightens teeth	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Makes dental cleanings easier	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(53)
Is recommended by dentists/hygienists	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(54)
Is clinically proven.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Has the American Dental Association Seal.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Is a leading brand.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Makes mouth/breath feel cool.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(58)
Freshens breath/reduces breath and mouth odor.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(59)
Keeps breath fresh for a long time.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Is available in a paste	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Is available in a gel	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Is available in a paste/gel combination	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(63)
Has a lot of foam	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(64)
Dissolves quickly and easily while brushing.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Has a good consistency/texture.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Package is easy and convenient to use	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Sticks to brush/doesn't fall off brush.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(68)
Rinses off toothbrush easily.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(69)
Is available in a pump dispenser.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Is available in a decorator package	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Is available in a flip cap.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Package is tamper resistant	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(73)
Cap and opening stay neat during use.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(74)
Is trusted/proven	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Helps remove food particles	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Is safe for children.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Leaves teeth feeling slick/smooth	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(78)
Doesn't burn/irritate mouth or gums	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(13)
Is available in a variety of flavors.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Has coupons available regularly	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Able to buy on sale regularly	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Has all natural ingredients	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(17)
Is gentle/non-abrasive.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(18)
Has a good taste/flavor	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Leaves good taste in mouth/good aftertaste.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Has a long lasting taste.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Has a refreshing taste.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(22)

("X" ONE BOX FOR EACH CHARACTERISTIC)

	EXTREMELY IMPORTANT	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT VERY IMPORTANT	NOT AT ALL IMPORTANT	
Makes mouth/gums tingle	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(23)
Makes me feel confident	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Is a good value	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Taste doesn't interact with other foods . .	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Package is safe for the environment/ recyclable.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(27)

Is unique	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(28)
Was part of my childhood/is a brand I grew up with.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Is superior/technologically advanced. . . .	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Is exciting	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Is sophisticated.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(32)

Is wholesome.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Looks appealing	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	(34)

5. When was the last time, if ever, you used or tried each of the following toothpaste brands? ("X" ONE BOX UNDER EACH BRAND)

	CREST	COLGATE	CLOSE-UP	AQUA-FRESH	AIM
Within the past 4 weeks.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Over 4 weeks ago but within the past 3 months	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Over 3 months ago but within the past 6 months. . . .	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Over 6 months ago but within the past year.	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Over 1 year ago.	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
I have never used or tried this brand of toothpaste .	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
I have never heard of this brand of toothpaste. . . .	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
	(35)	(36)	(37)	(38)	(39)

6. How would you rate each of the following toothpaste brands overall? (PLEASE ANSWER FOR EACH BRAND EVEN THOUGH YOU MAY HAVE NEVER USED OR TRIED IT. IF YOU HAVE NEVER HEARD OF A BRAND, SIMPLY "X" THE "NEVER HEARD OF" BOX AT THE TOP OF THE COLUMN FOR THAT BRAND) ("X" ONE BOX UNDER EACH BRAND)

	CREST	COLGATE	CLOSE-UP	AQUA-FRESH	AIM
Never heard of this brand	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Excellent	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Very Good	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Good.	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Fair.	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Poor.	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
	(40)	(41)	(42)	(43)	(44)

(45-78 Open)
(02) 79-80

(TURN TO PAGE 4)

7. Listed below and on page 5 are some brands of toothpaste and some characteristics a toothpaste may have. Please read each characteristic and then "X" the box for all the brands of toothpaste that you feel have that characteristic. **NOTE, PLEASE ANSWER FOR EACH BRAND, EVEN THOUGH YOU MAY NOT HAVE USED OR TRIED IT.** You probably have formed some opinions or impressions about each brand of toothpaste based on advertising you may have seen or comments made to you by other people. **IF YOU HAVE NEVER HEARD OF A BRAND, SIMPLY "X" THE "NEVER HEARD OF" BOX AT THE TOP OF THE COLUMN FOR THAT BRAND.**

<u>CHARACTERISTICS A TOOTHPASTE MAY HAVE</u>	<u>CREST</u>	<u>COLGATE</u>	<u>CLOSE-UP</u>	<u>AQUA-FRESH</u>	<u>AIM</u>
Never heard of this brand	[]X	[]X	[]X	[]X	[]X
Gets your teeth clean	[]1	[]1	[]1	[]1	[]1
Makes teeth harder/stronger	[]2	[]2	[]2	[]2	[]2
Helps reduce/prevent cavities	[]3	[]3	[]3	[]3	[]3
Helps reduce/prevent tooth sensitivity	[]4	[]4	[]4	[]4	[]4
Keeps gums healthy.	[]5	[]5	[]5	[]5	[]5
Helps prevent receding gums	[]6	[]6	[]6	[]6	[]6

Helps prevent gum disease/gingivitis.	[]7	[]7	[]7	[]7	[]7
Reduces/prevents bleeding gums.	[]8	[]8	[]8	[]8	[]8
Kills germs	[]9	[]9	[]9	[]9	[]9
Reduces/prevents root cavities.	[]10	[]10	[]10	[]10	[]10
Reduces/prevents tartar build-up.	[]R (13)	[]R (16)	[]R (19)	[]R (22)	[]R (25)

Reduces/prevents plaque build-up.	[]1	[]1	[]1	[]1	[]1
Removes stains.	[]2	[]2	[]2	[]2	[]2
Removes film on teeth	[]3	[]3	[]3	[]3	[]3
Whitens/brightens teeth	[]4	[]4	[]4	[]4	[]4
Makes dental cleanings easier	[]5	[]5	[]5	[]5	[]5

Is recommended by dentists/hygienists.	[]6	[]6	[]6	[]6	[]6
Is clinically proven.	[]7	[]7	[]7	[]7	[]7
Has the American Dental Association Seal.	[]8	[]8	[]8	[]8	[]8
Is a leading brand.	[]9	[]9	[]9	[]9	[]9
Makes mouth/breath feel cool.	[]10 (14)	[]10 (17)	[]10 (20)	[]10 (23)	[]10 (26)

Freshens breath/reduces breath and mouth odor.	[]1	[]1	[]1	[]1	[]1
Keeps breath fresh for a long time.	[]2	[]2	[]2	[]2	[]2
Is available in a paste	[]3	[]3	[]3	[]3	[]3
Is available in a gel	[]4	[]4	[]4	[]4	[]4
Is available in a paste/gel combination	[]5	[]5	[]5	[]5	[]5

Has a lot of foam	[]6	[]6	[]6	[]6	[]6
Dissolves quickly and easily while brushing.	[]7	[]7	[]7	[]7	[]7
Has a good consistency/texture.	[]8	[]8	[]8	[]8	[]8
Package is easy and convenient to use.	[]9	[]9	[]9	[]9	[]9
Sticks to brush/doesn't fall off brush	[]10 (15)	[]10 (18)	[]10 (21)	[]10 (24)	[]10 (27)

CHARACTERISTICS A TOOTHPASTE MAY HAVE	CREST	COLGATE	CLOSE-UP	AQUA-FRESH	AIM
Rinses off toothbrush easily	[]1	[]1	[]1	[]1	[]1
Is available in a pump dispenser	[]2	[]2	[]2	[]2	[]2
Is available in a decorator package.	[]3	[]3	[]3	[]3	[]3
Is available in a flip cap	[]4	[]4	[]4	[]4	[]4
Package is tamper resistant.	[]5	[]5	[]5	[]5	[]5

Cap and opening stay neat during use.	[]6	[]6	[]6	[]6	[]6
Is trusted/proven.	[]7	[]7	[]7	[]7	[]7
Helps remove food particles.	[]8	[]8	[]8	[]8	[]8
Is safe for children	[]9	[]9	[]9	[]9	[]9
Leaves teeth feeling slick/smooth.	[]0 (28)	[]0 (31)	[]0 (34)	[]0 (37)	[]0 (40)

Doesn't burn/irritate mouth or gums.	[]1	[]1	[]1	[]1	[]1
Is available in a variety of flavors.	[]2	[]2	[]2	[]2	[]2
Has coupons available regularly.	[]3	[]3	[]3	[]3	[]3
Able to buy on sale regularly.	[]4	[]4	[]4	[]4	[]4
Has all natural ingredients.	[]5	[]5	[]5	[]5	[]5

Is gentle/non-abrasive	[]6	[]6	[]6	[]6	[]6
Has a good taste/flavor.	[]7	[]7	[]7	[]7	[]7
Leaves good taste in mouth/good aftertaste	[]8	[]8	[]8	[]8	[]8
Has a long lasting taste	[]9	[]9	[]9	[]9	[]9
Has a refreshing taste	[]0	[]0	[]0	[]0	[]0

Makes mouth/gums tingle.	[]X	[]X	[]X	[]X	[]X
Makes me feel confident.	[]R	[]R	[]R	[]R	[]R
Is a good value.	[]1	[]1	[]1	[]1	[]1
Taste doesn't interact with other foods.	[]2	[]2	[]2	[]2	[]2
Package is safe for the environment/recyclable	[]3	[]3	[]3	[]3	[]3

Is unique.	[]4	[]4	[]4	[]4	[]4
Was part of my childhood/is a brand I grew up with	[]5	[]5	[]5	[]5	[]5
Is superior/technologically advanced	[]6	[]6	[]6	[]6	[]6
Is exciting.	[]7	[]7	[]7	[]7	[]7
Is sophisticated	[]8	[]8	[]8	[]8	[]8

Is wholesome	[]9	[]9	[]9	[]9	[]9
Looks appealing.	[]0 (30)	[]0 (33)	[]0 (36)	[]0 (39)	[]0 (42)

(TURN TO PAGE 6)

3. Which of the phrases below describes how likely you will be to buy each of these brands of toothpaste in the next year? ("X" ONE BOX FOR EACH BRAND)

	<u>CREST</u>	<u>COLGATE</u>	<u>CLOSE-UP</u>	<u>AQUA-FRESH</u>	<u>AIM</u>
Definitely will buy it.	[] 1	[] 1	[] 1	[] 1	[] 1
Probably will buy it.	[] 2	[] 2	[] 2	[] 2	[] 2
Might or might not buy it	[] 3	[] 3	[] 3	[] 3	[] 3
Probably will not buy it.	[] 4	[] 4	[] 4	[] 4	[] 4
Definitely will not buy it. . . .	[] 5	[] 5	[] 5	[] 5	[] 5
	(43)	(44)	(45)	(46)	(47)

4. When was the last time you, or any other member of your household purchased any of the following toothpaste brands for use in your home? ("X" ONE BOX UNDER EACH BRAND)

	<u>SPARKLE CREST (CREST FOR KIDS)</u>	<u>ORAL B (MUPPETS/ SESAME STREET)</u>	<u>COLGATE JUNIOR</u>	<u>AQUA-FRESH FOR KIDS</u>
Within the past 4 weeks	[] 1	[] 1	[] 1	[] 1
Over 4 weeks ago but within the past 3 months	[] 2	[] 2	[] 2	[] 2
Over 3 months ago but within the past 6 months	[] 3	[] 3	[] 3	[] 3
Over 6 months ago but within the past year	[] 4	[] 4	[] 4	[] 4
Over 1 year ago	[] 5	[] 5	[] 5	[] 5
No one in my household has ever purchased this brand of toothpaste.	[] 6	[] 6	[] 6	[] 6
I have never heard of this brand of toothpaste	[] 7	[] 7	[] 7	[] 7
	(48)	(49)	(50)	(51)

5. How would you rate each of the following toothpaste brands overall? ("X" ONE BOX UNDER EACH BRAND)

	<u>SPARKLE CREST (CREST FOR KIDS)</u>	<u>ORAL B (MUPPETS/ SESAME STREET)</u>	<u>COLGATE JUNIOR</u>	<u>AQUA-FRESH FOR KIDS</u>
Never heard of this brand.	[] 1	[] 1	[] 1	[] 1
Excellent.	[] 2	[] 2	[] 2	[] 2
Very good.	[] 3	[] 3	[] 3	[] 3
Good	[] 4	[] 4	[] 4	[] 4
Fair	[] 5	[] 5	[] 5	[] 5
Poor	[] 6	[] 6	[] 6	[] 6
	(52)	(53)	(54)	(55)

11. Listed below are some brands of children's toothpaste and some characteristics a children's toothpaste may have. Please read each characteristic and then "X" the box for all the brands of toothpaste that you feel have that characteristic. **NOTE, PLEASE ANSWER FOR EACH BRAND, EVEN THOUGH YOU MAY NOT HAVE USED OR TRIED IT.** You probably have formed some opinions or impressions about each brand of toothpaste based on advertising you may have seen or comments made to you by other people. **IF YOU HAVE NEVER HEARD OF A BRAND, SIMPLY "X" THE "NEVER HEARD OF" BOX AT THE TOP OF THE COLUMN FOR THAT BRAND.**

	SPARKLE CREST (CREST FOR KIDS)	ORAL B (MUPPETS/ SESAME STREET)	COLGATE JUNIOR	AQUA-FRES FOR KIDS
Never heard of this brand.	[] 1	[] 1	[] 1	[] 1
Is safe for children	[] 2	[] 2	[] 2	[] 2
Able to buy on sale regularly.	[] 3	[] 3	[] 3	[] 3
Is a good value.	[] 4	[] 4	[] 4	[] 4
Is unique.	[] 5	[] 5	[] 5	[] 5
Is trusted/proven.	[] 6	[] 6	[] 6	[] 6
Is a leading brand	[] 7	[] 7	[] 7	[] 7
Makes dental cleanings easier.	[] 8	[] 8	[] 8	[] 8
Is gentle/non-abrasive	[] 9	[] 9	[] 9	[] 9
Helps reduce/prevent cavities.	[] 0	[] 0	[] 0	[] 0
Helps prevent gum disease/ gingivitis	[] X	[] X	[] X	[] X
Reduces/prevents tartar build-up	[] R	[] R	[] R	[] R
Reduces/prevents plaque build-up	[] -1	[] -1	[] -1	[] -1
Looks appealing.	[] -2	[] -2	[] -2	[] -2
Has a taste/flavor children like.	[] -3	[] -3	[] -3	[] -3
Freshens breath/reduces breath and mouth odor.	[] -4 (56-57)	[] -4 (58-59)	[] -4 (60-61)	[] -4 (62-63)

12. Which of the phrases below describes how likely you will be to buy each of these brands of toothpaste in the next year? ("X" ONE FOR EACH BRAND)

	SPARKLE CREST (CREST FOR KIDS)	ORAL B (MUPPETS/ SESAME STREET)	COLGATE JUNIOR	AQUA-FRES FOR KIDS
Definitely will buy it.	[] 1	[] 1	[] 1	[] 1
Probably will buy it.	[] 2	[] 2	[] 2	[] 2
Might or might not buy it	[] 3	[] 3	[] 3	[] 3
Probably will not buy it.	[] 4	[] 4	[] 4	[] 4
Definitely will not buy it.	[] 5 (64)	[] 5 (65)	[] 5 (66)	[] 5 (67)

13. What brands of toothpaste were used by other members of your household in the past 3 months? ("X" ALL THAT APPLY FOR EACH COLUMN BELOW)

	<u>SPOUSE</u>	<u>OTHER ADULTS</u>	<u>TEENS 13 TO 17</u>	<u>CHILDREN 12 AND UNDER</u>
No such household member	[] 1	[] 1	[] 1	[] 1
Aim Regular Strength	[] 2	[] 2	[] 2	[] 2
Aim Extra Strength	[] 3	[] 3	[] 3	[] 3
Aim Anti-Tartar.	[] 4	[] 4	[] 4	[] 4
Aqua-Fresh	[] 5	[] 5	[] 5	[] 5
Aqua-Fresh For Kids.	[] 6	[] 6	[] 6	[] 6
Aqua-Fresh Tartar Control.	[] 7	[] 7	[] 7	[] 7
Check-Up	[] 8	[] 8	[] 8	[] 8
Check-Up Gingival.	[] 9	[] 9	[] 9	[] 9
Close-Up Fluoride Paste.	[] 0	[] 0	[] 0	[] 0
Close-Up Regular Gel	[] X	[] X	[] X	[] X
Close-Up Tartar Control.	[] R	[] R	[] R	[] R
Colgate Tartar Control Paste	[] -1	[] -1	[] -1	[] -1
Colgate Tartar Control Gel	[] -2	[] -2	[] -2	[] -2
Colgate Regular.	[] -3	[] -3	[] -3	[] -3
Colgate Gel.	[] -4	[] -4	[] -4	[] -4
Colgate Junior	[] -5	[] -5	[] -5	[] -5
Crest Tartar Control Paste	[] -6	[] -6	[] -6	[] -6
Crest Tartar Control Gel	[] -7	[] -7	[] -7	[] -7
Crest Regular or Mint Paste.	[] -8	[] -8	[] -8	[] -8
Crest Cool Mint Gel.	[] -9	[] -9	[] -9	[] -9
Sparkle Crest (Crest for Kids)	[] -0	[] -0	[] -0	[] -0
Gleem.	[] -X	[] -X	[] -X	[] -X
Macleans	[] -R	[] -R	[] -R	[] -R
Pepsodent.	[] --1	[] --1	[] --1	[] --1
Ultra-Brite.	[] --2	[] --2	[] --2	[] --2
Denquel.	[] --3	[] --3	[] --3	[] --3
Dentagard.	[] --4	[] --4	[] --4	[] --4
Oral B (Muppets/Sesame Street)	[] --5	[] --5	[] --5	[] --5
Other (PLEASE SPECIFY)	[] --6	[] --6	[] --6	[] --6
	(13-15)	(16-18)	(19-21)	(22-24)

(WRITE IN)

14. What brand is the toothbrush you are currently using most of the time? ("X" ONE BOX)

Aim.	[] 1	Reach.	[] 9
Butler/Bum	[] 2	Sensodyne.	[] 0
Colgate Regular.	[] 3	Squibb	[] X
Colgate Plus	[] 4	Tek.	[] R
Oral B	[] 5	Other (WRITE IN)	[] -1
Pepsodent.	[] 6		
Prevent.	[] 7		
Pycopay.	[] 8		

(PLEASE SPECIFY)

Don't know [] -2
None used in the past 3 months . [] -3

25-

(26-27)

15. Are you. ("X" ONE BOX)

Female. [] 1
Male. [] 2

(28)

16. Please write in your age:

(WRITE IN)

(29-30)
(31-78 Open)
[04] 79-80