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Return, fax or mail this completed form to us OR  
register online at [www.aocresearch.com](http://www.aocresearch.com)

### Respondent Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ **Circle Gender: M / F**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: **NC / SC** Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Employment Status:  Full Time  Part Time  Unemployed  Homemaker  Student  Disabled  Retired

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Do you own a business?  Yes  No

If you own a business, approximately how many people are employed with your company including yourself? \_\_\_\_\_

Education Completed:  Less than High School  High School  Some College  College Graduate  Post Graduate

Race/Ethnicity:  White or Caucasian  Black or African American  Hispanic or Latino  Asian or Pacific Islander  Multiracial  Other

Party Affiliation:  Democrat  Republican  Independent  Other

Marital Status:  Married  Living with Significant Other  Divorced  Separated  Single  Widowed

Select the category that includes  less than 15K  15-20K  20-29K  30-39K  40-49K  50-59K  60-75K

your annual household income:  75-99K  100-124K  125-149K  150-174K  175-199K  200-250K  250K+

Please list the dates of birth and \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F

circle the genders of all children under \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F

age 18 **living in your household:** \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F

Select the radio station you listen to **MOST OFTEN:** ("**X**" one response)

- 88.1 FM WPIR  88.9 FM WNSC  89.9 FM WDAV  90.3 FM WRBK  90.7 FM WFAE  91.7 FM WSGE  91.7 FM WSGE
- 91.9 FM WRCM  92.7 FM WQNC  93.3 FM WTPT  93.5 FM WYFQ  93.7 FM WYLI  95.1 FM WNKS  95.7 FM WXRC
- 96.1 FM WIBT  96.9 FM WKKT  97.9 FM WPEG  99.3 FM WBT  99.7 FM WRFX  100.9 FM WPZS  101.9 FM WBAV
- 102.9 FM WLYT  103.7 FM WSOC  104.7 FM WKQC  106.1 FM WNMX  106.5 FM WEND  106.9 FM WMIT  107.1 FM WRHM
- 107.9 FM WLNK  Other FM Station \_\_\_\_\_  Any AM Station  Satellite Radio  Other/Don't listen to radio

Select the radio station you listen to **SECOND MOST OFTEN:** ("**X**" one response)

- 88.1 FM WPIR  88.9 FM WNSC  89.9 FM WDAV  90.3 FM WRBK  90.7 FM WFAE  91.7 FM WSGE  91.7 FM WSGE
- 91.9 FM WRCM  92.7 FM WQNC  93.3 FM WTPT  93.5 FM WYFQ  93.7 FM WYLI  95.1 FM WNKS  95.7 FM WXRC
- 96.1 FM WIBT  96.9 FM WKKT  97.9 FM WPEG  99.3 FM WBT  99.7 FM WRFX  100.9 FM WPZS  101.9 FM WBAV
- 102.9 FM WLYT  103.7 FM WSOC  104.7 FM WKQC  106.1 FM WNMX  106.5 FM WEND  106.9 FM WMIT  107.1 FM WRHM
- 107.9 FM WLNK  Other FM Station \_\_\_\_\_  Any AM Station  Satellite Radio  Other/Don't listen to radio

What is your housing type?  Single Family Home  Apartment  Condominium or Town Home  Dormitory or Student Housing

Do you own a dog?  Yes  No Do you own a cat?  Yes  No Are you a vegetarian or vegan?  Yes  No

Are you a sports fan?  Yes  No If yes, which sports?  NASCAR  Baseball  Basketball  Football  Hockey  Golf  Other

Are you:  Right-Handed  Left-Handed  Ambidextrous (Ambidextrous means the **EQUAL** use of both hands)

Do you own an ATV or four wheeler?  Yes  No

Do you drink beer?  Yes  No Do you drink liquor or mixed drinks?  Yes  No Do you drink wine?  Yes  No

Do you smoke cigarettes?  Yes  No If yes, list brand you use **most often:** \_\_\_\_\_

**Most often** type:  Non-Menthol  Menthol **Most often** strength:  Full Flavor  Medium  Milds  Lights  Ultra Lights

Do you smoke little cigars or cigarillos?  Yes  No Do you smoke larger cigars such as Coronas or Cubans?  Yes  No

Do you use loose-leaf chewing tobacco?  Yes  No If yes, list brand you use **most often:** \_\_\_\_\_

Do you use Snus?  Yes  No If yes, list brand you use **most often:** \_\_\_\_\_

Do you use dissolveable tobacco products such as Orbs, Sticks, Strips or compressed powdered tobacco such as Stonewall or Arriva?  Yes  No

Do you use moist snuff tobacco or dip?  Yes  No If yes, list brand you use **most often:** \_\_\_\_\_

Select type(s):  Fine Cut  Long Cut  Pouches  Other List Flavor(s): \_\_\_\_\_

If you'd like to be considered for banking studies, list the bank/financial institution(s) where you have an account

\_\_\_\_\_

If more than one bank is listed above, please list your primary bank:

"X" one:  I do not exercise  I exercise on avg. 3 or more times per week most weeks  I exercise on avg. LESS than 3 times per week most weeks

Do you consider yourself a "Do it Yourselfer"?  Yes  No Do you have any allergies or sensitivities to food or food additives?  Yes  No

Which store do you shop for groceries **most often?** \_\_\_\_\_

Which store do you shop for groceries **second most often?** \_\_\_\_\_

Would you consider participating in an interview in your home that may be audio and/or videotaped?  Yes  No

How did you hear about us? \_\_\_\_\_ If referred by a friend, please tell us who: \_\_\_\_\_

**Participation Information and Frequently Asked Questions on the back of this form**