



Participant Data Form

Please fill out completely

Decision Drivers
221 W. Grand Ave, Suite 203
Montvale, NJ 07645
T: 201.391.0073 FAX: 201.391.0075

First Name: _____ Last Name: _____
Address: _____ Apt/Suite #: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Number: _____
Office Phone: _____ Ext.: _____ Fax: _____
E-MAIL: _____

1. Gender: () Male () Female

2. Which of the following categories includes your age?

- () 14-18 () 19-24 () 25-29 () 30-34 () 35-44 () 45-54
() 55-64 () 65-70 () 71+

3. Date of Birth:

Month: _____ Day: _____ Year: _____

4. Into which ethnic category do you fall?

- () Caucasian () African-American () Hispanic () Asian
() Native American () Indian () Multi-Racial
() Other: _____

5. Marital Status:

- () Married () Single
() Divorced () Widowed
() Engaged () Living with Significant Other

6. Children: (if applicable)

Gender Age Grade in School

Gender	Age	Grade in School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Sexual Orientation

- () Heterosexual () Homosexual () BiSexual () Refuse to answer

8. Education:

- () High School () Some College () Trade School
() College Student () College Graduate () Graduate School

9. Occupation: (specify): _____

10. Employment Status:

- () Full Time () Not Working
() Part Time () Retired () Housewife

11. Total household income:

- () Under \$25,000 () \$75,000-\$99,999
() \$25,000-\$39,999 () \$100,000-\$149,999
() \$40,000-\$49,999 () \$150,000-\$199,999
() \$50,000-\$59,999 () \$200,000 or more
() \$60,000-\$74,999



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12. Which non-alcoholic beverages do you drink?

- Coffee Tea Bottled Water Soda Diet Soda
 Fruit Drinks/Juices Energy Drinks Other: _____

13. Which alcoholic beverages do you drink?

- Domestic Beer White Wine Vodka Gin
 Imported Beer Red Wine Tequila Rum
 Malt Beverages Wine Cooler's Whiskey Scotch
 Liqueurs Other: _____

14. Do you own or rent your home?

- Own Rent Other (specify _____)

15. Pets: None Dog Cat Other _____

16. Vehicle Ownership/Leasing (IF APPLICABLE):

- Vehicle #1 Own Lease Year _____ Make _____ Model _____
Vehicle #2 Own Lease Year _____ Make _____ Model _____
Vehicle #3 Own Lease Year _____ Make _____ Model _____

17: (IF YES TO Q.14) What type of vehicle?

- Car-sedan (4 door) MiniVan Pickup truck
 Car-coupe (2 door) SUV Small/Mid Size Full size
 Other: _____

8: Which of the following do you own? (CHECK ALL OWNED)

- TV? Tube TV LCD TV Plasma TV Projection TV
 Plasma High Definition TV Projection High Definition TV
 Computer ? Desktop Laptop
 PDA? Blackberry Treo Motorola Q Other: _____
 Camcorder DVD Player Digital Camera MP3 Player iPod
 Playstation/X-Box/Games Console Tivo/DVR

19: What type of TV service do you have at home? (check all that apply)

- Cable Satellite Dish Verizon FiOS

20. Which phone company provider do you use for:

Local Calls:

- AT&T Verizon Vonage Optimum Time Warner Other: _____

Long Distance Calls :

- AT&T Verizon Vonage Optimum Time Warner Other: _____

21: Which type of internet service do you have at home?

- Dial-Up High Speed Internet Access Do Not Have Internet Service

22. Who is your primary Internet Service Provider at home?

- AT&T Verizon Optimum Online RCN
 Comcast Netzero Time Warner
Other: _____



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23. Which e-mail service do you use most often?

- AOL MSN Hotmail Yahoo Gmail Optonline
 Other: _____

24. Which of the following activities have you ever conducted online?

- Check Stock Quotes Email Instant Messenger News
 Online Banking
 Pay Bills Shopping Travel Arrangements None

25. Who is your cell-phone provider?

- Cingular/AT&T Sprint/Nextel
 Other: _____
 T-Mobile Verizon Do Not Have A Cell Phone

26. Which Banking Institution do you primarily use?

- Bank of America Bank of New York Chase Citibank
 Commerce HSBC Wachovia
 Washington Mutual Other: _____

27. Do you own any stocks, bonds or other securities?

- Yes No

28. IF YES IN Q.27, do you use:

- Full Service Brokerage Online Discount Brokerage
 Do Not Use A Broker

29. Which of the following credit/debit cards do you have?

- American Express
 Diners Club
 Discover Card
 MasterCard
 Visa
 Capital One
 Do Not Have A Credit Card
 Do Not Have A Debit Card

30. Do you suffer from any of the following medical conditions (e.g. cholesterol, heart, diabetes, arthritis)?

- High Cholesterol Heart Disease Diabetes Arthritis Asthma
 Other : _____

31. What medication (if any) do you take?

- Prescription Medication Over The Counter
 Do Not Take Any Medication
 Herbal Remedies Vitamins Other: _____

32. Do You Wear: (check all that apply)

- Prescription Glasses Contacts Non Prescription Reading Glasses
 None



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33. Do you smoke cigarettes?

Yes No

34. How many airline trips (a round trip counts as one trip) have you taken in the past year?

_____ # of Business Trips _____ # of Leisure Trips

34. Do you belong to any frequent flyer clubs?

Yes No

36. If yes: Which frequent flyer clubs do you belong to?

American British Airways Continental Delta

Jet Blue Northwest

Southwest United US Airways Virgin Atlantic

37. When are you available to participate in focus groups?

(check all that apply)

Mon-Fri 8am-12pm

Mon-Fri 12pm-4pm

Mon-Fri 4pm-10pm

Weekends

Thank-you – please Fax to 201-391-0075