



Are you
 A first time participant
 or
 Just updating your information

Miami Market Research RESPONDENT QUESTIONNAIRE

Disclaimer: Miami Market Research assures you that any information you provide below will remain confidential and will be used for classification purposed only. We will never sell your information to other companies or attempt to contact you to sell you anything. Also, you may refuse to answer any part of this questionnaire. Thank you.

Name _____

Address _____

City _____ State _____ Zip _____

Home () _____ - _____

Cell () _____ - _____

Work () _____ - _____

Gender (Circle One) Female Male

Date of Birth _____

Sexual Orientation (Circle only one):

Heterosexual Bisexual Homosexual

Marital Status (Circle only one)

Single Married Separated

Divorced Widowed Co-habitation

Do you consider yourself...

Hispanic Caucasian African-American

Asian Other (Please specify) _____

From what country does your family originate?

Level of Education _____

Language (Circle only one)

English Spanish Bi-lingual Multi-lingual

What is your political affiliation? _____

Health Insurance Provider _____

Medical Conditions _____

RX currently taking _____

Do you rent or own your home? _____

If you own your home, what company provides you with Home Insurance? _____

Do you lease or own your car? _____

What company provides you with Car Insurance?

What are the Make, Model and year of your car(s)?

Email _____

What company provides you with Local phone service for your home? _____

What company provides you with cell phone service?

Who is your internet service provider? _____

What is your Occupation? _____

(if teacher please indicate grade and school)

What Company do you work for?

What is your household income? (Circle only one)
 (House hold income is the yearly income of everyone who resides in your home put together)

Under 10K 10 – 20K 20 – 30K 30 – 40K

40 – 50K 50 – 60K 60 – 70K 70 – 80K

80 – 90K 90 – 100K 100-200K 200K+

What company provides you with banking services?

Do you have a Checking Account? YES NO

Do you have a Savings Account? YES NO

Do you have an Investment Account? YES NO

Do you have a Credit Card? YES NO

Do you have any Children?

Male Female Age _____

Male Female Age _____

Male Female Age _____

Do you have cable or satellite?

Cable Satellite Other? _____

Do you smoke? (Circle only one) YES NO

Thank you for your time and interest.
 Please return to the front desk or via fax to (305) 666-7960