



Please tell us about yourself.

1. Have you visited our website at www.tidewatereye.com?

- Yes No

2. How many hours per week do you listen to the radio?

- < 1 hour 1-3 hours
 3-6 hours 6 hours+

3. Which part of the day do you listen to the radio the most?

- 6-9am 9-Noon Noon-3pm
 3-6pm 6-9pm 9-11pm

4. What days do you listen to the radio the most?

- Weekdays Weekends Both

5. Please check which radio stations you listen to most.

FM radio stations:

- | | |
|---|---|
| <input type="checkbox"/> 92.9 The Wave | <input type="checkbox"/> 94.9 The Point |
| <input type="checkbox"/> 101.3 2WD | <input type="checkbox"/> 106.1 US106 |
| <input type="checkbox"/> 97.3 The Eagle | <input type="checkbox"/> 93.7 BOB FM |
| <input type="checkbox"/> 95.7 R&B | <input type="checkbox"/> 96.1 96X |
| <input type="checkbox"/> 98.7 FM 99 | <input type="checkbox"/> 100.5 Hot |
| <input type="checkbox"/> 104.5 Z104 | <input type="checkbox"/> 106.9 The Fox |
| <input type="checkbox"/> 90.7 KLOVE | <input type="checkbox"/> 94.1 ESPN |
| <input type="checkbox"/> 89.5 WHRV | <input type="checkbox"/> 102.5 Q |
| <input type="checkbox"/> 102.9 JAMZ | <input type="checkbox"/> 104.1 Beach |
| <input type="checkbox"/> 105.3 Magic | <input type="checkbox"/> 107.7 Kiss |
| <input type="checkbox"/> Other FM station | |

AM radio stations:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> 790 WNIS | <input type="checkbox"/> 850 WTAR |
| <input type="checkbox"/> 940 WKGM | <input type="checkbox"/> 1230 WJOI |
| <input type="checkbox"/> 1310 WGH | <input type="checkbox"/> Other AM station |

6. Have you heard Tidewater Eye Centers on the radio?

- Yes No

7. How many hours per week do you spend reading the local paper?

- <1 hour 1-3 hours
 3-6 hours 6 hours+

8. Which sections of the paper do you read the most?

- Front Section Hampton Roads Arts
 Business Sports
 Beacon, Clipper, Sun, Compass, Current

9. Have you seen Tidewater Eye Centers in the newspaper?

- Yes No

10. Do you wear glasses, contacts or both? (If no, go to question 14)

- No Yes, glasses
 Yes, contacts Yes, both

11. How long have you worn glasses?

- < 1 year 1-5 years
 5-10 years 10-15 years
 15-20 years 20 years+

12. How long have you worn contacts?

- < 1 year 1-5 years
 5-10 years 10-15 years
 15-20 years 20 years+

13. How much do you spend per year on glasses, contacts, and exams?

- < \$100 \$100-200
 \$200-300 \$300-400
 \$400-500 \$500+

14. What is your gender?

- Male Female

15. What is your education level?

- GED HS Diploma
 Trade School Some College
 College Grad Post Graduate

16. What age group are you?

- Younger than 20 Twenties
 Thirties Forties
 Fifties Sixties
 70 or Older

We appreciate your responses!