

LETTERHEAD

NOTE: Highlighted sections need to be customized to local community

[enter today's date]

Dear City X Area Consumer:

This is an exciting time for the City X area. Many of you know that we became part of the Wisconsin Main Street Program in [enter year]. The mission for our Main Street Program is, "[enter mission]". That's where we need your help.

The following pages provide an opportunity for you to tell us where you shop and why. It is an anonymous survey, so please feel free to be direct. We will have the survey results analyzed and use the information as the cornerstone of our marketing plan.

We appreciate your time and look forward to your responses. Key findings will be reported to the public as soon as they are available. If you have additional questions, feel free to call the Main Street office at ###-####.

Thanks again.

Jane or John Doe

City X Main Street Manager

WHEN, WHERE AND WHY YOU SHOP

1. When do you typically shop for non-grocery items?

(● mark up to SEVEN times total for the week)

	Before 11:00 a.m.	11:00 a.m.- 2:00 p.m.	2:00 p.m.- 5:00 p.m.	After 5:00 p.m.
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. During which of the following extended hours are you currently most likely to shop for non-grocery items?

(● mark ONE)

- Monday after 7:00 p.m.
- Tuesday after 7:00 p.m.
- Wednesday after 7:00 p.m.
- Thursday after 7:00 p.m.
- Friday after 7:00 p.m.
- Sunday afternoon
- Other _____

3. How often do you eat out...

(● mark ONE answer for each question)

	5 or more times a week	2-4 times a week	Once a week	Once a month	Once every few months	Never
...for breakfast?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...for lunch?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...for supper?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How often do you eat out...

(● mark ONE)

	5 or more times a week	2-4 times a week	Once a week	Once a month	Once every few months	Never
...during business travel (>60 miles from your office)?....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How often do you eat supper out where each meal costs...

(● mark ONE answer for each question)

	5 or more times a week	2-4 times a week	Once a week	Once a month	Once every few months	Never
...\$4.99 or less per person?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...from \$5 to \$9.99 per person?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...from \$10 to \$14.99 per person?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...\$15 or more per person?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What two restaurants or types of cuisine would you most like to see come to downtown City X?

a. _____ b. _____

7. How often do you do the following?

(● mark ONE answer for each)

	More than once a week	Once a week	Twice a month	Once a month	Once every few months	Never
Watch movies at a theater.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent movies from a store to watch at home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Which of the following events did you attend in the last 12 months? (● mark ALL that apply)

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Event A | <input type="checkbox"/> Event D | <input type="checkbox"/> Event G | <input type="checkbox"/> Event J |
| <input type="checkbox"/> Event B | <input type="checkbox"/> Event E | <input type="checkbox"/> Event H | <input type="checkbox"/> Event K |
| <input type="checkbox"/> Event C | <input type="checkbox"/> Event F | <input type="checkbox"/> Event I | <input type="checkbox"/> Other _____ |

MARKET AND MARKETING DATA

27. What is your gender? Male Female Other

28. What is your age?

- under 18 25-44 55-64
 18-24 45-54 Over 64

29. By age, how many people live in your household?

(● mark ONE per age category)

	None	One	Two	Three	Four or more
<5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-9 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-14 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-17 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 & older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. What is your home zip code? _____

31. What is your marital status? (● mark ONE)

- No partner (single, divorced or widowed)
 Unmarried partner
 Married partner

32. What is the highest level of formal education you have completed? (● mark ONE)

- Less than 9th grade Associate degree
 9th to 12th grade, no diploma Bachelor's degree
 High school graduate Graduate or professional degree
 Some college, no degree

33. What is your current monthly rent or mortgage payment? (● mark ONE)

- house is paid-off \$200 - \$299 \$500 - \$749 \$1000 - \$1,499 \$2,000 or more
 \$1 - \$199 \$300 - \$499 \$750 - \$999 \$1,500 - \$1,999

34. What is your household's annual income? (● mark ONE)

- under \$15,000 \$25,000 - \$34,999 \$50,000 - \$74,999 \$100,000 - \$149,999
 \$15,000 - \$24,999 \$35,000 - \$49,999 \$75,000 - \$99,999 over \$150,000

35. Which leisure activities does your household participate in? (● mark ALL that apply)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Acting/Drama | <input type="checkbox"/> Computer & Internet | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Running |
| <input type="checkbox"/> Attending Concerts/Shows | <input type="checkbox"/> Cooking | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Snowmobiling/ATVing |
| <input type="checkbox"/> Band/Choir | <input type="checkbox"/> Crafts | <input type="checkbox"/> Hunting | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Cross Country Skiing | <input type="checkbox"/> Listening To Music | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Dancing | <input type="checkbox"/> Motorcycling | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Downhill Skiing | <input type="checkbox"/> Painting/Drawing | <input type="checkbox"/> Traveling |
| <input type="checkbox"/> Boating/Jet Skiing | <input type="checkbox"/> Fishing | <input type="checkbox"/> Photography | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Gardening | <input type="checkbox"/> Quilting/Sewing | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Golf | <input type="checkbox"/> Raising Pets | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Hiking | <input type="checkbox"/> Reading for Pleasure | |
| <input type="checkbox"/> Collecting _____ | | | |

36. What types of books and magazines does your household regularly read? (● mark ALL that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Academic & Scholarly | <input type="checkbox"/> Cooking, Food & Wine | <input type="checkbox"/> Home & Garden | <input type="checkbox"/> Reference |
| <input type="checkbox"/> Art, Design & Photography | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Mystery & Thriller | <input type="checkbox"/> Religion & Spirituality |
| <input type="checkbox"/> Biography & Autobiography | <input type="checkbox"/> Fashion & Style | <input type="checkbox"/> News | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Business & Finance | <input type="checkbox"/> Health, Mind & Body | <input type="checkbox"/> Outdoor & Nature | <input type="checkbox"/> Science Fiction & Fantasy |
| <input type="checkbox"/> Children's | <input type="checkbox"/> History | <input type="checkbox"/> Parenting & Family | <input type="checkbox"/> Sports & Leisure |
| <input type="checkbox"/> Classic Novels & Poetry | <input type="checkbox"/> Hobby & Games | <input type="checkbox"/> Professional & Technical | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Computer & Internet | | | <input type="checkbox"/> Other _____ |

37. What radio stations do you listen to most? (● mark up to TWO)

- | | | |
|--|--|--|
| <input type="checkbox"/> CALL LETTERS, dial number | <input type="checkbox"/> CALL LETTERS, dial number | <input type="checkbox"/> CALL LETTERS, dial number |
| <input type="checkbox"/> CALL LETTERS, dial number | <input type="checkbox"/> CALL LETTERS, dial number | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CALL LETTERS, dial number | <input type="checkbox"/> CALL LETTERS, dial number | <input type="checkbox"/> None |

What local or network television stations do you watch most? (● mark up to TWO)

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> CALL LETTERS, dial number | <input type="checkbox"/> CALL LETTERS, dial number | <input type="checkbox"/> CALL LETTERS, dial number | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CALL LETTERS, dial number | <input type="checkbox"/> CALL LETTERS, dial number | <input type="checkbox"/> CALL LETTERS, dial number | <input type="checkbox"/> None |

What publications do you read most? (● mark up to TWO)

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Periodical A | <input type="checkbox"/> Periodical C | <input type="checkbox"/> Periodical E | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Periodical B | <input type="checkbox"/> Periodical D | <input type="checkbox"/> Periodical F | <input type="checkbox"/> None |

38. If you are not already a business owner, what is your level of interest in starting your own business?

(If you would like business startup assistance please call ###-####)

- Not interested Interested enough to learn more Starting to plan a business Ready to start a business

39. How strongly do you agree or disagree with the following statements? (● mark ONE answer for each)

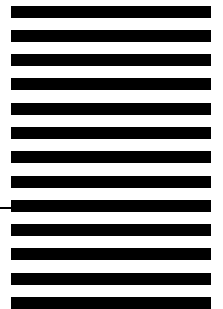
	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
I like to buy the latest fashions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather make something than buy it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather fix something myself than hire it done.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more likely to save money than spend money.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always try to buy products and services locally.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like the look and feel of downtown City X.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downtown City X salespeople are friendly and helpful.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe in downtown City X, even at night.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are a lot of products and services in downtown City X.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is plenty of convenient parking in downtown City X.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downtown City X businesses are open when I want to shop.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downtown City X businesses sell products/services I want.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downtown City X businesses sell at a fair price.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to bring out of town guests downtown.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I recommend shopping in downtown City X.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will attend New Event X.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Main Street Program is doing a good job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good, affordable housing is plentiful in City X.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy with City X's recreation facilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy with City X's recreation programs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy with City X's entertainment options.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy with City X's cultural opportunities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional comments to help the **City X** Main Street Program:



Fold here

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. #### CITY, STATE

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN MAIN STREET MANAGER
MAIN STREET PROGRAM
ADDRESS
CITY, STATE ZIP