

# Response Questionnaire: Let Us Know What You Think

Please take a minute to tell us what you think about **REALITY**. Send your questionnaire to our independent evaluator to assess your answers, which will help us improve our magazine in the future.

**1. Overall, about how many minutes did you spend looking at this issue of REALITY?**

(Write in your response) \_\_\_\_\_ minutes

**2. Is this the first time you have read REALITY? (Choose only one)**

Yes

No

**3. About how many times have you read issues of REALITY? (Choose only one)**

1

2

3

4 or more

**4. Now that you have read REALITY, what do you think about... (Choose only one)**

**a. How It Looks:**

Don't Like It  
At All

Think It  
Could Be  
Better

Think It Is  
Pretty Good

Think It is  
Great

Don't  
Know

**b. How The Articles Are Written: (Choose only one)**

Don't Like  
Them At All

Think They  
Could Be  
Better

Think They  
Are Pretty  
Good

Think They  
Are Great

Don't  
Know

**c. Relevancy of the Articles: (Choose only one)**

Not Very  
Relevant

Somewhat  
Relevant

Very  
Relevant

Extremely  
Relevant

Don't  
Know

**d. How Often It Is Published: (Choose only one)**

Not Enough

Just Right

Too Many

Don't  
Know

**e. How Useful It Is For You: (Choose only one)**

Not Very  
Useful

Somewhat  
Useful

Very Useful

Extremely  
Useful

Don't  
Know

**5. How do you plan to use, or have you used, the information you read in REALITY?**

(Write in your response)

**6. Have you told someone else about REALITY? (Choose only one)**

Never

Once or Twice

A Few Times

Many Times

**7. Overall, what do you think about REALITY? (Choose only one)**

Don't Like It  
At All

Think It  
Could Be  
Better

Think It Is  
Pretty Good

Think It is  
Great

Don't  
Know

**8. Would you like to continue getting REALITY? (Choose only one)**

Yes

No

**9. What topics would you like to see covered in future issues? (Write in your response)**

**REALITY, Spring 98**

**PLEASE TURN THIS SHEET OVER!**

**There are a few additional questions on the back.**

Please let us know who you are.

1. Your gender? (Choose only one)

Male       Female       Transgender

2. Your age? \_\_\_\_\_

2. Are you living with HIV? (Choose only one)

Yes       No       Don't Want to Say

4. What is your racial/ethnic background?  
(Choose only one)

African American/Black       Caucasian/White       Hispanic/Latino       Asian/Pacific Islander       Native American       Other (specify: \_\_\_\_\_)

5. What are the first three numbers of your zip code? (Write in your response) \_\_\_\_\_

**Thank you for your help!**

Please fold this paper in thirds so that the information in the box above is inside and the address below appears on the front. Postage has been paid, so just drop it in the mail.

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