

WE LIKE TO HEAR FROM YOU!

We are always interested in hearing from you, because we feel that only by listening to you can we continue to make products you will enjoy.

Please take the time to fill out this questionnaire, fold it and drop it in the mail. We will pay the postage. We look forward to hearing from you!

We at TSR would like to know more about your interests and opinions and invite you to join our survey of readers.

May we send your further information? a) yes b) no

If yes:

Name _____

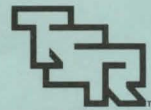
Address _____

City, State _____

Zip Code _____

Thank You

NAME OF THIS COMPUTER GAME



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1. Your sex: a Male b Female

2. Marital Status: a Single
b Married

3. Age Group: a 10 or under b 11-14
c 15-18 d 19-22
e 23-29 f 30-34
g 35-40 h 40+

4. Education Completed:
a 0-8 years b 9-12 years
c 13-14 years d 15-16 years
e 17+ years

5. Please name your favorite computer game(s).

6. What is your one most favorite type of computer game:
a Arcade-type/Skill and Dexterity games
b High Resolution Graphics games
c Adventure-type games
d Simulation/Wargames
e Strategy Games
f Other type of game _____

7. How would you rate: THIS GAME

	Excellent	Adequate	Poor
Speed/action	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Color & Graphics	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Sound	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Luck	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Strategy	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Skill	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Game theme	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Fun/excitement	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>

8. How would you rate: YOUR FAVORITE COMPUTER GAME

	Excellent	Adequate	Poor
Speed/action	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Color & Graphics	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Sound	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Luck	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Strategy	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Skill	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Game theme	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Fun/excitement	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>

9. Do you prefer games: (check one)
a For one player against the computer
b For two players taking turns
c For two players at the same time
d For two or more players

10. What is the most important factor in helping you decide to buy a computer game? What is the 2nd? Finally, what is least important?

- A - Friend's Recommendation
- B - Played the Game Before
- C - Saw a Demonstration in the Store
- D - Know Manufacturer's Name
- E - Advertising
- F - Type of Skill Needed
- G - Game Theme or Topic
- H - Package Graphics
- I - Price
- J - Other _____

____ MOST IMPORTANT (Choose one)
____ 2ND MOST IMPORTANT (Choose one)
____ LEAST IMPORTANT (Choose one)

11-12. Who purchased:

	11. THIS GAME	12. COMPUTER YOU USE
I did	a <input type="checkbox"/>	a <input type="checkbox"/>
Mother	b <input type="checkbox"/>	b <input type="checkbox"/>
Father	c <input type="checkbox"/>	c <input type="checkbox"/>
Both Parents	d <input type="checkbox"/>	d <input type="checkbox"/>
Spouse	e <input type="checkbox"/>	e <input type="checkbox"/>
Friend	f <input type="checkbox"/>	f <input type="checkbox"/>
Other _____	g <input type="checkbox"/>	g <input type="checkbox"/>

13-14. Where did you or someone else purchase:

	13. THIS GAME	14. MOST GAMES/SOFTWARE
Computer Store	a <input type="checkbox"/>	a <input type="checkbox"/>
Hobby Store	b <input type="checkbox"/>	b <input type="checkbox"/>
Department	c <input type="checkbox"/>	c <input type="checkbox"/>
Toy Store	d <input type="checkbox"/>	d <input type="checkbox"/>
Book Store	e <input type="checkbox"/>	e <input type="checkbox"/>
Other _____	f <input type="checkbox"/>	f <input type="checkbox"/>

15. What other TSR™ products do you own:
a DUNGEON!® Fantasy Board Game
b DUNGEONS & DRAGONS® Basic Set
c DUNGEONS & DRAGONS® Expert Set
d ADVANCED DUNGEONS & DRAGONS® products
e Computer Games
f Other(s) _____

Return Address



No Postage
Necessary if
Mailed in
United States

BUSINESS REPLY MAIL

First Class Permit No. 159 Lake Geneva, WI

POSTAGE WILL BE PAID BY ADDRESSEE

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