



2002 ECONOMIC CENSUS

HEALTH, OPTICAL GOODS, AND PERSONAL CARE STORES

OMB No. 0607-0881: Approval Expires 06/30/2004

DUE DATE
FEBRUARY 12, 2003

Mail your completed form to:
U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

RT-44601

Please read the accompanying information sheet(s) before answering the questions.

Need help or have questions about filling out this form?

Visit our Web site at www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 8:00 p.m., Eastern time, Monday through Friday.

- OR -

Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

**INFORMATION COPY
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ink.
- Do not use pencil.
- Place an "X" inside the box.
- Please center numbers in their respective boxes. Examples:
- Do not put slashes through 0 or 7.

<input checked="" type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
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The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

1 MONTHS IN OPERATION

Number of months in operation during 2002 (If none, mark "X" and go to 29.) 0002

2002	
Number of months	

Mark "X" if None

2 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2002 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes 0022 No - Enter current EIN (9 digits) → 0025

3 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown in the mailing address? (P.O. box and rural route addresses are not physical locations.)

0031 Yes

0032 No - Enter physical location →

0035 Number and street		
0036 City, town, village, etc.	0037 State	0038 ZIP Code

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

0041 Yes 0042 No 0043 No legal boundaries 0044 Do not know

C. Type of municipality where this establishment is physically located

0046 City, village, or borough 0047 Town or township 0048 Other or do not know



44601011

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

If a figure is \$1,025,628.79:

Report

If a value is "0" (or less than \$500.00):

Report

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.
1	0 2 6	

4 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None

Sales of merchandise and other operating receipts (Exclude sales or other taxes collected). 0100

2002		
\$ Mil.	Thou.	Dol.

5 E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. Did this establishment have any e-commerce sales and/or receipts in 2002? (E-commerce sales and/or receipts are sales of goods or services where an order is placed by the buyer, or price and terms of sale are negotiated, over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Payment may or may not be made online. Please see the information sheet(s) for further clarification.)

0181 Yes - Go to line B

0182 No - Go to **6**

2002		
Estimates are acceptable		
\$ Mil.	Thou.	Dol.

B. E-commerce sales and/or receipts of this establishment (Include e-commerce sales and/or receipts in **4**. Include shipping and handling charges. Exclude sales taxes.) . . . 0185

6 EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in **2**.

Exclude:

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Temporary staffing obtained from a staffing service.

For further clarification, see information sheet(s).

Mark "X" if None

2002	
Number	

A. Number of employees for pay period including March 12 0320

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll 0300

2. First quarter payroll (January-March, 2002). 0310



44601029

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

7 LEASED EMPLOYMENT AND PAYROLL

A. Did this establishment have any full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN?

Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.
- Employees already reported in **6**.

For further clarification, see information sheet(s).

0241 Yes - Go to line B

0242 No - Go to **13**

Mark "X" if None	2002		
	Number		

B. Number of leased employees for pay period including March 12. 0370

C. Payroll for leased employees before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll for leased employees 0350

2002		
\$ Mil.	Thou.	Dol.

2. First quarter payroll for leased employees (January-March, 2002) 0360

Mark "X" if None	2002		
	\$ Mil.	Thou.	Dol.

8-17 Not Applicable.

18 KIND OF BUSINESS

Principal kind of business in 2002
(Mark "X" only ONE box.)

- 0700
- 446 110 10 18 Drug store
 - 446 110 10 26 Pharmacy
 - 446 110 10 34 Institutional pharmacy
 - 454 110 62 27 Electronic shopping - pharmacy
 - 454 110 82 23 Mail order - pharmacy
 - 446 110 20 16 Proprietary or drug sundry store, without pharmacy
 - 446 110 20 24 Health and beauty aids store, without pharmacy
 - 446 120 00 18 Cosmetics, beauty supplies, and perfume store
 - 446 191 00 12 Health food, vitamins, and food supplement store
 - 446 199 00 14 Home health care supplies and medical equipment store
 - 446 199 00 22 Convalescent aids store
 - 446 199 00 30 Hearing aid store

CONTINUE WITH **18** ON PAGE 4

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18 KIND OF BUSINESS - Continued

- 0700 446 130 00 16 Optical goods store
- 446 130 00 24 Optician
- 621 320 00 22 Optometrist
- 446 130 00 32 Sunglasses store
- 772 000 00 12 Other kind of business - *Specify* ↴

0701

19 CLASS OF CUSTOMER

A. As a general business practice, did this establishment sell to household consumers and individual users in 2002?

- 0251 Yes
- 0252 No

B. Were 75% or more of this establishment's sales to retailers/wholesalers for resale in 2002?

- 0256 Yes
- 0257 No

C. Did this establishment require proof of business or professional license from new customers in 2002?

- 0276 Yes
- 0277 No

CONTINUE WITH **19** ON PAGE 5



44601045

HOW TO REPORT PERCENTS		2002			
		Estimates are acceptable. Report dollars OR percents.			
		\$ Mil.	Thou.	Dol.	Percent
If figure is 38.76% of total sales:		Report whole percents		3 9	

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE
 (Report sales for each merchandise line sold by this establishment, either as a dollar figure or as a whole percent of total sales (reported in 4). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above.)

Description of sales, shipments, receipts, or revenue	Cen- sus use	2002			
		Estimates are acceptable. Report dollars OR percents.			
		\$ Mil.	Thou.	Dol.	Percent
0723	0720	0721		0722	
1. Drugs, health aids, beauty aids					
a. Prescriptions	20161				
b. Nonprescription medicines	20162				
c. Vitamins, minerals, and other dietary supplements	20163				
d. Health aids, including first-aid products; foot products; prescription accessories; eye/contact lens care products; convalescent aids; orthopedic equipment, except shoes; medical, surgical, or dental supplies; and artificial limbs (Report first-aid and footcare nonprescription medicines on line 1b. Report orthopedic shoes on line 29.)	20164				
e. Cosmetics, including face cream, make-up, perfumes and colognes, etc.	20165				
f. Other hygiene needs, including deodorants; hair and shaving products; oral, feminine, and baby hygiene needs; hand products; etc.	20166				
g. Hearing aids and supplies	20167				
h. Sum lines 1a through 1g	20160				
2. Optical goods, including eyeglasses, contact lenses, sunglasses, etc. (Report eye/contact lens care products on line 1d and fees from eye examinations on line 37e.)					
a. Prescription eyeglasses	20491				
b. Contact lenses	20492				
c. Nonprescription eyeglasses and sunglasses	20493				
d. All other optical goods and accessories	20494				
e. Sum lines 2a through 2d	20490				
3. Cigars, cigarettes, tobacco, and smokers' accessories, excluding sales from vending machines operated by others	20150				

CONTINUE WITH 2 ON PAGE 7

44601060

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	Census use	2002			
		Estimates are acceptable. Report dollars OR percents.			
		\$ Mil.	Thou.	Dol.	Percent
0723	0720	0721			0722
4. Groceries and other food items for human consumption off the premises, including candy, gum, packaged snacks, etc. (Report vitamins on line 1c and pet food on line 33.)					
a. Bottled, canned, or packaged soft drinks	20108				
b. All other foods, including dry groceries, canned and bottled foods, candy, packaged snacks, bakery products, etc.	20113				
c. Sum lines 4a and 4b	20100				
5. Meals, unpackaged snacks, sandwiches, nonalcoholic beverages generally served for immediate consumption	20120				
6. Packaged liquor, wine, and beer	20140				
7. Photographic equipment and supplies (Report photofinishing on line 37b or 37c.)	20440				
8. Books (Report audio tape books on line 17 and comic books on line 9.)	20420				
9. Magazines and newspapers	20856				
10. Stationery products, including stationery, tablets, pads, and related products	20851				
11. Office paper, including computer printer, copier, fax, and typewriter cut sheet paper	20852				
12. Office and school supplies	20853				
13. Greeting cards	20855				
14. Toys, hobby goods, and games, including video and electronic games, electronic game devices, and wheel goods, except bicycles (Report bicycles on line 23.)					
a. Toys, including wheel goods	20461				
b. Games, including video and electronic games	20462				
c. Hobby goods	20463				
d. Sum lines 14a through 14c	20460				
15. Kitchenware and homefurnishings, including cookware, cooking accessories, dinnerware, glassware, giftware, decorative accessories, clocks, mirrors, closet and bathroom accessories, etc.	20380				
16. Small electric appliances, including mixers; blenders; can openers; toasters; coffee makers; frypans; and personal care appliances, such as hair dryers, curling irons, shavers, etc.	20310				
17. Audio equipment, musical instruments, radios, stereos, compact discs, records, tapes, audio tape books, sheet music, accessories	20330				

CONTINUE WITH 22 ON PAGE 8

44601078

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	Cen- sus use	2002			
		Estimates are acceptable. Report dollars OR percents.			
		\$ Mil.	Thou.	Dol.	Percent
0723	0720	0721			0722
18. Televisions, video recorders, video cameras, video tapes, DVDs, etc., including electronic game/DVD combination devices, parts, and accessories	20320				
19. Office equipment, including fax machines, dictaphones, copying machines, calculating machines, etc. (Report office supplies on line 12.)	20854				
20. Jewelry, including watches, watch attachments, novelty jewelry, etc. (Report flatware and holloware on line 15 and receipts from watch, clock, and jewelry repair and engraving on line 37g.)	20400				
21. Paper and related products, including paper towels, toilet tissue, wraps, bags, foils, etc.	20190				
22. Soaps, detergents, and household cleaners	20180				
23. Sporting goods	20500				
24. Hardware, tools, and plumbing and electrical supplies	20600				
25. Lawn, garden, and farm equipment and supplies; cut flowers; plants and shrubs; fertilizers; etc.	20620				
26. Men's wear (Report boys' wear on line 28 and footwear on line 29.)	20200				
27. Women's, juniors', and misses' wear (Report girls', infants', and toddlers' wear on line 28 and footwear on line 29.)	20220				
28. Children's wear, including boys' (sizes 2 to 7 and 8 to 20), girls' (sizes 4 to 6x and 7 to 14), and infants' and toddlers' clothing and accessories (Report footwear on line 29.)	20240				
29. Footwear, including accessories	20260				
30. Sewing and knitting materials and supplies	20270				
31. Automotive lubricants, including oil, greases, etc.	20730				
32. Automotive tires, batteries, parts, accessories	20740				
33. Pet foods and supplies	20800				
34. Seasonal decorations	20878				
35. Souvenirs and novelty items	20877				
36. All other merchandise (Report receipts for services on line 37.) Specify principal lines and estimated sales below	29810				
a. _____	29811				
b. _____	29812				
c. _____	29813				

CONTINUE WITH **23** ON PAGE 9

44601086

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	Census use	2002			
		Estimates are acceptable. Report dollars OR percents.			
		\$ Mil.	Thou.	Dol.	Percent
0723	0720	0721			0722
37. All nonmerchandise receipts, including rentals, storage, and other services provided to customers EXCLUDING SALES AND OTHER TAXES AND LOTTERY TICKET SALES/COMMISSIONS					
a. Receipts from video tape, DVD, video/DVD player, video recorder, laser disc, laser disc player, electronic game, and electronic game device rentals	29912				
b. Receipts from photofinishing performed by this establishment	29917				
c. Receipts from photofinishing contracted out to other establishments	29918				
d. Rental of medical/convalescent equipment	29926				
e. Fees from eye examinations	29939				
f. Charges for insurance	29941				
g. All other nonmerchandise receipts, including charges for delivery, repair, etc.	29959				
h. Sum lines 37a through 37g	29900				
38. TOTAL (Should equal 4 if reporting in dollars.)	29990				1 0 0

23 Not Applicable.

24 SHIPPING AND HANDLING

A. Did this establishment have any receipts from customers for shipping and handling of merchandise in 2002?

0981 Yes - Go to line B

0982 No - Go to **26**

B. Receipts of this establishment from customers for shipping and handling of merchandise. 0985

2002		
Estimates are acceptable		
\$ Mil.	Thou.	Dol.

C. Are receipts for shipping and handling included in sales and receipts (reported in **4**)?

0988 Yes

0989 No

25 Not Applicable.



44601094

26 SPECIAL INQUIRIES

A. PHARMACY

1. Total number of prescriptions filled in this establishment
(Include new and refilled prescriptions.) 2380

Mark "X"
if None

2002	
Number	

2. Number of prescriptions reported in line 1 that were refills only 2381

2002	
Number for the pay period including March 12	

3. Number of pharmacists (full- and part-time) working in this establishment during the pay period including March 12, 2002
(Include working proprietors, partners, or family members who were registered pharmacists. For pharmacists working at more than one location, report at the one location where they spent most of their working time.) 2382

Mark "X"
if None

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B. EYE CARE

Percentage of this establishment's total sales and receipts (reported in 4) derived from:

Mark "X"
if None

1. Fees for eye examinations ON THE PREMISES plus receipts from providing ophthalmic devices prescribed as a result of these examinations 2390

2002	
Whole percent of sales and receipts	

2. Sales of ophthalmic devices prescribed as a result of eye examinations MADE BY OTHERS 2391

	%
	%

27 Not Applicable.



44601102

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

28 ESTABLISHMENT ACTIVITIES

A. Indicate activities that were performed by this establishment or were performed for this establishment by another company during 2002.
(Mark "X" ALL that apply.)

	This activity was performed by this establishment	This activity was performed for this establishment by another company	This activity was not provided by this establishment
1. Product Development			
a. Product design/engineering	0921 <input type="checkbox"/>	0941 <input type="checkbox"/>	0961 <input type="checkbox"/>
b. Materials fabrication/processing/assembly/blending	0922 <input type="checkbox"/>	0942 <input type="checkbox"/>	0962 <input type="checkbox"/>
2. Order Fulfillment			
a. Bundling or kitting (combining multiple items into a prepackaged product)	0923 <input type="checkbox"/>	0943 <input type="checkbox"/>	0963 <input type="checkbox"/>
b. Pick and pack (taking goods from inventory and packaging them to fill orders)	0924 <input type="checkbox"/>	0944 <input type="checkbox"/>	0964 <input type="checkbox"/>
c. Warehousing	0925 <input type="checkbox"/>	0945 <input type="checkbox"/>	0965 <input type="checkbox"/>
d. Breaking bulk (reducing large shipments into smaller portions for customers)	0926 <input type="checkbox"/>	0946 <input type="checkbox"/>	0966 <input type="checkbox"/>
e. Local delivery (within a city, town, or other local area, including adjoining towns and suburban areas)	0927 <input type="checkbox"/>	0947 <input type="checkbox"/>	0967 <input type="checkbox"/>
f. Long distance delivery (beyond local areas and commercial zones)	0928 <input type="checkbox"/>	0948 <input type="checkbox"/>	0968 <input type="checkbox"/>
g. Less than truckload	0929 <input type="checkbox"/>	0949 <input type="checkbox"/>	0969 <input type="checkbox"/>
3. Other Services			
a. Customs brokerage (providing the services of a licensed customs broker).	0930 <input type="checkbox"/>	0950 <input type="checkbox"/>	0970 <input type="checkbox"/>
b. Logistics consulting (providing advice and expertise)	0931 <input type="checkbox"/>	0951 <input type="checkbox"/>	0971 <input type="checkbox"/>
c. Processing of returned merchandise	0932 <input type="checkbox"/>	0952 <input type="checkbox"/>	0972 <input type="checkbox"/>

B. During 2002 did this establishment:

1. Manage inventory owned by this establishment AND held at this location?	0936 <input type="checkbox"/>	Yes	0937 <input type="checkbox"/>	No
2. Manage inventory owned by this establishment BUT held at a customer's location?	0956 <input type="checkbox"/>	Yes	0957 <input type="checkbox"/>	No
3. Manage inventory owned by another company BUT held at this location?	0976 <input type="checkbox"/>	Yes	0977 <input type="checkbox"/>	No
4. Manage inventory owned by another company AND held somewhere other than at this location?	0994 <input type="checkbox"/>	Yes	0995 <input type="checkbox"/>	No



44601110

29 OPERATIONAL STATUS

Activity that best describes this establishment's status at the end of 2002
(Mark "X" only ONE box.)

0011 <input type="checkbox"/> In operation	0014 <input type="checkbox"/> Ceased operation - Give date at right →	0018	Month	Day	Year
0013 <input type="checkbox"/> Temporarily or seasonally inactive	0015 <input type="checkbox"/> Sold or leased to another operator - Give date at right AND enter new name and mailing address below ↴				

0060 Name of new owner or operator		0061 Employer Identification Number			
		Enter EIN of new owner (9 digits) →		-	
0062 Mailing address (number and street, P.O. Box, etc.)					
0063 City, town, village, etc.			0064 State	0065 ZIP Code	
				-	

Remarks (Please use this space for any explanations that may be essential in understanding your reported data.)

30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

0078 <input type="checkbox"/> Yes	0079 <input type="checkbox"/> No - Enter time period covered →	FROM	Month	Year	TO	Month	Year
		0070			0071		

0072 Name of person to contact regarding this report				0073 Title			

Telephone	Area code	Number		Extension	Fax	Area code	Number	
0074		-			0075		-	

0076 Internet e-mail address			Date completed	Month	Day	Year
			0069			

Thank you for completing your 2002 Economic Census form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

44601128