

Remington.

Dear Remington Gun Owner:

Remington Arms Company wishes to thank you for your recent purchase of a new Remington shoulder arm. At Remington Arms Company, we are constantly striving to provide you with the finest quality shoulder arms possible. One way in which we achieve this is by listening to people who have bought and used our products.

Please take the time to complete the following questionnaire since your comments are considered extremely valuable. Furthermore, please be as candid as possible since we need to know your true feelings in order to offer you the best products. When finished, insert the questionnaire in the stamped return envelope and deposit in a mail box.

Our records indicate that you purchased approximately one year ago a new

Remington Model _____
Serial # _____

1. Do you still own this Remington shoulder arm?

Yes ☐ - 1

No ☐ - 2 (Please complete the questionnaire even if you no longer own this gun.)

2. How satisfied were you with the gun initially, before you fired it?

Extremely
Satisfied

☐ -1

Very
Satisfied

☐ -2

Somewhat
Satisfied

☐ -3

Somewhat
Dissatisfied

☐ -4

Very
Dissatisfied

☐ -5

3. Have you fired this gun yet?

Yes ☐ - 1

No ☐ - 2

(If no, do not continue; however, please return the questionnaire.)

4. How satisfied are you with this gun now, after you've fired it?

Extremely
Satisfied

Very
Satisfied

Somewhat
Satisfied

Somewhat
Dissatisfied

Very
Dissatisfied

☐ - 1

☐ - 2

☐ - 3

☐ - 4

☐ - 5

5. Approximately how many cartridges or shells have you shot through this gun? (If you no longer own the gun, please estimate the number of cartridges or shells fired through it before you disposed of it.)

1 - 20

☐ - 1

101 - 120

☐ - 6

21 - 40

☐ - 2

121 - 140

☐ - 7

41 - 60

☐ - 3

141 - 160

☐ - 8

61 - 80

☐ - 4

161 - 180

☐ - 9

81 - 100

☐ - 5

181 & Over

☐ - 0

6. How many times have you taken this gun out to shoot?

1 - 5

☐ - 1

16 - 20

☐ - 4

6 - 10

☐ - 2

21 - 25

☐ - 5

11 - 15

☐ - 3

26 & Over

☐ - 6

7a. Did you buy this gun for hunting only, target shooting only, or both?

Hunting Only

☐ - 1

Target Shooting Only

☐ - 2

(If Target Shooting Only skip to Q 8.)

Both

☐ - 3

7b. How many times have you been out hunting with this gun?

1 - 5

☐ - 1

16 - 20

☐ - 4

6 - 10

☐ - 2

21 - 25

☐ - 5

11 - 15

☐ - 3

26 & Over

☐ - 6

6. Under 6A below please indicate how satisfied you are with this gun for each area listed.

Under 6B below please indicate those areas that are very important, somewhat important or not important to you on this model.

| | 6A. LEVEL OF SATISFACTION | | | | | 6B. DEGREE OF IMPORTANCE | | |
|--------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Extremely Satisfied | Very Satisfied | Somewhat Satisfied | Somewhat Dissatisfied | Very Dissatisfied | Very Important | Somewhat Important | Not Important |
| a. Metal Finishing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| b. Metal Blueing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| c. Wood Quality | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| d. Wood Finish | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| e. Wood-to-Metal Fit | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| f. Action Smoothness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| g. Action Strength | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| h. Location of Safety | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| i. Ease of Safety Operation | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| j. Accuracy | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| k. Trigger | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| l. Feel of Gun | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| m. Ease of Handling | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| n. A good value | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| o. Appearance/Styling | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| p. Amount of Recoil | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| q. Weight | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| r. Overall Quality Workmanship | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| s. Sights | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| t. Choke Tubes (shotgun only) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

9. What, if anything, do you particularly like about this gun?

10. What, if anything, do you particularly dislike about this gun?

11a. Have you had this gun repaired by the factory or a local gunsmith?

Yes ☐ - 1 -

No ☐ - 2 (Skip to Q14.)

11b. Where was the gun serviced?

Factory ☐ - 1

Remington Recommended Gunsmith ☐ - 2

Other Gunsmith ☐ - 3

12. What type of repair work was performed on your gun?

13. How satisfied were you with this repair work?

Extremely
Satisfied

Very
Satisfied

Somewhat
Satisfied

Somewhat
Dissatisfied

Very
Dissatisfied

☐ -1

☐ -2

☐ -3

☐ -4

☐ -5

14. Would you recommend this model to a friend?

Yes ☐ - 1

No ☐ - 2

15. Would you recommend a Remington gun to a friend?

Yes ☐ - 1

No ☐ - 2