



**Summer Reading 2018  
Adult Program Attendee**

Please take a few minutes to complete this brief survey. As a result of your experience today with the Summer Reading activity...

		Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	NA
1. You learned something new from what you read or experienced.	<input type="radio"/>						
2. You will enjoy reading more.	<input type="radio"/>						
3. You will read more often.	<input type="radio"/>						
4. You will want to use the Library more often.	<input type="radio"/>						

5. What did you like most about today's activity?

6. What could the Library do to help you continue to learn more?

7. Do you have a library card?  Yes  No  Don't Know

8. What is the zip code of your home address?

9. What program did you attend today?

Date: \_\_\_\_\_/2018 Library Name:

Thank you for completing this survey! Please return it to your library.



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