



**Summer Reading 2019  
Adult Program Attendee**

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

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

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

6. Do you have a library card? (Circle one)  
Yes      No      Don't Know

7. On average, how often do you visit the Library? (Circle one)  
Daily      Weekly      Monthly      Less than once a month      Never

8. On a scale of 1-10, with 10 being the most likely, how likely is it that you would recommend the Library to a friend or colleague? \_\_\_\_\_

Date: \_\_\_\_\_/2019      Library Name: \_\_\_\_\_

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



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