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...

1. You learned something new from what you read or experienced.

   〇 Strongly Disagree 〇 Disagree 〇 Neither 〇 Agree 〇 Strongly Agree 〇 NA

2. You will enjoy reading more.

   〇 Strongly Disagree 〇 Disagree 〇 Neither 〇 Agree 〇 Strongly Agree 〇 NA

3. You will read more often.

   〇 Strongly Disagree 〇 Disagree 〇 Neither 〇 Agree 〇 Strongly Agree 〇 NA

4. You want to use the Library more often.

   〇 Strongly Disagree 〇 Disagree 〇 Neither 〇 Agree 〇 Strongly Agree 〇 NA

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

6. Do you have a library card? (Circle one)
   Yes 〇 No 〇 Don’t Know

7. On average, how often do you visit the Library? (Circle one)
   Daily 〇 Weekly 〇 Monthly 〇 Less than once a month 〇 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.