

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 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? (Circle one)

Yes No Don't know

8. On average, how often do you visit the Library? (Circle one)

Daily Weekly Monthly Less than once a month Never

9. 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? _____

Date: _____/2019 Library Name: _____

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