

# READING SURVEY

Name: \_\_\_\_\_ Email or Phone Number: \_\_\_\_\_

1. What formats do you prefer? (Select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Print Book      | <input type="checkbox"/> eBook                  |
| <input type="checkbox"/> Audiobook on CD | <input type="checkbox"/> Downloadable Audiobook |
| <input type="checkbox"/> Large Print     | <input type="checkbox"/> Daisy Book             |
| <input type="checkbox"/> Graphic Novel   | <input type="checkbox"/> Braille                |

2. What types of fiction books do you like to read? (Select all that apply)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Christian   | <input type="checkbox"/> Mystery           |
| <input type="checkbox"/> Classics    | <input type="checkbox"/> Romance           |
| <input type="checkbox"/> Fantasy     | <input type="checkbox"/> Science Fiction   |
| <input type="checkbox"/> Historical  | <input type="checkbox"/> Thriller/Suspense |
| <input type="checkbox"/> Horror      | <input type="checkbox"/> Western           |
| <input type="checkbox"/> Humour      | <input type="checkbox"/> Young Adult       |
| <input type="checkbox"/> Other _____ |  |

3. What types of non-fiction do you like to read? (Select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Arts & Crafts             | <input type="checkbox"/> Science & Nature |
| <input type="checkbox"/> Biographies/Memoirs       | <input type="checkbox"/> Self-Improvement |
| <input type="checkbox"/> History                   | <input type="checkbox"/> Spirituality     |
| <input type="checkbox"/> How To                    | <input type="checkbox"/> Sports           |
| <input type="checkbox"/> Humour                    | <input type="checkbox"/> True Crime       |
| <input type="checkbox"/> Politics & Current Events |   |
| <input type="checkbox"/> Other _____               |   |

4. What characteristics do you enjoy in a book? (Select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> A strong sense of location | <input type="checkbox"/> Relationship and family centric |
| <input type="checkbox"/> Dark humour                | <input type="checkbox"/> Scary                           |
| <input type="checkbox"/> Descriptive writing style  | <input type="checkbox"/> Series                          |
| <input type="checkbox"/> Fast paced                 | <input type="checkbox"/> Short                           |
| <input type="checkbox"/> Feel-good                  | <input type="checkbox"/> Spiritual                       |
| <input type="checkbox"/> Gritty                     | <input type="checkbox"/> Witty                           |
| <input type="checkbox"/> Long                       |  |
| <input type="checkbox"/> Other _____                |  |

Please complete the second page of the survey.

5. Please list a few authors or titles that you have liked. (Optional)

6. Please list a few authors or titles you have disliked. (Optional)

7. Is there anything else you would like us to know about your reading preferences?