



Today's Date (MM/DD/YYYY):

Name of Site (to be completed by administrator):

Child's Date of Birth (MM/DD/YYYY):

Child's Initials (First/Middle/Last):

Child's Gender:

- Boy
- Girl

Your relationship to the child:

- Mother
- Father
- Grandparent
- Other:

Thank you for answering this survey. Your honest answers are important to us and will be kept confidential.

**1. LAST WEEK, how many times did your child look at books with you or other people in your household?**

About  times last week

**2. How many minutes do you or other people in your household usually spend with your child each time you look at books together?**

About  minutes each time

**3. In the last week, how many times did your child ask to look at books with you or another person in your household?**

About  times last week

**4. Which of the following happened the LAST TIME you looked at books with your child.**

(Mark all that apply.)

- I let my child choose what to read
- My child did not pay much attention to the story
- I asked my child questions about the story
- My child turned the pages of the book
- My child asked questions about the book
- My child read the book to me or told me a story about the pictures
- After we finished reading a book, my child asked me to read the book again
- I used different voices for different characters in the story
- We talked about new words and what they meant
- None of these

5. **Do you have a routine for looking at books with your child?** (Examples: reading at a certain time of day; reading in a special place)

- No
- Yes. If yes, please list these routines or traditions:

5a

5b

5c

5d

5e

6. **Overall, how difficult is it for you to share books with your child on a regular basis?**

Reasons it may be difficult to share books: Lack of time, child not interested, not comfortable reading aloud. (Please shade one circle below.)

Not difficult at all		Somewhat Difficult		Most Difficult
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. **In the past month, how many times did you visit the library with your child?**

About  library visits in the past month

8. **About how many children's books do you have at home?** (Please include books that you own or have borrowed, library books, and homemade books.)

None	1-5	6-10	11-20	21-30	More than 30
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Finally, we have a few background questions for you.**

9. **In the past year, have you...?** (Please mark all that apply.)

- Watched a video about the importance of sharing books with your child
- Attended a parent education workshop about sharing books with your child
- Neither of the above

10. **What is your family income per year?**

- Less than \$30,000
- \$30,000 - \$50,000
- More than \$50,000