



# FAMILY BACK PACK ACTIVITIES SURVEY

(To be completed by a Parent)

Back Pack #: \_\_\_\_\_

Book Name: \_\_\_\_\_

Activities: \_\_\_\_\_

1. How often do you and your child/children visit the library?  
\_\_\_\_ Rarely    \_\_\_\_ A few times a year    \_\_\_\_ Often, up to several times per month

2. Do you go to the library to (please check all that apply):  
\_\_\_\_ Check out books    \_\_\_\_ Attend activities/events    \_\_\_\_ We don't go to the library

3. How often does your family read together?  
\_\_\_\_ Rarely    \_\_\_\_ A few times a year    \_\_\_\_ Often, several times per month

4. Did your child/children enjoy this book? \_\_\_\_ Yes    \_\_\_\_ No  
Why or why not? \_\_\_\_\_  
\_\_\_\_\_

5. Did reading this book make your child/children want to read more about this topic?  
\_\_\_\_ Yes    \_\_\_\_ No    Comments? \_\_\_\_\_  
\_\_\_\_\_

6. Did your child/children find the activities fun and interesting? \_\_\_\_ Yes    \_\_\_\_ No  
Comments? \_\_\_\_\_  
\_\_\_\_\_

7. Did doing the activities make your child/children want to learn more about this topic?  
\_\_\_\_ Yes    \_\_\_\_ No  
Comments? \_\_\_\_\_  
\_\_\_\_\_

8. What was your family favorite activity? \_\_\_\_\_

9. Are there other subjects you would like to see in a Back Pack format? If so what are they? \_\_\_\_\_  
\_\_\_\_\_

10. Do you think matching books with activities makes you child/children want to read more? \_\_\_\_ Yes    \_\_\_\_ No. Why, or why not? \_\_\_\_\_  
\_\_\_\_\_

11. After using this Family Back Pack would you consider checking out another one?  
\_\_\_\_ Yes    \_\_\_\_ No. If no, why not? \_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this survey!

