


Appendix 1 – Staff survey

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| Name: (optional) | Job Title/Faculty: |  |
| Are you currently reading a book? | Yes/No If yes, what is the name of it? | |
| Do you like to read? | Yes/No If no, why not? | |
| Were you read to as a child? | Yes/No If yes, can you remember your favourite book? | |
| Did you have a library card as a child? | Yes/No | |
| If you have children, do you read to them? | Yes/No If no, why not? | |
| Have you ever used an audio book? | Yes/No If no, why not? | |
| When you read, is it a book, kindle or other method? | Book/Kindle/Other If other, please state what: | |
| When you go on holiday do you take a book/Kindle or neither? | | |
| When was the last time you checked out a book from the LRC? | | |
| Do you do any reading activities with your learners? | Yes/No If yes, please give an example: | |
| Are you dyslexic? | Yes/No | |
| Do you have any other reasons why you struggle to read? | | |