

Topsham Public Library  
Teen Questionnaire  
Summer 2022

Do you live in Topsham? (circle one) Yes No

How often do you visit your library? (circle one)

weekly monthly only during school breaks never

Other\_\_\_\_\_

What prevents you from using the library more? (Circle all that apply)

transportation lack of time not interested other\_\_\_\_\_

What material is most important to you? (1=most, 5= least)

\_\_\_\_ books

\_\_\_\_ graphic novels/Manga

\_\_\_\_ video games (Circle all that apply) PS4/PS5 XBOX Switch

\_\_\_\_ audio books

\_\_\_\_ movies

Suggestions for material we should have? \_\_\_\_\_

**~OVER~**

Do you attend teen programs at the library? Yes or No

What programs do/would you enjoy? (1=most, 5= least)

\_\_\_\_ teen summer reading program

\_\_\_\_ book discussions

\_\_\_\_ in-person craft programs (spray paint art, gift making)

\_\_\_\_ passive programs (Grab-n-go kits, bundles)

\_\_\_\_ larger programs (murder mystery, game night)

How old are you? (circle one)

11-12

12-14

14-16

16-18

What would you like to see your library provide for teens?

Would you be interested in joining the Library's Teen Advisory Board? (Please circle one)

Yes, I would like more information

No, I am not interested

*Your name:*

*Email address:*

***Please bring this completed form to the circulation desk and collect 1 ticket for the teen summer reading raffle. Thank you for taking the time to help us serve you better!!***