

**EASTON AREA PUBLIC LIBRARY “SHUT-IN” PROGRAM QUESTIONNAIRE**

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN IT TO THE LIBRARY 515 Church Street Easton, PA 18042 ATTN BRENDA CAHILL.

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Library Card ID Number: \_\_\_\_\_

Are you a resident of the Easton Area School District? \_\_\_\_\_

Your Age bracket:

35-44\_\_\_\_\_44-54\_\_\_\_\_55-65\_\_\_\_\_Other\_\_\_\_\_

How did you learn about our “Shut-In” Program?

\_\_\_\_\_

What condition makes you a shut-in?

\_\_\_\_\_

What types of books do you like to read?

\_\_\_\_\_

\_\_\_\_\_

Do you like books by any particular author? (Please list the authors)

\_\_\_\_\_

\_\_\_\_\_

Do you prefer LARGE PRINT BOOKS? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you prefer AUDIO BOOKS? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have anything special you would like to read about?

\_\_\_\_\_

\_\_\_\_\_