



READING
FOR PLEASURE



The Open
University

Reading for pleasure

Children's reading survey

1. Do you like reading?

(Tick one box)

I love reading

It's okay

I'm not bothered

I don't like reading

Why do you think this is?

2. Are you a good reader?

(Tick one box)

I'm a very good
reader

I'm a good
reader

I'm okay

I'm not a very good
reader

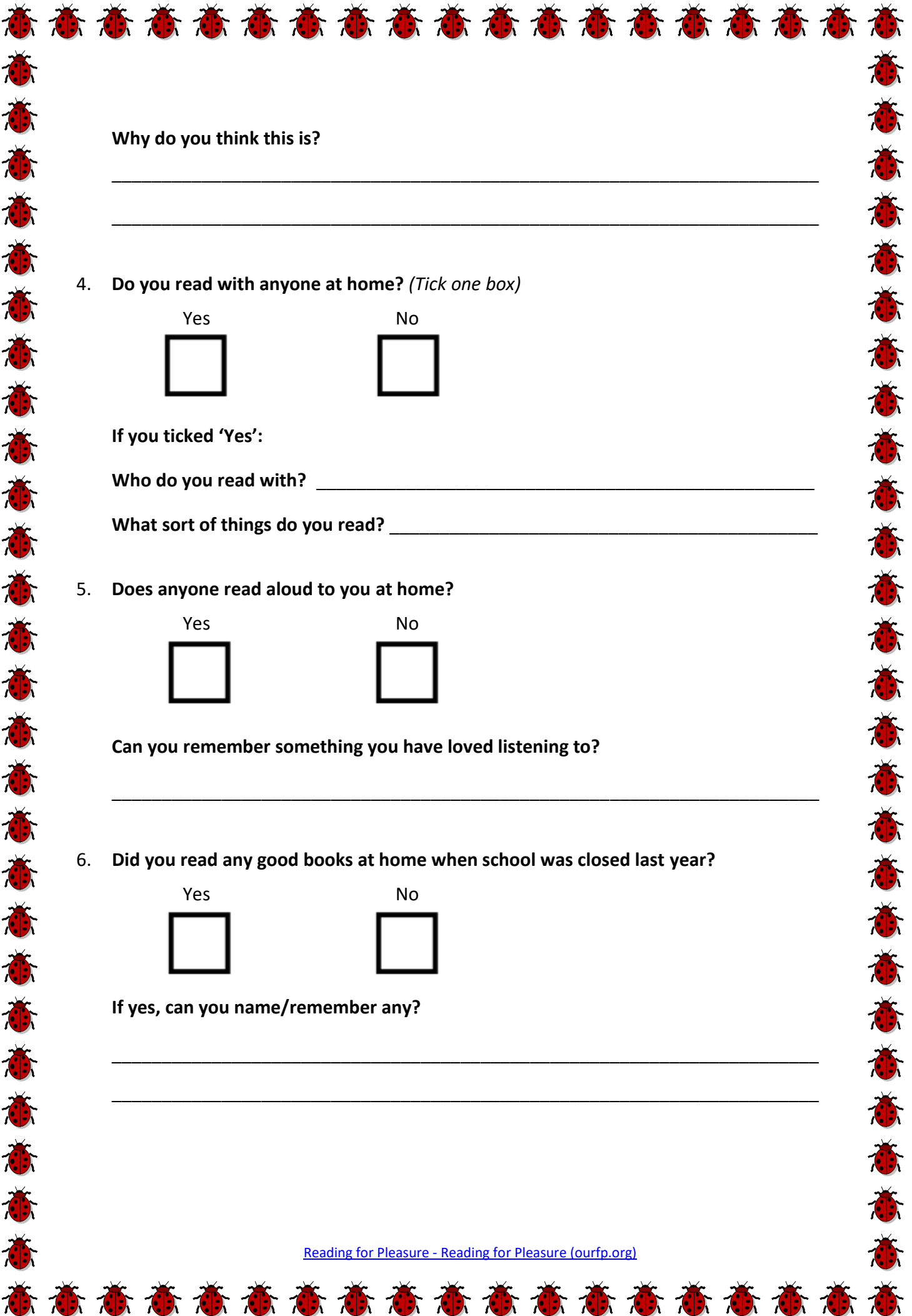
Why do you think this is?

3. Where do you prefer reading?

At home

At school

Somewhere else (say where it is)



Why do you think this is?

4. Do you read with anyone at home? *(Tick one box)*

Yes

No

If you ticked 'Yes':

Who do you read with? _____

What sort of things do you read? _____

5. Does anyone read aloud to you at home?

Yes

No

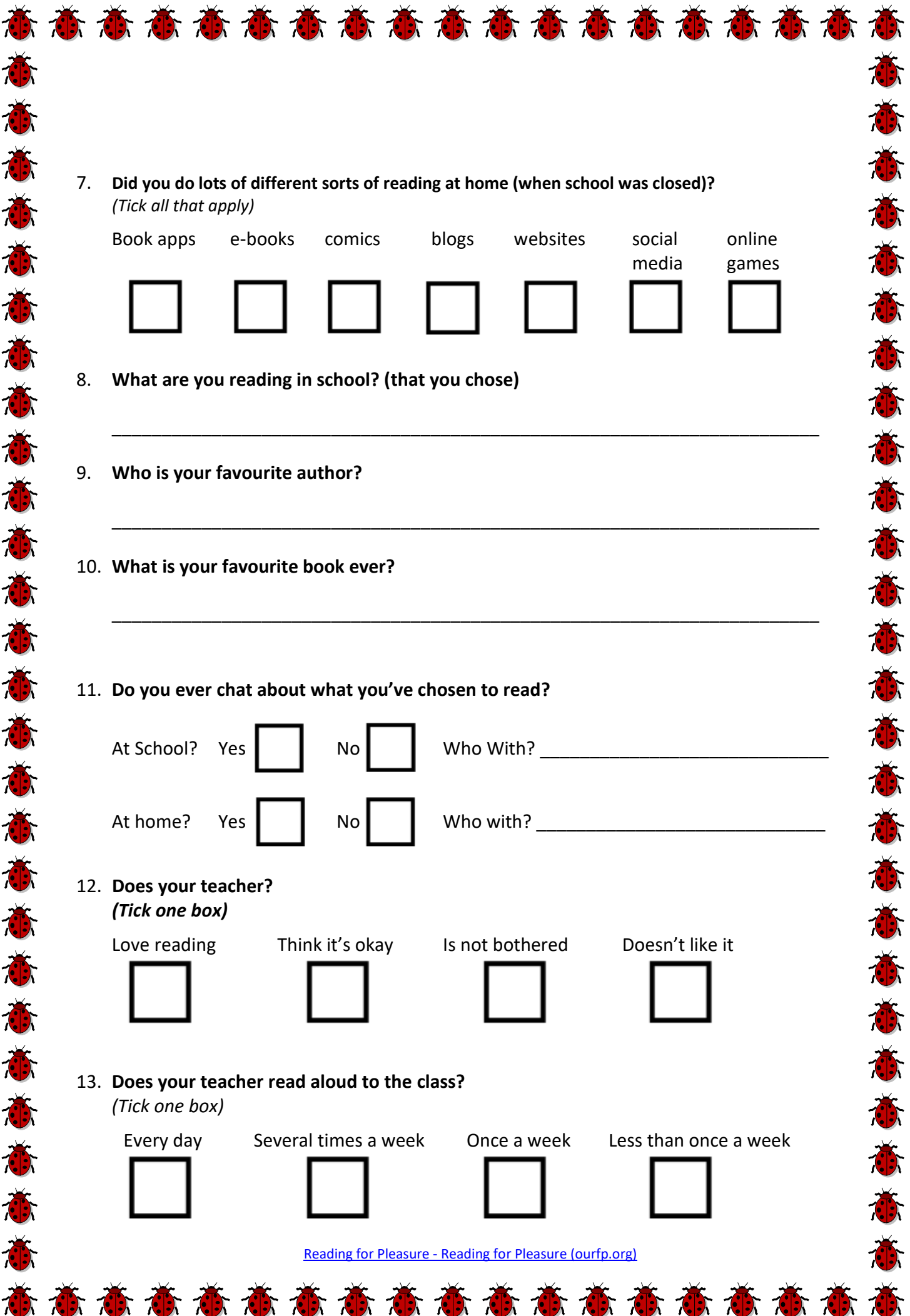
Can you remember something you have loved listening to?

6. Did you read any good books at home when school was closed last year?

Yes

No

If yes, can you name/remember any?



7. Did you do lots of different sorts of reading at home (when school was closed)?

(Tick all that apply)

Book apps	e-books	comics	blogs	websites	social media	online games
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What are you reading in school? (that you chose)

9. Who is your favourite author?

10. What is your favourite book ever?

11. Do you ever chat about what you've chosen to read?

At School? Yes No Who With? _____

At home? Yes No Who with? _____

12. Does your teacher?

(Tick one box)

Love reading	Think it's okay	Is not bothered	Doesn't like it
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Does your teacher read aloud to the class?

(Tick one box)

Every day	Several times a week	Once a week	Less than once a week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



14. What is your teacher reading aloud to you?

15. Do you like it when your teacher reads aloud?

(Tick one box)

I love it

It's okay

I'm not bothered

I don't like it

Why do you think this is?

About you

Name: _____ Class name: _____ Date: _____

Thank you!