

Parent Questionnaire

This questionnaire is designed to help us gain a better understanding of parents' use of experience books with their children. Please indicate your opinion about each of the statements below by circling the appropriate number. Be as accurate as possible. Your answers will be kept strictly confidential and you will not be identified.

1. How many times did your child read the experience book this week (with you or others)?

1	2	3	4	5
(time this week)		(times this week)		(times this week)

2. How often do you initiate reading the experience book with your child?

1	2	3	4	5
Never		Sometimes		Always

3. How often does your child initiate reading or looking at the experience book with you?

1	2	3	4	5
Never		Sometimes		Always

4. How often does your child initiate reading the experience book with another family member?

1	2	3	4	5
Never		Sometimes		Always

5. While reading the experience book, how often do you ask your child questions about the book (e.g. people, places, and/or things)?

1	2	3	4	5
Never		Sometimes		Always

6. While reading the experience book, how often does your child ask questions about the book (e.g. people, places, and/or things in the book)?

1	2	3	4	5
Never		Sometimes		Always