BOOK BOX: KIDS EDITION

All questions are optional, but the more information you provide, the better our suggestions will be.

CONTACT INFORMATION
Child's Name ____________________________ Library Card # ________________________
Parent's Name ____________________________ Library Card # ________________________
E-mail Address _____________________________________________________________

Do we have your permission to access your library reading history to avoid suggesting books you have checked out in the past?   Yes  No

DEMOGRAPHIC INFORMATION
Include any information you wish us to factor into recommendations.
Gender ___________    Age ______________

PREFERRED FORMAT
Circle any format in which you are especially interested. Cross out any format that you do NOT want. If you do not have a strong preference, do not mark the item.

Regular Print Book       Large Print Book       Audio CD       Audio MP3

GENRES
Circle any genre in which you are especially interested. Cross out any genre that you would NOT read. If you do not have a strong preference, do not mark the item.

Picture Books    Short Stories    Biography/Memoir
Novels/Fiction    Classic Titles    Graphic Novels
Recent Titles     Action/Adventure    Fantasy
Mysteries         Religious        Non-fiction/True
Historical Fiction Science Fiction Young Adult
Beginning Reader  Chapter Book     Other __________________

HOW DO YOU FEEL ABOUT READING? Check the truest statement for you.

☐ I read for fun as much as I can.
☐ I read for fun sometimes, but I enjoy doing other things more.
☐ I only read when I have to.
Reading History

Please list at least 5 of your favorite books and/or authors.

What was the last book that you read that you really liked?

List any books or authors you have read and have NOT enjoyed.

Focus

How do you like your books to be focused? Circle how important each emphasis is to you as a reader.

Focus on Characters  High  Medium  Low
Focus on Action and Events  High  Medium  Low
Focus on Issues and Ideas  High  Medium  Low
Focus on Language and Style  High  Medium  Low

Characters

Mark preferences for main characters. Circle character traits you want to read about. Cross out traits of characters you would not like to read about. Do not mark when you have no preference.

Age of character:  0-5  6-9  10-13  13-18  adult
Gender of character:  Male  Female  Other  ________________
Human  Animal  Imaginary Creature  Machine

Life Experience

Circle any life experience in which you are especially interested. Cross out any that you would NOT read about. Do not mark when you have no preference.

Divorce  Growing up  Death  Friendship troubles
Foster care  Homelessness  Poverty  Mental Illness
Disabilities  Immigration  War  Gender Identity
**Tone and Mood**

In the list that follows, circle words that describe books you’d like to read. Cross out tone and mood types you are not interested in. Do not mark when you have no preference.

- Action-packed
- Funny
- Offbeat/Quirky
- Bittersweet
- Fast-paced
- Feel-good
- Suspenseful
- Moving/Emotional
- Darkly humorous
- Upbeat
- Thought-provoking
- Goofy/Silly

**Length**

(Skip this section if you are only requesting picture books for pre-school age children.) How long do you prefer your books? Circle your preference for each length.

- Short: Less than 100 pages  Preferred  Okay  Not interested
- Medium: 100-300 pages  Preferred  Okay  Not interested
- Long: Over 300 pages  Preferred  Okay  Not interested

Anything else we should factor into our suggestions?

Return this profile to Coos Bay Public Library. Your first Book Box will be ready during the first week of next month!