Survey for “libraries = education” strategic partners

1. What is your occupation? (select one)
   Student
   Lifelong learner
   Parent
   Other (please specify) ________________________________

2. Did using XR increase or decrease your engagement about the studied topic?
   Increase   Decrease
   Please specify how and why you think that is.
   ________________________________
   ________________________________
   ________________________________
   What did you find most engaging?
   ________________________________
   ________________________________
   ________________________________

3. Did use of XR increase or decrease your curiosity about the studied topic?
   Increase   Decrease
   Can you specify what exactly you would like to learn more about?
   ________________________________
   ________________________________
   ________________________________
   Can you specify what exactly did you lose interest in?
   ________________________________
   ________________________________
   ________________________________

4. Did use of XR help you understand the studied topic?
   Yes    No
   What area of knowledge did you find it most helpful? ________________________________
   ________________________________
   ________________________________
   What area of knowledge did you find it least helpful? ________________________________
   ________________________________
   ________________________________
5. Do you think the use of XR has the potential to help you prepare for your future job, or do you think it won’t help prepare you?
Yes, it will help. No, it won’t help.
Can you specify in which way?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

6. What XR experiences would you like to see more in your library?
_____________________________________________________________________________
_____________________________________________________________________________

7. What XR experiences would you like to see to be able to prepare you for your future job?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

8. Would you like to experience XR more often, or less?
More Less

9. Would you like to see more XR experiences in your school or job training?
Yes No

10. What XR experiences and content are you missing, and why?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Thank you.