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| Importance Scale Survey |
| Name: |
| Age: |
| Gender: |
| For each question below, circle the number to the right that best fits your opinion on the importance of the issue. Use the scale above to match your opinion. |
| Question | Scale of Importance |
| Not at all | Not very | No Opinion | Some-what | Extremely |
| Add your own question | 1 | 2 | 3 | 4 | 5 |
| Add your own question | 1 | 2 | 3 | 4 | 5 |
| Add your own question | 1 | 2 | 3 | 4 | 5 |
| Add your own question | 1 | 2 | 3 | 4 | 5 |
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| Add your own question | 1 | 2 | 3 | 4 | 5 |