|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |
| 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 |
| 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 |