IMPORTANCE SCALE SURVEY

|  |  |
| --- | --- |
|  | **Not at all important**  |
|  | Somewhat important  |
|  | No opinion either way  |
|  | Somewhat important  |
|  | Extremely important  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Age:** |  |
| **Gender:** |  |

**For each question below, select a number from 1-5 that fits your opinion on the importance of the issue. Use the scale above to match your opinion.**

|  |  |
| --- | --- |
| Question  | Scale from 1-5 |
|  |  |
|  |  |
|  |  |
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