

Reading Experience Database

Sample Completed Contribution Form

You should only fill in the name of the LISTENER in section 1.5 if you DO NOT know the name of the person reading aloud. In this example, Charles Manby Smith records the experience of his friend, Martin, who, while terminally ill, was read to by the child of his landlady at his lodgings.

SECTION ONE: CONTRIBUTOR'S DETAILS and READING EXPERIENCE

N.B. Unattributed entries CANNOT be entered into the database.

1. Your name and contact details

Name:	<input type="text" value="Rosalind"/>	<input type="text" value="Crone"/>
	Firstname	Surname
Email Address:	<input type="text" value="R.H.Crone@open.ac.uk"/>	
<i>An email will be sent automatically to the address provided to acknowledge the receipt of your contribution</i>		
OR Postal address:	<input type="text"/>	

2. Evidence of the Reading Experience

Please use this space to quote the words that act as the evidence of the reading experience. If no quotation exists, please describe your findings here in your own words. For legal reasons, we have limited entries here to 400 words (see below note). If entering marginalia, please follow this link.

Please note: In submitting material to RED you should be aware that we will not include anything that is in breach of copyright regulations. If you are entering direct quotations from copyrighted material and you quote more than is permitted under the Fair Dealing provisions of The Copyright Designs and Patents Act 1988, we reserve the right to edit the material in whatever way we deem necessary in order to comply with the Act. In submitting material to RED you also agree to your contribution being used for educational and research purposes.

<input type="text" value="[Martin] suffered but little violent pain until the day he died. Up to that period he had sought amusement in cheerful and entertaining books. A child of his landlady read to him as he lay upon a sofa, while he endeavoured to fancy himself, as he said, a gentleman of fashion paying the penalty of a debauch."/>
<input type="text" value="344"/> words left

3. Source for the reading experience

Please select Print, Manuscript or Other.

Print

Author:
Firstname Surname

Editor:
Firstname Surname

Title:

Place of publication:

Date of publication:

Volume number:

Page number:

OR

Manuscript *Notes*

OR

Other *Notes*

Additional Information: *Notes*

4. Century of Reading Experience

- 1450-1499 1500-1599 1600-1699 1700-1799
 1800-1849 1850-1899 1900-1945 Unknown

And Date of Reading Experience (if known)

If you know the exact date of the reading experience, please use the first option ("Exact date") only . If you have a date range, please use the "Date range" option. Follow the link for more detailed guidance.

Exact date

OR

Date range

Between (Day) (Month) (Year) and (Day) (Month) (Year)

Please use format: 05 (Day) Apr (Month) 1760 (Year)

OR

Unknown

5. Name of

Reader *Notes*

OR

Listener *Notes*

Firstname (s) Surname

OR

Reading Group

Additional Comments

6. Age and Gender

Child (0-17) Adult (18-100+) Unknown

Male Female Unknown

7. Text Being Read

Author (if known)

Firstname (s) Surname

Title (if known)

Genre (choose as many as appropriate)

<input type="checkbox"/> Bible	<input type="checkbox"/> Sermon	<input type="checkbox"/> Other Religious	<input type="checkbox"/> Classics
<input type="checkbox"/> Fiction	<input type="checkbox"/> Drama	<input type="checkbox"/> Essays / Criticism	<input type="checkbox"/> History
<input type="checkbox"/> Poetry	<input type="checkbox"/> Children's Lit	<input type="checkbox"/> Social Science	<input type="checkbox"/> Heraldry
<input type="checkbox"/> Biography	<input type="checkbox"/> Autobiog / Diary	<input type="checkbox"/> Geography / Travel	<input type="checkbox"/> Politics
<input type="checkbox"/> Philosophy	<input type="checkbox"/> Education	<input type="checkbox"/> Sport / Leisure	<input type="checkbox"/> Crafts
<input type="checkbox"/> Textbook / self-education	<input type="checkbox"/> Conduct books	<input type="checkbox"/> Law	<input type="checkbox"/> Science
<input type="checkbox"/> Arts / architecture	<input type="checkbox"/> Cookery	<input type="checkbox"/> Medicine	<input type="checkbox"/> Ephemera
<input type="checkbox"/> Mathematics	<input type="checkbox"/> Technology	<input type="checkbox"/> Emblem book	
<input type="checkbox"/> Natural history	<input type="checkbox"/> Miscellany / Anthology	<input type="checkbox"/> Astrology / alchemy / occult	
<input type="checkbox"/> Agriculture / horticulture / husbandry		<input type="checkbox"/> Reference / General works	
<input checked="" type="checkbox"/> Unknown			

Other (please specify):

SECTION TWO: DETAILS OF THE TEXT BEING READ

1. Form of Text

Please choose either Print or Manuscript or Unknown

Print

(choose as many as appropriate)

<input type="checkbox"/> Advertisement	<input checked="" type="checkbox"/> Book	<input type="checkbox"/> Broadsheet	<input type="checkbox"/> Form
<input type="checkbox"/> Handbill	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Pamphlet	<input type="checkbox"/> Poster
<input type="checkbox"/> Serial / periodical	<input type="checkbox"/> Ticket	<input type="checkbox"/> Unknown	

Other (please specify):

OR

Manuscript

OR

Unknown

2. Any known publication details of the text being read

e.g. year, edition, publisher, translation.

3. Provenance (choose one)

<input type="radio"/> Borrowed (circulating library)	<input type="radio"/> Found	<input type="radio"/> Subscription Library
<input type="radio"/> Borrowed (institution library)	<input type="radio"/> Owned	<input checked="" type="radio"/> Unknown
<input type="radio"/> Borrowed (private library)	<input type="radio"/> Read in situ	
<input type="radio"/> Borrowed (public library)	<input type="radio"/> Reading group	
<input type="radio"/> Borrowed (other)	<input type="radio"/> Stolen	

Other (please specify):

SECTION THREE: FURTHER DETAILS

If you have material relating to any of the categories below, please select the category to enter data.

1. Date of Birth of Reader / Listener

Note: boxes in this category can be left blank. For example, if you only know the year in which the reader / listener was born, only fill in that box.

Day:

Month:

Year:

2. Socio-Economic Group of Reader / Listener

- Unknown/NA
 - Labourer (agricultural)
 - Clerk / tradesman / artisan / smallholder
 - Professional / academic / merchant / farmer
 - Royalty / aristocracy
 - Servant
 - Labourer (non-agricultural)
 - Clergy (includes all denominations)
 - Gentry
- Other (please specify):

3. Occupation of Reader / Listener

4. Religion of Reader / Listener

5. Country of Origin of Reader / Listener

6. Country of Experience of Reader / Listener

7. Time of Experience of Reader / Listener

Please select as many options as appropriate. Boxes are provided next to each field for any additional information that you might like to enter.

- Morning
- Afternoon
- Evening
- Daytime
- Night

8. Place of Experience of Reader / Listener

Please select as many options as appropriate and complete the accompanying box if applicable. Follow the link for more detailed instructions and guidance.

<input type="checkbox"/> City/Town/Village	<input type="text"/>
<input checked="" type="checkbox"/> County	<input type="text" value="Devon"/>
<input type="checkbox"/> Specific Address	<input type="text"/>
<input checked="" type="checkbox"/> Location in dwelling	<input type="text" value="at his lodgings"/>
<input type="checkbox"/> Other location	<input type="text"/>

9. Listeners present if any: (e.g. family, servants, friends, workmates)

Were any listeners present at the reading - for example, family, friends, servants or workmates? Please complete the box below. If you are completing this form for a listener rather than a reader, please list any **other** listeners present at this reading. Follow the link for more detailed instructions and guidance.

10. Type of Experience (Reader only)

Please select **as many as appropriate** from each of the following groups.

<input type="checkbox"/> silent	<input type="checkbox"/> aloud	<input type="checkbox"/> unknown
<input type="checkbox"/> solitary	<input type="checkbox"/> in company	<input type="checkbox"/> unknown
<input type="radio"/> single event	<input type="radio"/> serial event	<input type="radio"/> unknown

And/Or

(Listener only)

Please select **as many as appropriate** from each of the following groups.

<input type="checkbox"/> passive	<input type="checkbox"/> reactive	<input checked="" type="checkbox"/> unknown
<input type="radio"/> single event	<input checked="" type="radio"/> serial event	<input type="radio"/> unknown

11. Additional Comments

Please add any comments that you think are necessary. For example, 'I am not certain of the reliability of this source', 'I have not entered all the relevant reading experiences from this book or manuscript'. 'These are marginal notes in a book', 'This is editorial commentary or interjection', 'this information comes from a secondary source', 'I have transcribed the words of an interview on 23 June, 1990, with Mrs Jane Smith, born in 1920', etc.