



# UK READING EXPERIENCE DATABASE

## Sample Completed Contribution Form # 2

In this example, Mary Berry is listening to Lord Byron's poem, 'Lara', being read aloud by Lord Rosslyn. Her sister, Agnes Berry is also present. The READER is, therefore, Lord Rosslyn and Mary and Agnes Berry are listeners

### Section One:

#### Contributor's Details and Reading Experience

##### 1. Your name and contact details

First Name:

Surname:

Email Address:

An email will be sent automatically to the address provided to acknowledge the receipt of your contribution

##### 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).

##### View notes

##### View notes if entering marginalia

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.

**Evidence:**

'Lord Rosslyn read to us "Lara", Lord Byron's new tale. It strongly marks his manner of thinking and writing. It is a sort of continuation of the "Corsair".'

Is the evidence you entered above a translation or in its original language? If the evidence of reading was recorded in another language, you can enter that text [here](#):

### 3. Source for the Reading Experience

Please select Print, Manuscript or Other

(Note: please ensure that the correct radio button is selected before you submit your form. Text entered in fields where no radio button has been selected will not be submitted to the database)

[View Notes](#)

clear selection

Print  Manuscript  [Other](#)

**Source Print:**

**Author First Name:**

Mary

**Author Surname:**

Berry

**Editor First Name:**

Lady Theresa

**Editor Surname:**

Lewis

**Title:**

Extracts from the journals and correspondence of Miss Berry

**Place of publication:**

London

**Date of publication:**

1865

**Volume Number:**

3

**Page Number:**

34

**[Additional Information:](#)**

[View Notes](#)

Diary entry dated Saturday 20 August [the year is 1814]

## 4. Century of Reading Experience

Century of Experience:

clear selection

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

Date of 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.

[View notes](#)

clear selection

- Exact Date    Date Range    Unknown

Exact Date:

Day:

Month:

Year:

## 5. Who was involved

Who was involved in the reading experience? Please select one of the following options and enter the relevant details:

(Note: please ensure that the correct radio button is selected before you submit your form. Text entered in fields where no radio button has been selected will not be submitted to the database)

[View notes](#)

clear selection

Reader  Listener  Reading Group

**Reader:**

Select this option if you know the identity of the person reading the text - for example, their name or a detailed description

**Reader First Name:**

Lord

**Reader Surname:**

Rosslyn

(If you do not know the name of the reader, enter anon and then enter the further details you know about the person in the sections below)

**Reader Age:**

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

**Reader Gender:**

Male  Female  Unknown

Please enter any useful information here about the identity of the reader - for example, their maiden name, any pseudonyms, any family relationships (mother of, father of, son of, etc)

**Comments:**

If the reader was reading the text aloud, were there any listeners? If so, please enter their names in the Listener Details box below.

**Listener Details:**

Mary Berry, Agnes Berry

(If you do not know the names of the listeners, you can enter a description, e.g. servants, or classmates)

## 6. Text Being Read

### View notes

Author's First Name:

Author's Surame:

If you do not know the name of the author, but you do have a detailed description, eg. 'by a widow', please enter that information in the first name box. If you do not know the name of the author, please enter 'unknown'.

Title of Text:

Please include subtitles if specified - e.g. The Marriage Offering: Or, A series of letters addressed to a young married lady; Embodying hints on the performance of household duties, and on the management of children. By a widow

Genre(s) / Subject matter(s):

### View notes

(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 checked="" 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 type="checkbox"/> Unknown                                |   |   |                                   |

Other (please specify):

## Section Two:

### Details of the Text Being Read

[View notes](#)

#### 1. Form of Text:

Please select Print, Manuscript or Unknown.

(Note: please ensure that the correct radio button is selected before you submit your form. Text entered in fields where no radio button has been selected will not be submitted to the database)

clear selection

Print  Manuscript  Unknown

Form of Text Unknown:

(click checkbox to confirm 'unknown')

#### 2. Publication Details:

Any known publication details  
of the text being read:

e.g year, edition, publisher, translation

#### 3. Provenance:

[View notes](#)

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

[View notes](#)

#### 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.

Date of Birth:

Day:     Month:     Year:

#### 2. Socio-Economic Group of Reader / Listener:

clear selection

- 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

Occupation:

### 4. Religion of Reader / Listener

Religion:

### 5. Country of Origin of Reader / Listener

Country of Origin:

### 6. Country of Experience of Reader / Listener

Country of Experience:

### 8. Place of Experience of Reader / Listener

[View notes](#)

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

Place:

County:

City / Town / Village:

Specific Address:

Location in Dwelling:

Other Location:

## 9. Type of Experience (Reader and / or Listener)

[View notes](#)

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

Type of Experience  
(reader only):

clear selection

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> Silent               | <input checked="" type="checkbox"/> Aloud      | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Solitary             | <input checked="" type="checkbox"/> In Company | <input type="checkbox"/> Unknown |
| <input checked="" type="radio"/> Single Event | <input type="radio"/> Serial Event             | <input type="radio"/> Unknown    |

Type of Experience  
(listener only):

clear selection

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> Passive              | <input checked="" type="checkbox"/> Reactive | <input type="checkbox"/> Unknown |
| <input checked="" type="radio"/> Single Event | <input type="radio"/> Serial Event           | <input type="radio"/> Unknown    |

## 10. Additional Comments

[View notes](#)

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.

Additional Comments:

**Please click the review button to go to the next page to review your data. Then you will be given the option to save this entry to the database.**

Review