Please take a moment to answer this anonymous survey about the library. All questions are optional.

**Section 1: Please check one answer for each of the following:**

|  |  |  |
| --- | --- | --- |
| 1. Do you have a library card? | Yes | No |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2. On average, how often do you visit the library? | | | | | | |
|  | Daily | Weekly | Monthly | Less than once a month | Never | |
|  |  |  |  |  |  | |
| 3. How would you rate each of the following library services? | | | | | | |
|  | Excellent | Good | Fair | Poor | | Don’t know/Not applicable |
| Customer service |  |  |  |  | |  |
| Collection (books, DVDs, music, newspapers, etc.) |  |  |  |  | |  |
| Programs (classes, storytimes, etc.) |  |  |  |  |  | |
| Online services (website, catalog, research databases, etc.) |  |  |  |  |  | |
| ILL (Inter-library loan) |  |  |  |  |  | |
| Library policies |  |  |  |  |  | |
| Computers and printers |  |  |  |  |  | |
| Internet access |  |  |  |  |  | |
| Facilities |  |  |  |  |  | |
| Hours of operation |  |  |  |  | |  |
| Overall, how would you rate the library? |  |  |  |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4. How important is each of the following library services to you? | | | | | |
|  | Very Important | Important | Somewhat Important | Not Important | Don’t know/Not Applicable |
| Borrowing materials (books, DVDs, music, etc.) |  |  |  |  |  |
| Reference (research assistance from librarians) |  |  |  |  |  |
| Programs (classes, storytimes, etc.) |  |  |  |  |  |
| Computers and printers |  |  |  |  |  |
| Help using computers, printers, etc. |  |  |  |  |  |
| Study rooms/reading areas |  |  |  |  |  |
| Community meeting rooms |  |  |  |  |  |
| Internet access |  |  |  |  |  |
| ILL (Inter-library loan) |  |  |  |  |  |
| Online services (website, catalog, research databases, etc.) |  |  |  |  |  |
| Photocopier |  |  |  |  |  |
| Newspapers and magazines |  |  |  |  |  |
| Bookmobile |  |  |  |  |  |
| Homebound services |  |  |  |  |  |
| Overall, how important is the library to you and your family? |  |  |  |  |  |

**Section 2: We value your opinions. Please answer the following questions:**

5. What do you value most about the library?

6. How could the library or its services be improved, if at all?

7. How does the library benefit you or the community?

Thank you for your time! If you have questions about this survey or about the library, please contact us at yourcontactinfo@yourlibrary.com.