

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:

	Daily	Weekly	Monthly	Less than once a month	Never
1. On average, how often do you visit the library?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How would you rate each of the following library services?	Excellent	Good	Fair	Poor	Don't know / Not applicable
Customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library Materials (books, movies, music, newspapers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs (classes, storytimes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online resources/services (website, catalog, research databases, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ILL (Interlibrary loan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computers and printers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how would you rate the library?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How do you typically find out about library programs? Check all that apply.

- | | |
|--------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Library website | <input type="checkbox"/> Signs or flyers in the library |
| <input type="checkbox"/> Social media (Facebook) | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Library staff |
| <input type="checkbox"/> Library newsletter | <input type="checkbox"/> Don't know/Not applicable |
| <input type="checkbox"/> Other: | |

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

4. How could the library be improved? Are there services, programs, or materials not currently offered that you would like us to consider adding in the future? Please indicate what would enhance your library experience by entering “1”, “2”, or “3” on each line.

1. Yes 2. Maybe 3. No

Cultural arts events and performances	Sewing machine lab
Interactive activities for adults (e.g. crafts; book discussions; creative writing; board games)	Enhanced local history collection
Computer and technology classes	Collection of games for check out
Teen programs and activities	Spanish language resources
Spanish language programs	Technology collection for check out (e.g., mobile hotspots)
Programs about accessing social services	Spaces for individual or small group work and study
Media station for editing photos, videos, and audio files	Outdoor reading space
3-D printers	Modified hours (Please indicate when:)
Robotics kits	Other:

5. As we plan for the future, what are one or two goals the library should be working toward?

Section 3: Please tell us about yourself so that we may better serve you. Please check one answer for each of the following.

6. How old are you?

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 12 or under | <input type="checkbox"/> 13-18 |
| <input type="checkbox"/> 19-25 | <input type="checkbox"/> 26-45 |
| <input type="checkbox"/> 46-65 | <input type="checkbox"/> 66 or older |

7. What is the highest level of education you have completed?

- | | |
|-------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> High school graduate or GED |
| <input type="checkbox"/> Some college | <input type="checkbox"/> College degree or higher |

8. What is your preferred language?

- | | |
|------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Other—please specify: _____ | |

9. What is your employment status?

- | | | | |
|--------------------------|---------------------------|--------------------------|------------|
| <input type="checkbox"/> | Employed or self-employed | <input type="checkbox"/> | Homemaker |
| <input type="checkbox"/> | Retired | <input type="checkbox"/> | Unemployed |

Thank you for your time! If you have questions about this survey or about the library, please contact us at kkenkel@cityofmitchell.org.