

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 Never
 month

3. 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"/>
Collection (books, DVDs, 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 services (website, catalog, research databases, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ILL (Inter-library loan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library policies	<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"/>

OHS Library **Information Center Survey**

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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reference (research assistance from librarians)	<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"/>
Computers and printers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help using computers, printers, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study rooms/reading areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community meeting rooms	<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"/>
ILL (Inter-library loan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online services (website, catalog, research databases, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocopier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers and magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bookmobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homebound services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how important is the library to you and your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Library website
- Social media (Facebook or Twitter)
- Newspaper
- Library newsletter
- Signs or flyers in the library
- Word of mouth
- Library staff
- Don't know/Not applicable
- Other: _____

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

6. What do you value most about the library?

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

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

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

9. How old are you?

- 12 or under
- 13-18
- 19-24
- 25-64
- 65 or older

10. What gender best describes you?

- Male
- Female

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

- Some high school
- High school graduate or GED
- Some college
- College degree or higher

12. What is your preferred language?

- English
- Spanish
- Vietnamese
- Other—please specify: _____

13. What is your employment status?

- Employed or self-employed
- Homemaker
- Retired
- Unemployed

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